Tutors' Guide for Community-Based Teaching

Medicine in the Community (MIC) 2023-24

https://www.ucl.ac.uk/iehc/research/primary-care-and-population-health/study/mbbs-pc-med-ed/year4

If you only have time to read two sections – we recommend 2.3 and 2.4

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1. Useful Information

1.1 Departmental Contact Details

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Please note it is best to contact the academic lead via the administrators.

1.2 Teaching Dates for the Year

MEDICINE IN THE COMMUNITY
University College Medical School

Year 4 Block Dates 2022-23

Teaching Block	*Start Date*	*Finish Date*
Block 1	18th September 2023	15th December 2023
Block 2	2nd January 2024	27th March 2024
Block 3	4th April 2024	28th June 2024

Assessments 2023-2024:

Written:
Summative: TBC

End-of-Module: To be arranged by Module Leads

End of Year CPSA: TBC

2. Welcome and Introduction

Welcome

Many thanks for agreeing to teach on the ***Medicine in the Community*** course. You are joining a team of around 40 -50 community tutors who will help us to deliver this programme. We are sure you will find this an enriching and fun experience. We are in a world where GPs are facing a recruitment crisis, morale in our profession is low, and many medical students' perceptions of our jobs are being influenced by increasingly negative media. This is a chance for us to show our job in a positive light, and there will be benefits for you, the students and our patients.

By the end of reading this brief guide, we hope that:

- You will have knowledge of the practical arrangements and structure of the placement.

- You will be aware of other resources to develop your teaching, and where to get help if you need it.

2.1 How to Use This Guide

This guide was primarily developed for new tutors. However, we hope that "old" tutors will 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 the bigger picture.

The last part of the guide gives you resources that you may find useful, including letter templates you can use to invite and thank patients who volunteer to teaching clinics.

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. These will be highlighted using a symbol before the comment.

We welcome any suggestions you want to make about this guide.

2.2 Overall Structure of Year 4

Clinical teaching in the 4th year takes place at the 5 main hospitals (Royal Free/ UCLH/ Whittington/ Barnet/ North Middlesex), as well as local general practices. All students spend a proportion of time during their general medical firms learning Medicine in the Community.

Year 4 is divided into three modules of 12 weeks, with teaching weeks in between.

Module A	Module B	Module C
Acute Medicine, Respiratory, Cardiology & endocrine (+ Medicine in the Community)	Gastroenterology Surgery Orthopaedics + Rheumatology Vascular (+ Medicine in the Community)	Medical specialities Neurology Nephrology Haematology Infectious Diseases ENT (ear nose and throat) (+ Medicine in the Community)

Organisation of Medicine in the Community

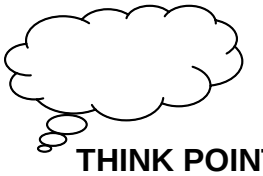
Students in ***groups of 2-6 spend one day approximately every 4 weeks*** (either Monday, Tuesday or Friday) in your practice. There are 10 days (20 sessions) over the three blocks in the year. (Some practices may choose to teach up to three groups of students, i.e. on Mondays, Tuesdays and Fridays). Current tariffs for payment available from the course administrator.

An important point to remember is that students' abilities will often depend on how far the year has progressed, and this needs to be taken into account in your teaching. It is also worth bearing in mind that different students in your group may be at different stages in their attachment.

 **KEY TIP***: It is always worthwhile discussing where the students are in the year and what firms they have done. It is not safe to assume that having done a firm they are competent in specific tasks, so ask them and check.*

2.3 General Aims of the Community Course

Community placements have been highly evaluated by students.



THINK POINT:
What do you think a practice placement in Medicine in the Community has to offer a medical student?

In hospital, patients usually have more serious and rare illnesses, which can give students a distorted perception of the prevalence and prognosis of certain medical conditions.

In the community, we hope they will have a chance to see relatively well patients with stable physical signs and illustrative medical histories at different stages of disease progression. Students should be introduced to the complexity of management of patients living with longstanding problems and be able to see the impact of chronic illness on the lives of patients and their families. Above all, try to give your students ***perspective*** on what "medicine" really is, and that 90% of all patient contact happens in GP.

