



UCL

# **GP Assistantship**

“Think like a doctor, act like a doctor”



# **STUDENT GUIDE 2024-2025**

An electronic version of this Student Guide is available on [Moodle](#)

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## Introduction

Welcome to this 4-week course. We hope you find it good preparation for MBBS finals and future practice.

## Learning Objectives

- Clinical method
- Clinical communication skills
- Communication with colleagues
- Professional development and reflective learning
- Preparation for Foundation Year practice
- Practical skills

**By the end of this course, we hope that you will have achieved the following objectives:**

Objectives	Tips or ideas for achieving these objectives
<b>CLINICAL METHOD</b>	
1. Information gathering: Consolidate and revise focused, efficient, patient-centred consultations	<ul style="list-style-type: none"> <li>● See “An integrated approach to the consultation”.</li> <li>● Tutor observed consultations (remote or face to face), inviting the tutor to give feedback on your consultation skills</li> <li>● Record consultations on video with either self-reflection or feedback from a tutor</li> <li>● Feedback from patients (Patient questionnaires)</li> </ul>
2. Differential diagnosis of presenting symptoms: Using problem solving techniques, time management and thinking about the probability in diagnosis	<ul style="list-style-type: none"> <li>● Discussion regarding differential diagnoses with your tutor after the consultation (CBD)</li> <li>● To use different presenting complaints as cases for your own private study, concentrating on how you could further investigate or question the patient to then arrive at the actual diagnosis</li> </ul>
3. Cope with uncertainty: a. Using problem solving techniques, time management and thinking about the probability in diagnosis b. Weighing up the benefits of investigations or initial treatment when uncertain	<ul style="list-style-type: none"> <li>● Reviewing and managing patients</li> <li>● Reflecting and discussing those patients who pose a degree of uncertainty</li> <li>● You could use a case like this for your SEA</li> </ul>

<p>4. Exposure to different conditions:</p> <p>a. Common acute problems</p> <p>b. Chronic conditions</p> <p>c. Complex multi-system problems</p>	<ul style="list-style-type: none"> <li>● Sitting in with the duty doctor</li> <li>● Consultations with 'on-the-day' patients</li> <li>● Observing nurse-led 'minor illness' clinic</li> <li>● Observing 'chronic disease' clinics</li> <li>● Follow a patient up from clinic who was reviewed with a chronic disease</li> <li>● Ask your tutor if they have a complex patient you can review to practice a long history</li> <li>● Routine surgeries</li> <li>● Speak to GPs &amp; palliative care nurses about terminal care patients they are looking after. Often these patients have multi-system problems.</li> </ul>
<b>CLINICAL COMMUNICATION SKILLS</b>	
<p>1. Explaining skills and negotiating management plans</p>	<ul style="list-style-type: none"> <li>● Mini-surgeries and reviewing patients</li> <li>● Ask to be observed demonstrating these skills (may be remotely)</li> </ul>
<p>2. Develop skills for health promotion</p>	<ul style="list-style-type: none"> <li>● 'Chronic disease' clinics</li> <li>● Reviewing patients</li> <li>● Observing GPs: how and when they discuss health promotion with patients</li> </ul>
<b>COMMUNICATION WITH COLLEAGUES</b>	
<p>Write:</p> <p>a. Medical records</p> <p>b. Referral letters</p>	<ul style="list-style-type: none"> <li>● Practise documentation on a computer after you have reviewed a patient. Ensure this is checked by the GP.</li> <li>● Ask to see how "templates" are used in the documentation of patient information</li> <li>● Discuss 'pop-up reminders' with your GP tutor and the significance/usefulness of these in general practice.</li> <li>● Assess other GP's medical records: What do you feel is constructive and why?</li> <li>● If a patient you have seen needs referring you could do the referral letter. Ask your tutor to discuss the elements of a referral letter (SLE opportunity)</li> <li>● Assess other GP's referral letters: What do you feel is constructive and why?</li> </ul>
<b>PROFESSIONAL DEVELOPMENT &amp; REFLECTIVE LEARNING</b>	
<p>1. Ethical and Legal Principles</p>	<ul style="list-style-type: none"> <li>● Review these principles using the GMC website</li> <li>● Understand the responsibilities you have re: confidentiality of patients and making sure you have the informed consent of patients to review, refer and examine them</li> <li>● Reflect on cases when GPs have to speak to a patient's relatives, how is this handled?</li> <li>● Reflect on cases, eg when GPs review a patient under 16 on their own, how is this handled?</li> </ul>

2. Evaluate your own performance	<ul style="list-style-type: none"> <li>• How do you respond to feedback after reviewing patients or at your mid-point meeting?</li> <li>• Reflect on whether feedback you received is changing your practise</li> <li>• This can be done through SEA</li> </ul>
<b>PREPARATION FOR FY1 &amp; 2 PRACTICE</b>	
Understand and show competence in: <ol style="list-style-type: none"> <li>a. Clinical governance</li> <li>b. QIP</li> <li>c. Population needs assessment and relevance to service delivery</li> <li>d. Methods of admission/ discharge and follow-up</li> </ol>	<ul style="list-style-type: none"> <li>• CEX</li> <li>• Quality Improvement Project (QIP)</li> </ul>
<b>PRACTICAL SKILLS</b>	
See your procedure passport	<ul style="list-style-type: none"> <li>• Seek appropriate opportunities with your tutor or the practice nurse/healthcare assistant.</li> </ul>

## What to expect from your GP tutor

- Timetable organised according to practice & student needs
- Student induction, including a needs assessment & ground rules
- Mid-point, progress meetings & further needs assessments during the attachment
- Ample contact with patients including observation of GPs/nurses & supervised student-led surgeries
- Sustained 1:1 contact with an experienced clinician & the primary health care team
- Plenty of specific feedback & discussions tailored to student needs
- Time & opportunity for independent learning tasks – including a space to work & access to a PC if based at the practice
- Opportunity to discuss your consultations, your SEA & present your QIP
- Completed GP Report & Grade Form

## What your GP tutor will expect from you

- Willingness to identify and work on your learning needs (rather than wants)
- Give early warning of any particular interests or predicted problems/absences
- Be honest if you feel uncomfortable, unhappy or out-of-your-depth
- Show insight – don't over estimate your abilities (remember you are not a doctor - yet!)
- Punctuality, courtesy and respect for all staff - try to be flexible too when necessary
- Treat patients with respect and sensitivity – particularly mindful of confidentiality and consent
- Don't shy away from clinical opportunities that may arise – take them
- Seek and accept feedback
- Provide specific & constructive feedback to your tutor when asked to do so
- Show independence and motivation in completing your learning tasks
- Comply with the UCL dress & behaviour code, even for remote consultations (see '[Dress and Behaviour](#)' section on UCL Medical School's A-Z Guide)

## What the department expects from you

- Participate in the 'Introduction Monday' (online)
- Act as a good ambassador for your medical school
- Give early warning of any predicted problems/absences
- Alert us if you have problems or are unhappy
- Be punctual, courteous and respectful to all staff
- Provide specific & constructive feedback for your GP tutor and the Department when asked to do so
- Ensure the GP End of placement sign off, QIP, SEA, and SLEs are completed before the final day of placement. (Checklist p29)

## Overview of course structure

All students appreciate a timetable. Below is one possible suggested timetable – please adapt it to fit you, your GP Tutor and the practice. Just under four weeks are spent in the GP practice (involving three weekends).

Please note that this schedule may be affected by the Medical School or Bank Holidays.

	<b>Type of session</b>	<b>No of sessions per week</b>	<b>Types of activity</b>
<input checked="" type="checkbox"/>	Clinical	7	Student/doctor/nurse-led consultations (remote/f2f) 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 (online)	Placement Induction with your GP practice			
PM	GPa INTRO DAY (online)		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



## Summary of assessments in the GPA placement

Formative assessment		Summative assessment
Checklist & Feedback	During the attachment	End-of-rotation grades
<b>Formative assessment</b> is based on regular review of goals and progress and the use of feedback. It is intended to help focus your learning and to focus your tutor's teaching	<b>Core conditions</b> <b>Common presentations</b> <b>Patient assessments</b> <b>Practical procedures checklist</b> <b>Clinical notes &amp; clerical procedures</b> <b>Data interpretation</b> <b>Safe prescribing *y6</b> <b>Student Guide</b>	Look carefully at the detailed descriptors (or "anchor statements") on the GPA Report. 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 you
<b>Self-assessment</b> In which areas are you strongest/weakest? How can your tutor address these areas?	<b>Self-assessment checklist</b> Review own progress prior to and at the beginning, middle and end of the attachment	
<b>Tutor assessment</b> Observed (or videoed) student-led consultations  <b>Multisource assessment</b> Confer with other members of the primary care team	<b>Student-led consultations</b> <b>Constructive feedback</b> <b>Tailored GP Tutor teaching</b> Review your progress at the mid-point and end of your attachment	<b>GP Report</b> Communication skills Clinical method Knowledge & management Professional development & attitudes
<b>Peer assessment</b> Pairs of students/collectives	<b>Learning in groups</b> in addition to individually	
<b>Learning Portfolio</b> Tutor provides advice, support & feedback	<b>Patient questionnaire</b>	Optional to complete and discuss with tutor
	<b>QIP</b> Grade form	Submitted on portfolio
	QIP + presentation	Moodle (if prize-worthy)
	<b>CBD</b> <b>CEX</b> <b>Significant event analysis (SEA)</b>	Submitted on portfolio Submitted on portfolio Discussion with tutor and Verified by GP tutor on GP end of placement sign off (portfolio)
	<b>Case of the Month</b>	Satisfactorily completed: Submitted on Moodle

## Final MBBS requirements

You must pass this course (i.e. receive a pass grade including completion of the learning portfolio) in order to sit your Final MBBS exams in March. General practice is represented in your Final MB BS exam. GPs are actively involved in *all* aspects of Finals. In your Final MBBS OSCEs, examining GPs will expect you to have a good understanding of the topics covered in both Core Courses.

## Attendance and Professionalism

Teaching practices put time and effort into ensuring that you have a productive attachment. It is frustrating and embarrassing for the doctors if you do not attend sessions they have arranged or arrive significantly late for them or arrive significantly late for them.

This is a full-time course, and therefore all absences must be accounted for to your GP Tutor and the Department. Expected attendance is 100%, and if you attend less than 80% you may need to repeat part of the course or you may not be allowed to sit your Final exams. Attendance might be noted in different ways depending on your discussion with your GP tutor e.g. If consulting remotely, may need to check-in with tutor before starting your consultations.

Any planned absences must be approved by your Personal GP Tutor, the Department and the Divisional Tutor prior to the attachment, further information is available in the [Attendance and Engagement section](#) of the Medical School's Policies and Regulations.

## The consultation and student surgeries

### Objectives

- Consolidate and revise **clinical method**
- Ensure competence in formulating **management plans** based on good clinical judgement (including self-care, investigations, treatment and/or referral)
- Ensure competence in **explaining** skills and **negotiating** management plans – based on exploration of patients' ideas, concerns and expectations
- Demonstrate ability to evaluate your own performance and respond to feedback

### Introduction – learning in the consultation

**1. Observation:** Do not underestimate the educational value of observing experienced clinicians at work – the difficulty can be concentrating and making sense of what you see and hear. The trick is to have a focus or a set of goals to achieve while watching. More senior students tend to be able to gain more from observing, as they are clearer about what is going on and where their own gaps are. In addition they are more likely to be asked to apply what they have seen! We recommend you concentrate on clinical problem solving (What do you think is going on? Would you ask the same questions? etc), information giving and management planning. Make notes – it helps your concentration - but do warn the GP and the patient.

**2. Active participation:** All students will be expected to conduct more than 10 student-led consultations, in addition to opportunistic experience during other surgeries and home visits as they arise. ***Student-led consultations*** will provide special opportunities for you to build on your clinical knowledge and experience by *carrying out complete consultations under supervision*.

**The student mini surgery sessions can be organised in a number of ways – a mixture is best:**

### **Joint student mini-surgeries (observing)**

Some tutors prefer to 'observe' whilst their students consult (this can be physically in the room or though joining the consultation remotely from another device). A reduced number of patients are booked so that the student can conduct the consultation under direct observation, this mimics OSCEs. This allows the teacher to provide some instant feedback about the consultation process itself. This is particularly valuable at the beginning of the attachment.

If remote consultation – The patient needs to be informed verbally that a doctor listening in but the student will be conducting the consultation.

If f2f consultation – Inform the patient before they walk into the consultation room that a doctor will be present. Be aware that, as we all know, patients will often try to talk to the doctor they know if he or she is in the room, no matter how quietly they sit! If at all possible, the teacher should sit behind the patient, avoiding eye contact.

### **Parallel student mini-surgeries**

Many tutors like to book a short surgery for the students (with perhaps 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 a separate clinic. Some teachers prefer not to book themselves any patients, but get on with paperwork. The student spends approximately 20-25 minutes with each patient, and when they have finished, presents them to their GP Supervisor for discussion. The GP supervisor can then join the consultation remotely or go to the consultation room (if at the practice) with the students to supervise discussion of the management plan with the patient.

### **Recording methods – video & audio**

Some practices have video cameras, which can be useful for a more detailed look at consultation skills (although the consultations still need to be supervised at the time). Written consent is required for video recording patients. You may of course choose to try out a number of different methods during the attachment.