This longitudinal placement experience in primary care is also an excellent opportunity for students to develop a solid foundation in their focused-history-taking and clinical examination skills with the supervision of a GP tutor for the entire academic placement and for students to get regular feedback and build on their consultation and interpersonal communication skills. This can help prepare them well for future clinical practice.

Aims of MIC Programme

- To teach fourth year (1st year clinical) students clinical method in a general practice setting, in order to complement their hospital-based teaching.
- To focus on general medical topics, including investigations and management.
- To build on students' knowledge and skills as they develop through the year.

Students' Outcomes for the Whole Attachment

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

- Communicate effectively and courteously with patients of different cultural backgrounds and with colleagues.
- Demonstrate the ability to take a comprehensive or ***focused history*** including psychological and social aspects.
- Demonstrate the ability to perform a ***competent and systematic examination*** relevant to the patient's problem.
- Demonstrate the skill of formulating a logical ***differential diagnosis*** for common presentations
- Recognise the ***impact*** of the problem on the patient's life.
- Demonstrate the skill of ***creating a problem list*** of active and inactive problems.
- Demonstrate the ability to formulate a ***logical*** plan of investigations including the use of "near-patient testing", and initial management plans.
- Demonstrate the ability to correctly ***interpret simple investigations*** and results and modify diagnosis and management accordingly.
- Recognise the patterns of presentation of illness in the ***older person, and*** the concepts of ***co-morbidity and polypharmacy***.
- Demonstrate the ***ability to negotiate with patients***, using appropriate terms, the diagnosis, the rationale for investigations, and management and gain consent for this.
- Understand the concept of ***medically unexplained symptoms***, that a diagnosis is not possible for all presentations and how to tolerate such diagnostic uncertainty.
- Make appropriate ***use of available resources*** including the British National Formulary and on-line resources.
- Have a basic understanding of the principles of ***rehabilitation***.
- Demonstrate the ability to clearly and ***concisely present a clerking*** in verbal and written formats.
- Demonstrate the ability to evaluate his/her own performance and to give and receive ***feedback***.

- ***Use of IT in health care***- keeping records, particularly the electronic patient record.
- ***Prescribing*** - effectively, safely.
- Respect and understand the professional contribution of ***other health care workers***.

From the UCL MB BS Curriculum map

https://uclms-asr.app/map

Introduction to the MBBS Curriculum Map
The curriculum map is a guide to underpin students' learning through teaching, personal study and clinical experience. It can also be used to help prepare for assessments. Medicine is vast and complex; no map can be exhaustive. This is UCLMS' first electronic curriculum and there will be dynamic improvements as the map evolves. UCLMS has taken all reasonable care to ensure that the content is up to date.

Specifically for the MIC course -

Year 4 / Medicine in the Community

ILO 1 of 6 Develop attitudes appropriate to being a good doctor.

ILO 2 of 6 Develop communication and clinical skills in a community/GP setting.

ILO 3 of 6 Diagnose and manage common clinical problems.

ILO 4 of 6 Employ core clinical skills with an emphasis on cardiovascular, respiratory, gastrointestinal, and locomotor system

ILO 5 of 6 Develop an understanding of the involvement of primary and secondary care services for patients, and the interface between them.

ILO 6 of 6 Develop an understanding of ethical and legal issues involved in community-based medicine.

(ILO = Intended learning outcome)

2.4 Course Content – and how to deliver it

One of the best resources in planning your sessions with the students is to use the ***core components sheet*** on the next page.

The key Objectives*:*

- To practice core clinical skills with an emphasis on cardiovascular, respiratory, GI and loco-motor systems.
- To develop communication skills and clinical skills.
- To diagnose and manage common clinical problems.
- To develop attitudes appropriate to being a good doctor.
- To develop an understanding of ethical and legal issues involved.
- To develop an understanding of the involvement of primary and secondary care services for patients, and the interface between them.

There is no one set template for how you deliver your sessions.
One session (half a day) should be in protected time, and based around tutorials or learning basic examination skills. This should involve clinical contact, and a priority is to invite selected patients especially for the students to meet. You could base this around the **core components** for the current module. The best feedback students give is when they approach a problem from a symptom perspective, tying this in with a real patient, with the opportunity to take a history, examine and present their findings. Whilst this can be onerous in large groups, you can get them to work in pairs or small groups.