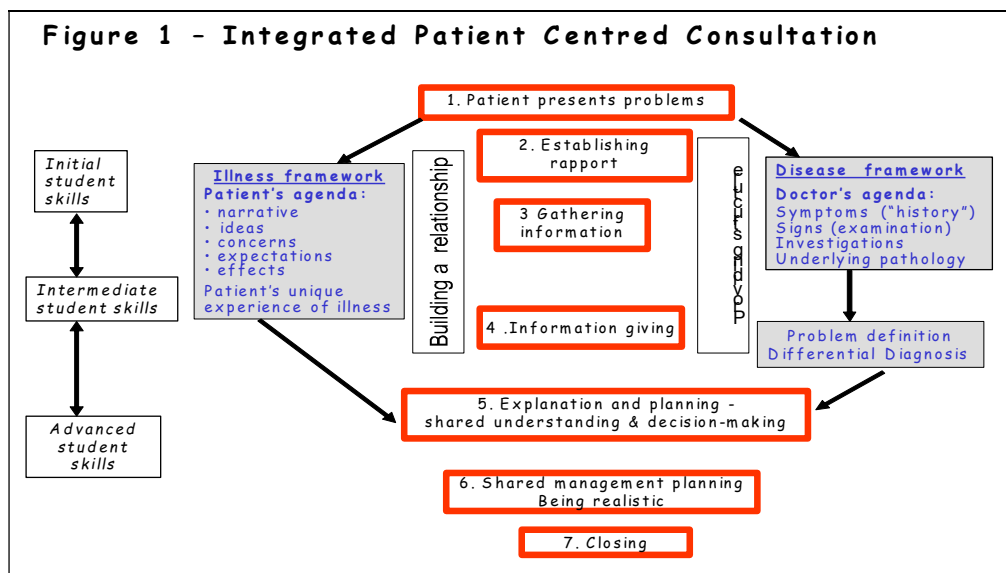
### **IMPORTANT:**

- Remember, *your GP supervisor* is responsible for supervising you. The patients should always have input from your tutor or another GP. Students cannot sign prescriptions (FP10s, so use the Procedures passport instead) or certificates – but can write in notes if they are checked
- Your GP supervisor is responsible for gaining information and obtaining freely given patient consent
- Agree the “rules of engagement” with your GP supervisor beforehand, e.g. for interruptions, safety netting and getting feedback

# An Integrated Approach to the Consultation

Consulting with patients is the core activity of medicine and general practice. Because of the lack of immediate technology and the undifferentiated nature of problems encountered, is a good place to observe a range of consultation types. Experiences from OSCEs at Finals and a recent study of Foundation doctors showed that students can have difficulties integrating their clinical knowledge (*the disease framework*) with the patient's perspective (*the illness framework*) when gathering information. The tendency is to stick doggedly to the doctor's agenda. You may also have little experience of providing useful explanations to patients and making sensible and acceptable management plans. This GP attachment provides the ideal opportunity to develop these advanced skills.

Figure 1 displays the various elements of the consultation, highlighting the importance of going beyond "getting the history" and integrating the medical and patient-specific aspects of the consultation. The shaded boxes are based on the "illness/disease" model proposed by Stewart *et al*. The red boxes relate to the tasks and skills defined by Silverman *et al* in the Cambridge/Calgary observation guide – which forms the basis of most Finals OSCEs.



## Disease versus Illness

These two words are often used interchangeably in the English language but have assumed subtly different meanings which form the basis of the model of the consultation above.

**Disease** is the medical view of ill-health. It is based mainly on objectively demonstrable changes in the body's structure or function, and which can be *quantified* by reference to 'normal' physiological measurements. They include, for example, typical symptom clusters (e.g. migraine) abnormal physical findings (eg irregular heart beat), abnormal test results (e.g. raised white cells or TSH in blood tests; an enlarged heart on an echo). Disease 'entities' (e.g. tuberculosis) are assumed to be universal in form, content, clinical findings, natural history and treatment.

**Illness** is the subjective response of the patient, and those around him/ her, to being unwell. Particularly how s/he, interprets the origin and significance of this event; how it affects his/her behaviour, and relationships with other people and the steps taken to remedy the situation. It includes both his/her experience of ill-health, and the *meanings* given to that

experience. Illness experience is shaped by how s/he answers the questions listed in Helman's Explanatory Model (overleaf), and is often expressed in the form of a *narrative*.

In most cases people have a disease *and* an illness at the same time. For example, they may feel unwell – and also have a chest infection. However, in clinical practice it is also common to encounter '**disease without illness**' (e.g. asymptomatic diabetes, cancer or HIV infection), and also '**illness without disease**' (e.g. fearfulness) – but without any discernible physical abnormality. Functional disorders such as irritable bowel syndrome form a sort of hybrid. In all cases, different interpretations may result in communication difficulties between doctor and patient.

## Explanatory Models – Key questions

Explanatory models are defined as "*the notions ... employed by all those engaged in the clinical process*" regarding causation, implications and treatment. One way of looking at the lay explanations of the ill-health is to examine the sort of questions people ask themselves and how they weave these into the story or narrative of their ill-health. The following questions, known as Helman's Folk Model, are important to bear in mind when listening to patients telling their stories. If you do not discover what the patient believes, wants or fears (ie ideas, concerns, expectations) it is very hard to build a relationship with them and to provide a credible explanation and to reach shared decisions with them about what should happen next.

- **What has happened?** This includes organising the symptoms and signs into a recognisable pattern and giving it a name or identity
- **Why has it happened?** This explains the aetiology or cause of the condition
- **Why to me?** This tries to relate the illness to aspects of the patient, such as behaviour, diet, body build, personality or heredity
- **Why now?** This concerns the timing of the illness, and its mode of onset; sudden or slow
- **What would happen to me if nothing were done about it?** This considers its likely course, outcome, prognosis and dangers
- **What are its likely effects on other people (family, friends, employers, workmates) if nothing is done about it?** This includes loss of income or of employment, or a strain on family or work relationships
- **What should I do about it - or to whom should I turn for further help?** This includes strategies for treating the condition, including self-medication, consultation with friends or family, or going to see a doctor

## Explaining and shared decision-making: Essential steps

By the time you get to your final year we expect you to be developing skills of explaining and shared management planning. These are areas to focus on when you are observing GPs and nurses and in your own consultations. The following steps are a guide to effective communication - what has been described by Elwyn and Edwards as the "neglected second half of the consultation".

- **Step 1 Information gathering**
  - Always listen for, or actively explore patients' explanatory models (see above), their ideas, concerns, expectations (I C E). It is difficult to share an understanding or a plan unless you do this
- **Step 2 Information giving - Problem Definition : (NB this step is most often omitted)**
  - Agree what the problem is
  - Relate to I C E/ patient's explanatory model
  - Aim for shared understanding of the problem (Don't underestimate the patient)
- **Step 3 Summarise Options**
  - Evidence-based summary – be honest (a) where more than one option exists (b) where evidence is grey

- Indicate your own position (what you think is in patient's best interest, NOT what you would do)
- **Step 4. Planning – Shared decision-making**
  - Expect participation
  - Share rationale for options
  - Allow patient to opt out of decision making AFTER BEING INFORMED of the options
  - Take lifestyle & social context into account
  - Agree review/safety net

## Probity, plagiarism and countersignature

By now you will have developed and be able to demonstrate a strong sense of professional probity (your integrity and honesty). This should include understanding that plagiarism – the unattributed use of other people's work and ideas - is unacceptable.

Please be careful if you have used other people's work, including websites, textbooks and electronic resources, you must acknowledge this appropriately. Very occasionally, students have been tempted to embellish or fabricate data for audits and patient case studies (such as SEAs). We ask you to have your work **countersigned** by your tutor to protect you from accusations of plagiarism or fabrication. Investigations are distressing and time consuming. **If you are having difficulty with any of the tasks you have been set please discuss this with your GP tutor or a member of the Department**, don't be tempted to take inappropriate short cuts.

## Conscientious objection

Personal beliefs and medical practice have been highlighted following the GMC's guidance on conscientious objection. We agree with the BMA's view that '*personal beliefs should never prejudice patient care and that medical students should not be able to opt out of learning about procedures which are part of their core curriculum and to which they have a conscientious objection*'. The Medical School is currently drawing up formal guidance on conscientious objection. To discuss these issues further, please contact Dr William Coppola or Dr Neelam Parmar.

## Consent (Medical Protection Society 2003)

### What do you need consent for?

It is often assumed the need for consent is limited to the treatment of patients. In fact, consent extends to all aspects of the relationship between doctor and patient. So the following areas also require consent:

- **Studying and teaching**

Patients need to consent to their involvement in any part of the teaching process. This might include, for example, if you are observing a GP's consultation or using the case study of a particular patient for a dissertation. Consent should be taken at the outset. Ideally, the patient should be asked before starting the consultation for a remote consultation and for a f2f consultation before they enter the room. If you are already present it makes it more difficult for the patient to say 'no', since they may feel under pressure. Patients should also expect honesty from the relationship – so describe yourself as a 'medical student' and not, for example, as a 'young doctor', 'colleague' or 'assistant'.

### Who can get consent?

It is the responsibility of the doctor giving the treatment or doing the investigation to ensure that consent is valid. They can delegate the process of taking consent, but it is still their responsibility to ensure it was taken properly. If you are asked to take consent you must be

certain that you understand the procedure thoroughly enough to do so. For example, you should respond to any questions fully and, of course, they must be answered honestly. If you are unsure of the answers, you should admit this, and find out, rather than try and bluff your way through it.

Up to date Consent guidance (GMC & MDU)

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>

<https://www.themdu.com/guidance-and-advice/guides/new-guidance-on-decision-making-and-consent>

## Learning portfolio (activities and tasks)

The ability to direct your own learning as a doctor is essential. This course includes four brief tasks, detailed later in this guide. Your learning portfolio may be useful in your Foundation Years and for job applications.

By completing the activities and tasks outlined in this section of the Course Guide you will be able to add relevant work that builds on your existing **Portfolio** of course work. Please keep copies of all the work you submit. We are happy to provide copies of your Grade Forms too. Remember – your **Portfolio** is a unique collection of your achievements over and above exam passes and will form an essential addition of evidence about your academic and clinical abilities. You will need to keep a **Portfolio** throughout your professional life to demonstrate how you continue to learn on-the-job.

## Task 1 - Patient Questionnaires (optional)

- Important to get feedback from patients
  - Helps gain insight into how patients perceive you
  - Highlights areas that can be developed
- Discuss this with your tutor at midpoint review
- At end of consultation
  - Ask patient permission to email them a questionnaire from the 'practice email account' to fill out. Ask for help from admin/reception to do this.  
<https://www.themdu.com/guidance-and-advice/guides/new-guidance-on-decision-making-and-consent>
  - Ask the patient to 'respond to sender'
  - Retrieve filled out questionnaire from the practice email account by asking reception/admin for help.
- Try to collect at least 3 and discuss with your GP tutor during and towards the end of the placement

[Guidance sheet is available via Moodle](#)

## Task 2 - Supervised learning events

You must complete **1 referral letter** (complete as CBD –ePortfolio).  
See introductory day presentation for more information.

You also need to complete **two additional supervised learning events** (any combination of CEX and/or CBD - ePortfolio).

# Task 3 - Quality improvement activities

## Objectives

- Preparation for Foundation Years and subsequent postgraduate training
- List the steps involved in preparing a QIP
- Identify how a QIP can improve healthcare through Practice-Based Commissioning and clinical governance
- Involvement in continuing professional and practice development
- Analyse the role of primary care within the practice or with respect to its interfaces
- Identify and apply data/information sources
- Demonstrate professional communication through preparation/presentation of work

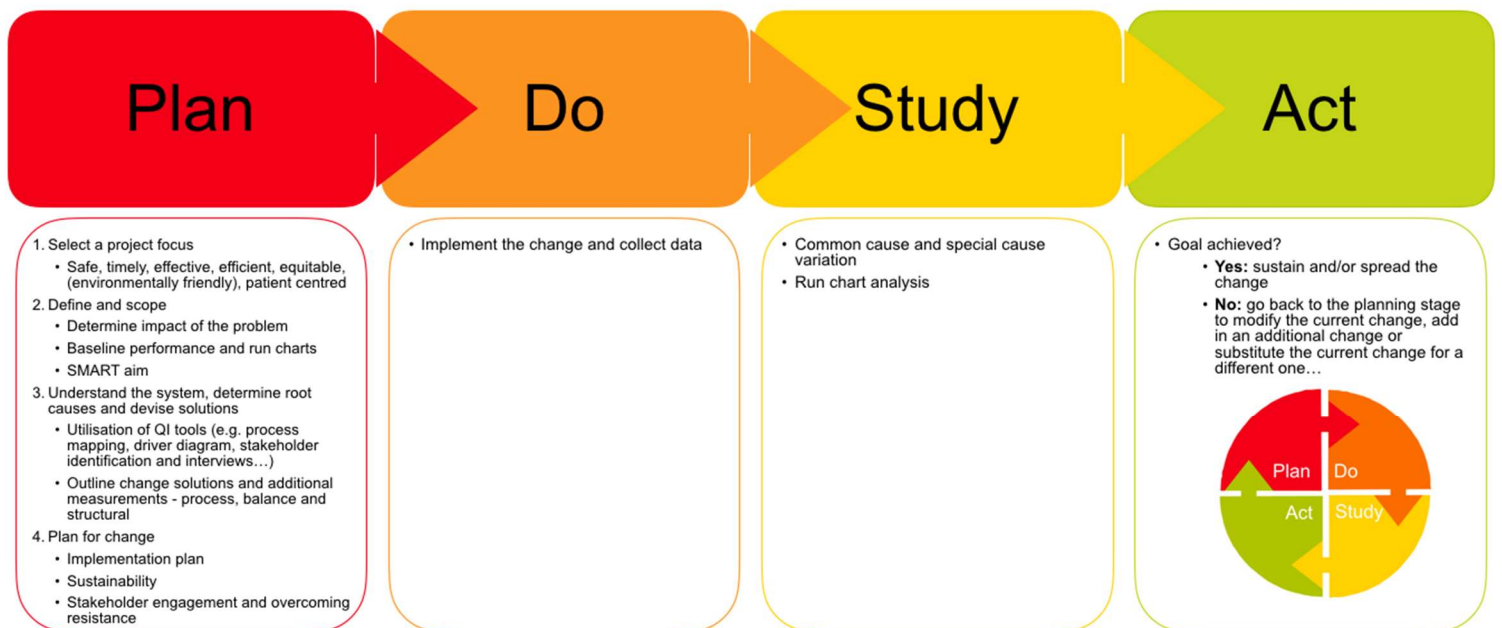
Please complete the exercise on [ARTICULATE RISE](https://rise.articulate.com/share/WKa1cXetHZaMohAEJeJvvi7czW7YKt42) for an introduction on the theories behind quality improvement prior to the introductory Monday