Other ideas are tasks around writing referral letters, prescribing or managing medically unexplained symptoms.

Often due to the dynamic and varied nature of general practice, it can be helpful to be opportunistic as relevant to the curriculum components of MIC. E.g. supervising the students assessing a patient off the duty-GP list.

The other session can involve some service provision eg: you could set up a teaching surgery with longer appointment times and perhaps students seeing the

patients first, then presenting to you. Ideal examples would be a full Diabetic review, looking at a post-operative patient or doing an annual review for someone with a learning disability. You could use this as an opportunity to do an over-75s health check, or to complete any of the care plans that still need doing.

As we know, the **primary care team workforce** has changed to include: physician associates, prescribing-pharmacists, advanced nurse practitioners, paramedics as well as practice nurses and GPs. It is often useful to utilise these colleagues in placement teaching. e.g.: doing a session on asthma management with the practice nurse doing asthma checks (in module A). Or you can utilise local services (GPwSI, outreach) and staff members. Furthermore, GP Registrars or F2s can also be used to teach the students for one or two sessions if you wish.

It is helpful to explore different models of consulting and "how we consult" and give students a good exposure to a mixture of face-to-face, telephone/video-consults and e-consults to reflect the post-pandemic effect on the future of NHS and general practice. Although it is good to achieve a balance, students at this stage of training, will need and seek out good face-to-face opportunities to help build a foundation for their interpersonal communication and clinical skills.

Specific topics that we would advise you to focus on are listed on the next few pages because they are common, important and also come up in their formal assessments.

Students will need to be able to discuss the underlying pathology, physiology, differential diagnosis, and management of the following conditions.

Other related year 4 primary care teaching, outside of MIC placement days

Primary and Community Care Workshop

The Primary and Community Care workshop consists of a 1 day workshop for all Year 4 students (in Module 4B).

The aim of this workshop is to introduce students to the breadth and variety of common clinical scenarios encountered in the general practice and community setting. Exposing students to the care delivered in these settings is important in improving their understanding of the patient journey and the management of patients in the context of primary care services and resources. The aims of these workshops are to:

- Practice and improve history taking and consultation skills.
- Gain an understanding of what it means as a patient to live with a long-term condition
- Gain an understanding of the resources available in primary care and the community to manage patients.
- Develop a shared care plan with patients with a focus on a person-centred approach
- Introduce the importance of the multi-disciplinary team in the community
- Introduce the importance of population health management, lifestyle discussions and managing risk in the primary care setting.
- Learn in a peer-supported environment with interactive teaching involving patients as educators.

These workshops will look at asthma, chest pain, and bowel cancer symptoms.

The mental physical health interface day

All students will attend a mental physical health interface day. The aim is to get students to explore the MH/medicine interface with a primary care perspective. The students will meet real patients in the morning and discuss their experiences. In the afternoon they will work through scenarios and role plays. These include:

Scenarios

Chronic disease and anxiety depression
Schizophrenia and CV risk
Learning disability and physical health
CHD, chest pain and anxiety
Antipsychotics and obesity/diabetes

Teaching during and post-Covid

We hope COVID will not interfere with teaching this academic year but if regulation or local circumstances change, we will probably revert to COVID-style teaching. Students should be COVID vaccinated but it is no longer compulsory for health care workers.

The guidance from the GMC/NHSE and Medical Schools Council is that clinical teaching experience for medical students must go ahead so that we can produce the next generation of clinically competent doctors. This means we would like you still to host students in your practice, but inevitably some things will be different.

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. As 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. Any extra cost should be met by your CCG. Students shouldn't 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. We anticipate that they will be vaccinated when they arrive in the clinical environment (but this isn't yet compulsory). Their risk to patients should therefore not be any different to any other staff member. However, a student seeing a patient who may be shielding is probably not acceptable. There is currently no clear DH advice on home visits by student to frail patients or those in nursing homes.

Clinical teaching opportunities will change in response to COVID. Most practices are still seeing a lot fewer patients face-to-face. However, it is still valuable for students to be in clinical settings, to see other members of the team and understand the new ways of consulting online and by phone. Think how you might engage students in taking histories remotely and what objective measurements can be gained online such as pulse rates, photographs of rashes etc.