<https://rise.articulate.com/share/WKa1cXetHZaMohAEJeJvvi7czW7YKt42>

## What is quality improvement in health services?

QUALITY IMPROVEMENT	
What is it?	A systematic approach to analysis of performance and the effort to improve it.
Aims?	To ensure that patients and populations achieve their desired health outcomes, and that care satisfies the domains of quality: safe, timely, efficient, equitable, effective, (environmentally friendly) and patient-centred (STEEEEP)

## The Model for Improvement (Plan-Do-Study-Act)





## What is expected of you?

You are expected to initiate and lead a QI project (QIP), using the Model for Improvement (Plan-Do-Study-Act) methodology (as depicted above) under the guidance of your GP tutor. A project focus should be agreed through discussion with your GP placement supervisor either before or at the beginning of your placement.

**You are not expected to complete the whole project, but to complete at least the PLAN stage, including the collection of baseline data (minimum of 7 data points).** The mandatory elements of the project are outlined in the red sections of the mark scheme (below). You may be able to progress further by starting the DO, STUDY and ACT stages. **Regardless of what stage you reach, you must suggest possible ways for the practice to take the project further.**

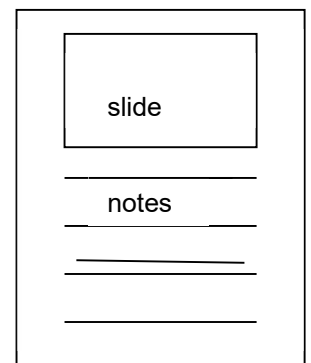
To show evidence of correct completion of the above, you are required to complete the **project charter and data collection proforma**, as well as complete the **QIP PowerPoint template**. This will help you ensure that no steps are missed, as well as help your stakeholders and team members understand the project and track progress.

**ENSURE YOU DISCUSS AND AGREE ON THIS CHARTER WITH YOUR TUTOR BEFORE YOU ATTEMPT TO MOVE ONTO IMPLEMENTATION STAGE ('D')**

At the end of your placement, you must present your QIP to your tutor by sending them your **project charter and data collection pro-forma AND a PowerPoint presentation** as detailed below.

### Preparing your presentation and handout

- Use the **PowerPoint template** on Moodle to prepare your slides. You can have 6 slides maximum in total (excluding reference and title slides)
- Try to use tables and diagrams where possible
- Be careful not to put too much text: The general rule is no more than 14 lines and font > 18
- Add notes to explain your slides:
  - Click on *View* dropdown menu
  - Click on *Notes Pages* format
  - Click on *Add Text* and start writing your notes in the box to explain your slides.



**There are additional points for going further with the project and completing all stages of the PDSA cycle  
William & Edith Ryman & Shaper Public Health Prize for the 2 best projects**

### Tutor Sign-off

The QIP mark form is on your e-portfolio which can be sent as a ticket to your tutor and just requires your tutor to enter a mark (out of 15).

If you wish to be considered for the QIP Prize, you must:

- Receive a mark of 15
- Adhere to the guidelines above
- Submit a copy of your QIP (PowerPoint presentation) via Moodle.

**If you are considering going for the prize, it may be a good idea to get in touch with your GP tutor ahead of your placement to start preparation early.**

## QI hints, tips and considerations

1. The completion of an entire QIP can take time - a barrier often faced by medical students and junior doctors because of short rotations. To negate this barrier and bring about meaningful improvement, we recommend the following:

- Select a project with a small and manageable focus that has variables which are easy to measure
- Adhere to the QI Model for Improvement methodology and have a clear project plan documented in a project charter. This means that others have a greater chance of continuing your work when you move on
- When identifying a project focus, ensure it is in alignment with the strategic objectives of the organisation, department or practice by consulting relevant stakeholders. This will maximise the relevance and impact of your project

2. Remember that, as a medical student and junior doctor, you are uniquely positioned to bring about change. This is because medical students and junior doctors are:

- Constantly rotating between different specialties and organisations, allowing the comparison of practice
- Innovative and possess a fresh pair of eyes
- Unbiased and untainted by incorrect medical practice
- Have frequent contact with patients, families and front-line staff
- Not yet over-burdened with clinical commitments

3. Ethical approval for a QIP is not usually required as QI is considered service improvement and ensures practice meets pre-recognised standards. However, ethical and professional principles still apply - confidentiality, consent, conflict of interest and data protection. Seek advice if you are unsure

4. QI is not research or audit! QI ensures the implementation of best practice determined through research, and goes further than audit by actioning change which implements best practice

5. Keep it simple, start low and go slow. You want to make things better which is rarely achieved by making things more complicated! Trial things out on a smaller scale before spreading change.



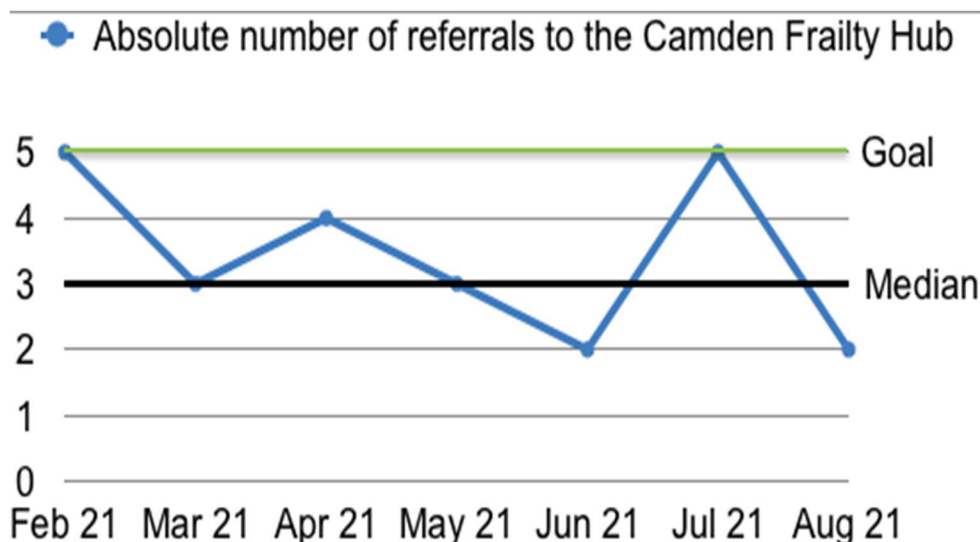
## GP Assistantship Quality Improvement Project Charter and Data Collection Pro-Forma

Project title:		
PDSA Cycle Stage	Description	Student Entry
Plan	Project focus	Please outline the <b>focus</b> of your project and which <b>domain/s of quality</b> it aims to improve (safe, timely, effective, efficient, equitable, (environmentally friendly) and patient-centred)
	Define and scope	Describe the <b>background and impact</b> of the project focus, indicating why it is relevant and important. This may include a brief literature search.
		What is your <b>outcome variable</b> to measure baseline performance and how will you collect it?
		What is your <b>SMART</b> (specific, measurable, achievable, relevant and time-specific) <b>improvement aim</b> - <i>how good, for whom and by when?</i>
	Understand the system, determine root causes and devise solutions	Describe how you will gain an <b>understanding of the system and root causes for current performance</b> of your outcome variable. Please outline which relevant <b>QI tools</b> you will use (e.g. process mapping, driver diagram, stakeholder identification...)
		What is your proposed improvement solution/s?
		What are your <b>process and balance measures</b> to accompany your improvement solution (+/- structural if indicated), and how will you collect them?
	Plan for change	What is your <b>implementation plan?</b> - <i>who, what, when, where, how...</i>
		How will you ensure that your change is <b>sustainable?</b> Who are the relevant <b>stakeholders</b> and how will you ensure they are <b>onboard?</b>
	Do	Implement the change and collect your proposed outcome, process, balance and structural measures according to your implementation plan
Study	Please describe how you have <b>analysed</b> your outcome, process and balance measures, and if you have observed any <b>significant shifts in variation</b> using the <b>run chart rules</b> of your outcome variable.	
	Has your <b>SMART aim</b> been achieved?	
Act	Based on your analysis, please describe how you will act	

[INSERT OUTCOME VARIABLE RUN CHART] (minimum 7 data points)  
 [INSERT PROCESS VARIABLE RUN CHART]  
 [INSERT BALANCE VARIABLE RUN CHART]

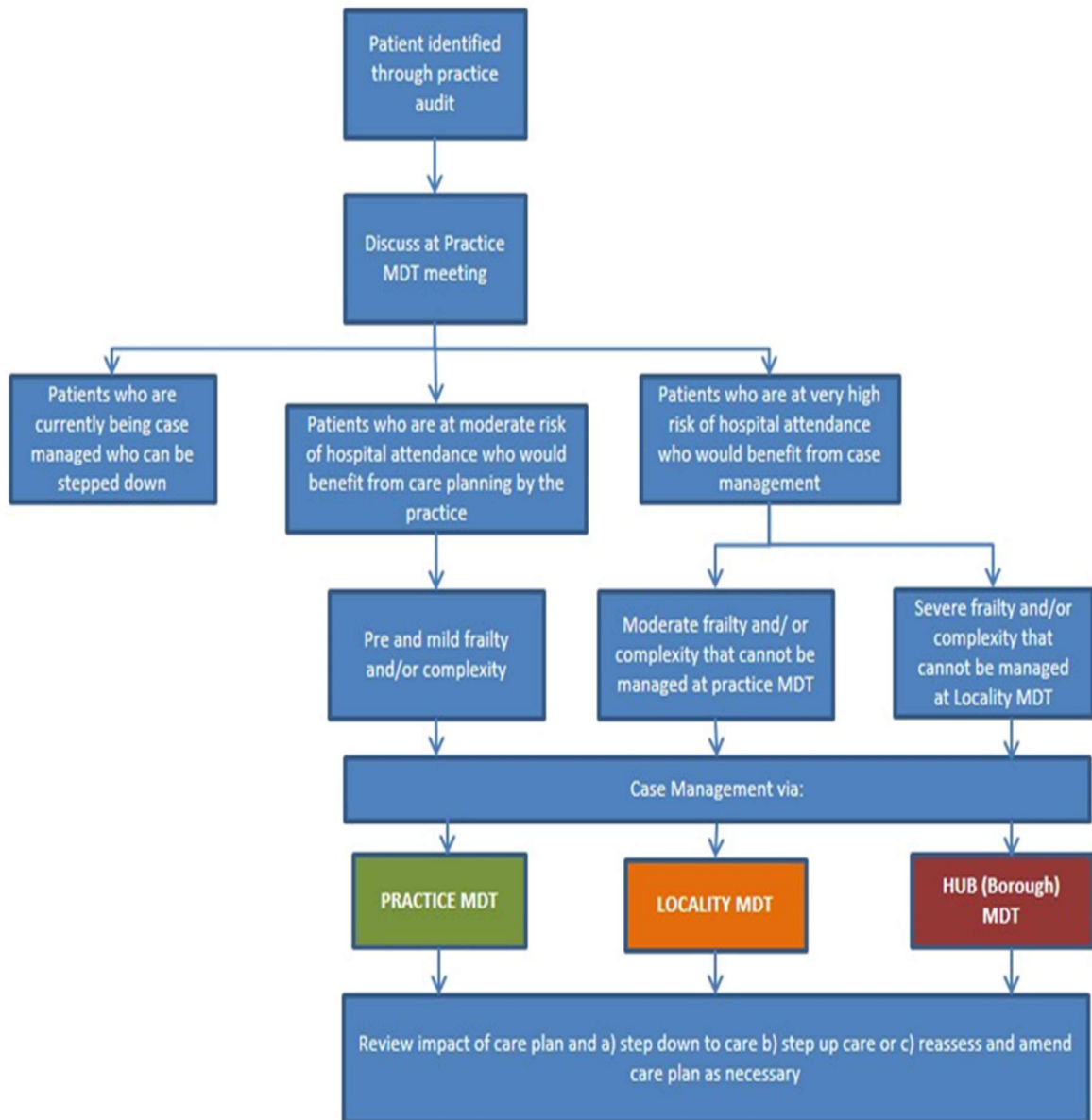
## Quality improvement project: Worked Example 'Increasing referrals to The Camden Frailty Hub'

Project focus	Please outline the <b>focus</b> of your project and which <b>domain/s of quality</b> it aims to improve (safe, timely, effective, efficient, equitable, (environmentally friendly) and patient-centred)	Increase referrals to The Camden Frailty Hub <b>Safety:</b> reduces risk of admission to hospital <b>Effectiveness:</b> ensures prompt and correct management of frailty conditions <b>Efficient:</b> reduces costs associated with hospital admission <b>Patient-centred:</b> increases likelihood of treatment in the community
Define and scope	Describe the <b>background and impact</b> of the project focus, indicating why it is relevant and important. This may include a brief literature search.	Frail, older patients are the most multi-morbid portion of the population and place a significant burden on secondary care. This is because they most frequently attend, have longer lengths of stay, and require input from a range of healthcare professionals. Furthermore, if admitted to hospital, they are at greater risk of iatrogenic harm and hospital associated deconditioning. The comprehensive geriatric assessment (CGA) and management of frailty conditions by a specialist multidisciplinary team (MDT) has been proven to reduce risk of hospital admission. In the borough of Camden, there is a monthly frailty MDT designed to manage patients with complex frailty and perform the CGA. As such, ensuring maximum uptake amongst appropriate patients is of vital importance.
	What is your <b>outcome variable</b> to measure baseline performance and how will you collect it?	Absolute monthly number of referrals to The Camden Frailty Hub will be collected through retrospective analysis of EMIS referrals over the last seven months.
	What is your <b>SMART</b> (specific, measurable, achievable, relevant and time-specific) <b>improvement aim</b> - <i>how good, for whom and by when?</i>	To increase the medium number of monthly appropriate referrals to The Camden Frailty Hub from three to five in three months.