The other risk is travel. Travelling for clinical teaching is regarded as an acceptable risk. It becomes even more important that you have mechanisms to contact and alert students when teaching may be cancelled at short notice to prevent unnecessary travelling by students.

Module	Block A				Block B		Block C			
Hospital firms	Cardiology	Respiratory	Acute Medicine	Metabolic	Movement	Digestive health	Infectious disease	Neurology	Haematology	Not module specific
Core conditions	Angina	Asthma	DVT PE	NIDDM	Osteoarthritis-	Cancer care for bowel and other cancers	antibiotic prescribing in primary care	Parkinson's	Investigating anaemia	
	Heart failure	COPD		IDDM	Pre and post op care for elective ortho surgery	Ulcer GU PU	exacerbation of COPD	stroke	Sickle and thalas chronic diseases	
	Stroke	Respiratory tract infection smoking – consequences and cessation		Cv risk	Managing chronic inflammatory disease -RA, Crohns (long term)		Diarrhoea	MS and neuro degenerative disease		
	AF			Thyroid disease			Cellulitis/leg ulcers			
Common presentations	Chest pain	Cough	Acute confusion and coma	Obesity	Hip, back and knee pain	Abdominal pain / dyspepsia	fever	Blackouts / Loss of consciousness		Itching / pruritis
	Palpitations	Shortness of breath	Falls and collapse		Joint stiffness/ swelling	Bloating		Dizziness		Polysympto matic
	Swollen Legs	Wheeze				Change in bowel habit		Headache		Sleep problems
		Haemoptysis				Nausea / Vomiting				Tired all the time
						Rectal or other GI bleeding				Weight loss
Longitudinal (try to weave in these themes)	IT in health care co-morbidity polypharmacy clinical skills patient safety safe prescribing									Urinary symptoms

2.5 Core Components of each Module

Introductory and orientation to medicine course
One session of the MIC course will be in the IOM course. The details of the IOM course are available on request. You **will not** be delivering this session in the community.
What we would like you to do in the first session is to meet the students, discuss the yearlong placement, and get them familiar with the practice. Some tutors like to agree learning needs and organise a peer-teaching aspect – e.g.: ask a different student to do a presentation each week. This is the time to discuss these aspects.

BLOCK A

- **Cardiovascular System**:

Hypertension, Heart Failure, Ischaemic Heart Disease, Atrial Fibrillation and Valvular Heart Disease, mental health in chronic disease.
Students should understand the concepts and know the main causes of the above conditions, recognise them clinically and also learn about basic investigations and treatment.

✶✶ Other topics which may be covered: Deep Vein Thrombosis / Pulmonary embolus.

- **Respiratory System**:

Asthma, COPD, Respiratory Tract Infections, Lung Cancer, Smoking Consequences and Prevention, Respiratory Failure:
Students should understand the epidemiology and the key clinical features of making a diagnosis. They should be able to undertake spirometry, measure the peak-flow of a patient and interpret results, and also understand principles of management of asthma, and COPD including inhaled bronchodilators, corticosteroids and devices for inhaling drugs. Prescription of home oxygen may also be discussed.

✶✶ Tuberculosis, Pulmonary Embolism, Interstitial Lung Disease, Asbestos Related Lung Disease, Pleural disease, HIV infection, Anaphylaxis and Obstructive Sleep Apnoea are other topics which may be covered.

- **Endocrine/ Diabetes**
  Diabetes type I and II
  – Diagnosis, chronic management, co-morbidity (CKD, CVD, PVD, retinopathy etc)
  – Diabetes as model of a chronic disease- multi-disciplinary care, 1y/2y integration, use of IT etc
  Thyroid / hypothyroid treatment and monitoring

Management of the big NHS expenditure diseases such as COPD, falls and heart failure should be discussed, particularly in terms of disease management optimisation (for example in heart failure), early intervention (for example COPD exacerbations), and new models such hospital at home, case management (community matrons etc), and assisted/accelerated discharge schemes.

BLOCK B

Movement and digestive health

Students should understand how movement and gastrointestinal problems can impact on health. Within the loco-motor system students should consolidate their skills in examination of the locomotor system, particularly relevant to conditions seen in primary care such as back pain, OA hip and OA knees. You should discuss “red flags” for back pain. Students should understand the differences between osteoarthritis and rheumatoid arthritis, have a basic understanding of the systemic effects of rheumatoid and some basic understanding of how prescribing of disease modifying agents can impact on individuals and their doctors in terms of prescribing safely.

In gastrointestinal health we suggest looking at dyspepsia and change in bowel habit as important GI symptoms in primary care and how to manage them safely. Bowel cancer may be a useful condition to think about the transition to end of life care and palliation (although a patient in the practice with any common cancer can usefully be discussed in this domain).

- Osteoarthritis /Rheumatoid Arthritis,
  - Early RA diagnosis
  - Poly-pharmacy/ safe prescribing e.g. opiates / nsaids in the elderly
- Dyspepsia,
  - primary care management (test and treat), when to refer, opportunity for health promotion lifestyle advice (alcohol, smoking etc)
- GI cancer.
  - Change in bowel habit/ FOB screening
  - Palliative care

Abnormal tests e.g. LFTs

BLOCK C

- **Neurology/ ID/ renal/ haematology/ENT**

A key area in module C part of MIC placements will include “neurology in primary care”, where it may be worth exploring good headache presentations and chronic neurological illness. Please note that frailty/ memory loss presentations will be encountered separately in 5th year care of the elderly placements.

Students could usefully focus on diagnosis of diabetes and its long-term chronic disease management in this block (don’t forget to use you practice or specialist nurse if you can here).

Infectious disease might be a challenge but if you (or your nurses) have an interesting patient with cellulitis, MRSA or similar condition then make use of them. A back up might be discussing rational prescribing in primary care, the impact on hospital acquired infection and the impact of GP prescribing on self-limiting conditions such as URTIs. Get them writing (mock) FP10s- always a useful insight when they start with Tazosin.

Haematology may again be very patient dependent but if you have someone with a chronic haematological malignancy (CLL) then this would be useful. Alternatively perhaps this would be good time to bring in practice IT and do session looking at results- put them on the spot; how would the students manage a haemoglobin of 10, or a white cell count of 21?
It could be a useful exercise to understand how we assess anaemia in primary care and think of causes: e.g. iron deficiency (as an indicator of GI disease), anaemia of chronic disease etc; as well as reviewing other abnormal tests- borderline anaemia, indices e.g. high MCV.

ENT in primary care can be briefly introduced and involve exposure to patients with common ear conditions (BPPV, otitis externa).

It is also important to remember that these are general medical firms and teaching on other topics e.g. gastrointestinal, musculoskeletal, neurological and endocrine is welcomed at any part of the programme, although they will also be covered elsewhere in the hospital part of the course. Palliative care of conditions like lung cancer, heart failure and COPD should be covered, particularly if suitable and willing patients are available.

It is also very valuable for students to be aware of the multidisciplinary team and what this constitutes, therefore it would be useful to spend some time with practice nurses, district nurses, and also to be informed about physiotherapists’, chiropodists’, and opticians’ roles.

Other issues that have a very specific community focus, such as long-term nursing home management of chronic diseases, the role of (and impact on) carers, specific benefits such as the DS1500 for terminal patients, death and cremation certification should be integrated into the teaching where appropriate. The role of continuity in hospital discharge arrangements and community follow up can be highlighted, for example post MI rehab, acute exacerbation of COPD and asthma.

 **KEY TIP:** Complement and contrast their hospital experience.

Do not attempt to cover everything, this might not be possible

2.6 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 a very accurate opinion of their skills, knowledge and attitude.

There are three important aspects:

1) For each block/term of MIC, we recommend tutors complete at least:
- **1x CEX (clinical evaluation exercise)**
- **1x CBD (cased based discussion)**
- **An "end of GP placement term supervisor form" (**please note this is different from the end of module supervisor report, signed by their overall module supervisor lead)

https://uclms-asr.app/

You can set up a **UCL ASR account** using the link above via your "nhs.net" professional email address. This then allows students to email you "tickets" for CEX/CBD/ end of GP term assessment forms or alternatively they may complete this with you-in-person using hand-held student Ipad that they carry.

2) Giving students oral feedback on what you feel their strengths are and on what aspects they could improve and discussing with them your assessment form in their portfolio.