Understand the system, determine root causes and devise solutions	Describe how you will gain an <b>understanding of the system and root causes for current performance</b> of your outcome variable. Please outline which relevant <b>QI tools</b> you will use (e.g. process mapping, driver diagram, stakeholder identification...)	Use of process mapping to outline the current system for identifying suitable patients and making referrals. Interview key stakeholders identified through process mapping for their views on the facilitators and barriers to referrals. Design a driver diagram to identify possible solutions.
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# Process Map



# Stakeholder interviews

01

Designated frailty GP who runs the monthly audit

- **Issues:** time consuming to do, results in delays in referral time, some patients may be missed, lack of objective referral criteria
- **Solutions:** objective referral criteria (Clinical frailty score and number of admissions in the last 12 months), clinicians to make their own referrals

02

Practice manager who organises the monthly MDT

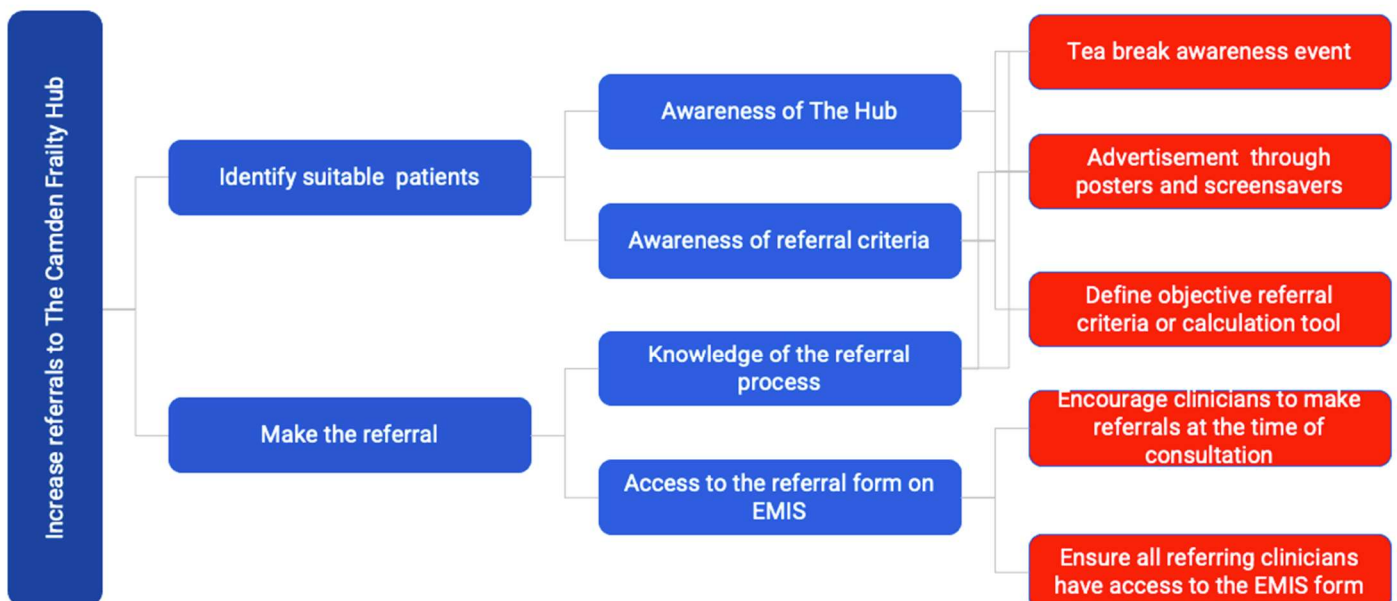
- **Issues:** time consuming
- **Solutions:** clinicians to make their own direct referrals

03

Referring clinicians (GPs and nurses)

- **Issues:** time consuming attending monthly MDT, forget to make referrals, lack of knowledge of referral criteria
- **Solutions:** reminders, more guidance on patients suitable for referral

## Driver diagram



What is your proposed improvement solution/s?	<ol style="list-style-type: none"> <li>1. Increase awareness of the hub amongst practice staff through posters, a tea break awareness session and screensavers</li> <li>2. Increase identification through calculation of the clinical frailty score (CFS) and number of admissions in the last 12 months in all consultations in patients <math>\geq 65</math> years. Collectively named the 'Hub Calculator'. Patients with CFS <math>\geq 6</math> and <math>\geq 3</math> admissions should be referred, in addition to those in which the clinician feels is appropriate independent of the calculator</li> </ol>
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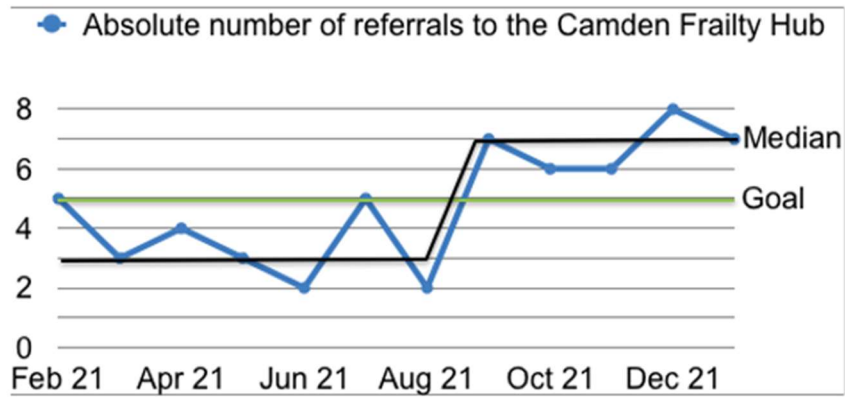
What are your <b>process and balance measures</b> to accompany your improvement solution (+/- structural if indicated), and how will you collect them?	<p><b>Solution 1:</b>  <b>Process measure</b> = number of attendees at the tea break awareness session. Attendees will be asked to sign a register  <b>Balance measure</b> = cost to the practice in providing posters and tea/coffee for the event. Receipts for these items will be recorded  <b>Structural</b> = number of screen savers, number of posters</p> <p><b>Solution 2:</b>  <b>Process measure</b> = daily proportion of consultations in patients <math>\geq 65</math> years where the 'Hub Calculator' was used. This will be done through daily retrospective analysis of all consultations in patients <math>\geq 65</math> years - such appointments will be identified through the practice schedule collected by the medical student  <b>Balance measure</b> = daily clinician perceived time consultations were prolonged by to be collected through a 1 part daily questionnaire collected by the practice manager</p>
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Plan for change	What is your <b>implementation plan?</b> - <i>who, what, when, where, how...</i>	<p><b>Solution 1:</b>  The tea-break awareness session will happen on the 1st of September in the break room at 12.00 during our weekly practice MDT. During the session, we will inform practitioners of the hub, benefits to referral, and how to identify appropriate patients. We will also ask for the co-operation in using the 'hub calculator' from the 7th of September onwards.</p> <p><b>Solution 2:</b>  From the 7-14 September, the 'Hub Calculator' will be implemented and data collected</p>
	How will you ensure that your change is <b>sustainable?</b> Who are the relevant <b>stakeholders</b> and how will you ensure they are <b>onboard?</b>	<ul style="list-style-type: none"> <li>• Key stakeholders = practice manager, GP supervisor, remaining GPs and practice nurses</li> <li>• Stakeholders are involved in the project during the process mapping and interview stages, and can be kept informed through monthly email updates</li> <li>• Explore stakeholders perception of the change after implementation through a focus group</li> <li>• Incentivisation of the change through a monthly scoreboard and designated person to keep updating this</li> </ul>