3) Taking part in the end of year CPSA exams (OSCE-style exams) as an examiner if you wish.

All of us learn differently, so it is useful to remember the "activists" may be more actively involved than the "reflectors", 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.

Your free text comments are also really important and especially so when dealing with the very good or not so good student.

Oral feedback - Just as you have been providing feedback to the students throughout the course you should discuss your overall grade and comments with the students before they leave. 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.

2.7 Student Examinations and Final Grades

At the end of the 9-week block students will have to submit their portfolio to receive a final block grade.

Assessment and Portfolios

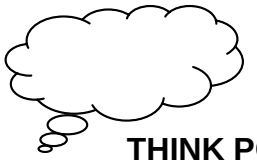
There is an important distinction between the entity of the portfolio and its contents! The keeping of a portfolio is now strictly a formative exercise. It is sensible for students to keep all this information in their portfolio. Each module may organise the firm grade differently, but module leads will require this information in order to award the firm grades and logically may request to see the student's portfolio where the information should be stored. Anonymised clerkings should also be kept as an appendix to the main file.

The end of module grades do count towards students' end of year mark and progression to year 5 alongside the OSCE and written papers (see the Year 4 Progression Criteria document on the Medical School's website: http://www.ucl.ac.uk/medicalschool/current-students/assessments/index.htm).

We will ask you to complete a community-based placement assessment form (done online).

End-of Year Examinations

For you to note, the Year 4 medical students, have an end-of-year CPSA (Clinical and professional skills assessment) exam which is an OCSE-style exam, as well as a SBA-style AKT (Applied knowledge test) paper.



THINK POINT

Towards the run up to exams, some tutors have grouped together in the past to offer a Mock CPSA/ OSCE opportunity within the practice. Are there other tutors working in your practice, or locally? If you would like further details on tutors in your area, please contact the admin team.

2.8 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 PCPH team on 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 on pcphmeded@ucl.ac.uk

- **Concerns about Students**

If you have any concerns of a pastoral or educational nature about any students, please contact the PCPH team on pcphmeded@ucl.ac.uk to discuss.

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 information useful in developing your own teaching. Tutors are welcome to use this for their appraisal portfolios.

There is also a free text section asking them to comment on the aspects of the attachment that most helped them learn that hindered their learning, suggestions on how to improve the placement and any other comments.

We hope you find this feedback useful and welcome any suggestions and comments you have.

3. Planning for Teaching

3.1 Organisation

We are very grateful to you for agreeing to teach Medicine in the Community, 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 and service time** and that you are able to devote time to your students.

3.2 Patients as Partners in Teaching

One of the main advantages for students who attend a general practice for their MIC 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.

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, the patient information leaflet: give copies of these 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'.

- Re-check 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 Examples:** Practice Patient Recruitment Pack. This includes: a recruitment letter, an information leaflet, a confirmation letter, and a thank you letter.

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 introductions and check that everything is all right. Usually, students should see housebound patients in pairs, rather than larger numbers, and **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 onto the course lead Dr Aniruthan Renukanthan (contact details on page 3).

3.3 Student Safety

Whilst out on placements in the community, we advise students to do the following: 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 to 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 HEADPHONES 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 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

Enclosed are a variety of resources as listed in contents. We hope they are useful to you.

4.1 Web-based material

You could signpost students to evidence-based websites, such as:
Cochrane - a database of systematic reviews in healthcare (http://hiru.mcmaster.ca/cochrane/).
PubMed – medical journals from around the word (http://pubmed.co.uk).
Bandolier - a journal of evidence-based healthcare (http://www.jr2.ox.ac.uk/bandolier/).
GP notebook (http://gpnotebook.co.uk/homepage.cfm) gives a quick overview.
Best treatment tends to give good EBM overviews (http://www.besttreatments.org/btus/home.jsp).
BMJ clinical evidence and NHS knowledge (http://cks.nhs.uk/knowledgeplus).

We are hoping to build up a database of teaching plans, which can be used/adapted as needed. If you are happy to share your teaching plans with other tutors, please consider uploading to the Moodle site. Access info can be obtained through the course administrator.

4.2 Reading and Reference Material

Suggested reading

Students' Recommended Reading (most recent editions)

Davidson's Principles and Practice of Medicine.
Oxford Handbook of Clinical Medicine .
Clinical Medicine, Kumar & Clarke .
Clinical Examination, Epstein.
Lecture Notes on Respiratory Medicine, Blackwell Scientific Publishers.
Lecture Notes on Cardiology, Blackwell Scientific Publishers.
Swanton's Cardiology: A Concise Guide to Clinical Practice (Pocket Consultant), Swanton & Banerjee, Blackwell Science.

4.3 Patient Recruitment Pack

The following pages contain a recruitment letter, information letter, a confirmation letter and a thank you letter. It is also available electronically – please contact the course administrator. An alternative is to use your practice administration team to help with coordinating patients.

(RECRUITMENT LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Teaching tomorrow's doctors

As you may know the doctors and nurses at *(PRACTICE NAME)* are involved in teaching medical students. To do this successfully we rely on the help and support of our patients.

We wonder if you would be willing to take part in helping the students, either at the surgery or in your own home.

Please find enclosed an information sheet that gives more details of what is involved, and if you have any questions please do not hesitate to contact the practice. Please be assured that your medical details will be treated with the same confidentiality as they are by the practice staff.

If you would like to join our list of patients who are available to help with teaching then please complete the enclosed questionnaire and return it to the practice.

Participation is entirely voluntary and your treatment at the practice will continue as normal, whether or not you wish to join the teaching list.

We look forward to hearing from you

Yours sincerely,

(XXXXXXX)

(INFORMATION LETTER)
(PRACTICE HEADER)

MEDICAL STUDENT TEACHING INFORMATION

As you may be aware *(PRACTICE NAME)* has links with the University College Medical School, University College London.

WHAT IS INVOLVED?
Medical students come to the practice for a number of weeks, during which they spend time with patients learning:

1. **How to listen to and talk with patients about their illnesses**: this is called 'taking a history' and means understanding your medical story. It includes details of any medical problems, medicines, diseases in the family and other matters such as where you live. This can take up to an hour, but with experience students become much quicker.
2. **How to examine people**: individual sessions are spent focusing on how to examine different parts of the body e.g. the heart or the lungs. This does not involve internal examinations and you will not have to remove underwear.

Students will always be supervised by a GP. Sometimes the GP will be present in the room while the students are doing these activities and sometimes they will do them on their own.

The most important thing for the students and doctors is to have people who are prepared to spend time helping the students to practise these skills. There isn't any other as effective way of learning these skills!

WHERE WILL THIS HAPPEN?
Sessions with students can take place either in the surgery, at your own home, or both - it is up to you. Sessions are arranged with you each time, so you will not find students turning up unexpectedly.

HOW LONG WILL IT TAKE?
Usually sessions take about an hour and a half, but sometimes make take longer. In the practice there will normally be up to six students present, but usually only two would visit you at home at a time.

HOW DO I STOP BEING INVOLVED?
If, at any time, you want to take a break from this teaching, or you want to stop all together, all you need to do is call *(CONTACT PERSON)* at the practice and let them know. You should also let us know if you experience any difficulties with the teaching.

WHAT HAPPENS NEXT?

If you are interested
If you would like to join the list of patients who are happy to help in the teaching of medical students then **please return the enclosed questionnaire**. We will then contact you to arrange a convenient time for you to see some students.

If you are not interested
If you do not want to be involved at this stage, then please do nothing further.

PLEASE NOTE
We are always grateful to those who volunteer, but we understand that not everyone wants to be involved. Participation is always on a voluntary basis and will not affect your care at the surgery. We welcome your contributions throughout the process.

CONFIRMATION LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Teaching tomorrow's doctors

Thank you for agreeing to help our medical students.

As discussed they will see you: **On.....**

At.....

If a doctor is taking the session, it will be **Dr.....**

If the session is to be at the surgery, please tell the receptionist when you arrive.

If this time is inconvenient please telephone and leave a message with *(NAMED CONTACT PERSON)*.

We look forward to seeing you

Yours sincerely

(XXXXXXXX)

(THANK YOU LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Teaching tomorrow's doctors

Thank you very much for your help with teaching the medical students recently.

Not only do the students greatly enjoy their time at the practice, but they also felt they had learnt a great deal. Many thanks for your role in this.

With best wishes
Yours sincerely,

(XXXXXXXX)