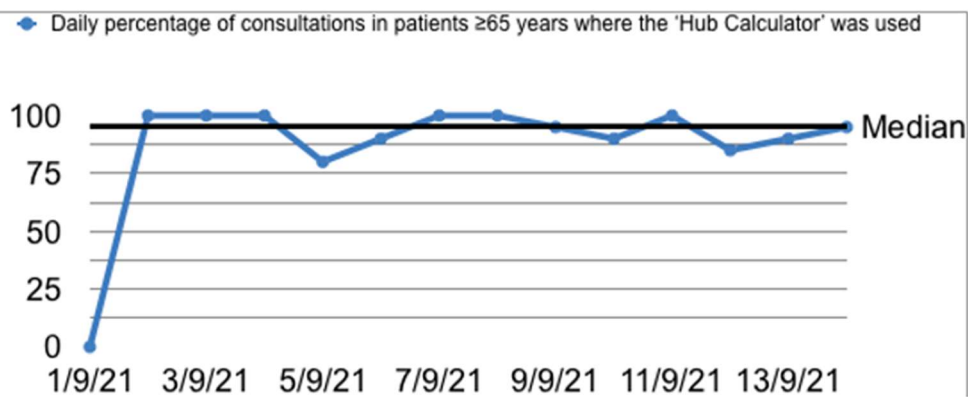
**Completion of minimum requirement**

<b>Do</b>	Implement the change and collect your proposed outcome, process, balance and structural measures according to your implementation plan	
<b>Study</b>	Please describe how you have <b>analysed</b> your outcome, process and balance measures, and if you have observed any <b>significant shifts in variation</b> using the <b>run chart rules</b> of your outcome variable.	I have applied the run chart rules to my outcome data. There appears to be the beginning of a shift pattern indicating a significant increase in the absolute median monthly increase in referrals. Analysis of my process measure reveals that my intervention of the 'Hub Calculator' has been effectively implemented during the study period with a median of 100% of consultations $\geq 65$ years. Analysis of my balance measure shows that it adds a median of 3.5 perceived minutes onto the length of the consultation.
	Has your <b>SMART aim</b> been achieved?	Predicted to achieve SMART aim - two further months of data collection required for final confirmation
<b>Act</b>	Based on your analysis, please describe how you will act	Continue utilisation of the the 'Hub Calculator' Progress with sustainability plan

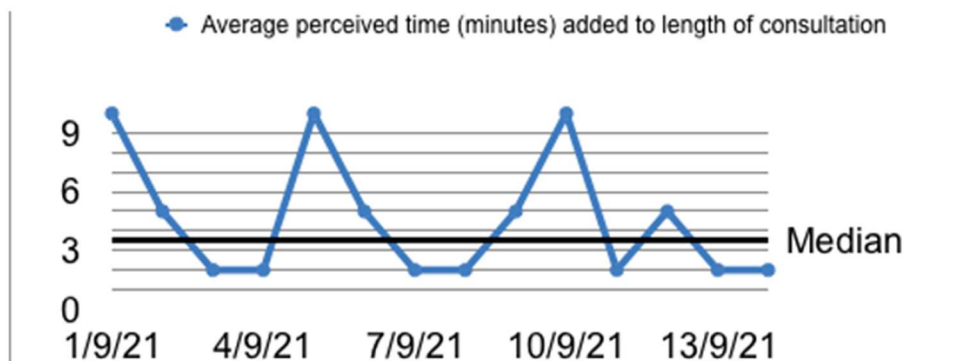
Outcome measure run chart



Process measure run chart



Balance measure run chart



### Quality improvement project marking guidelines

Completion of the plan stage of the project (red sections of the mark scheme) and summary for final grading are mandatory. Additional steps are optional.

The grade will be given on the evidence of the relevant sections in your project charter and your PowerPoint Presentation.



GP Assistantship - Quality Improvement Project Marking Guidelines			
PDSA Cycle Stage	Description	Marks	
Plan	Select a project focus	You must identify a project focus which aims to improve one of the <b>domains of quality (STEEEEP)</b>	1
	Define and scope	You must describe the <b>background and impact</b> of the project focus, indicating why it is relevant and important. This may include a brief literature search.	1
		You must identify a suitable <b>outcome variable</b> to measure baseline performance	1
		You must collect baseline data with a <b>minimum of 7 data points</b> and display this on a <b>run chart</b>	1
		You must develop a <b>SMART</b> (specific, measurable, achievable, relevant and time-specific) <b>improvement aim</b> - <i>how good, for whom and by when?</i>	1
	Understand the system, determine root causes and devise solutions	You must demonstrate how you have gained an understanding of the system and root causes for current performance of your outcome variable. You should do this by utilising relevant <b>QI tools</b> (e.g. process mapping, driver diagram, stakeholder identification...)	1
		You must indicate at least one improvement solution based on your understanding of the root causes	1
		You must outline <b>process and balance measures</b> to accompany your improvement solution (+/- structural if indicated)	1
	Plan for change	You must suggest a possible implementation plan - <i>who, what, when, where, how...</i>	1
		You must demonstrate consideration of sustainability of your proposed changes	1
		You must show evidence of how you will gain the support of relevant stakeholders	1
	<b>Do</b>	You should implement the change and collect your proposed outcome, process, balance and structural measures	1
	<b>Study</b>	You should produce a run chart for each measure and apply run chart rules to analyse for significant and sustained changes in variation	1
You should determine if your <b>SMART aim</b> has been achieved		1	

<b>Act</b>	<p>You should <b>determine how you will act</b> based on the findings from your data analysis:</p> <ul style="list-style-type: none"> <li>● Sustain +/- spread the change</li> <li>● Return to the planning stage and: <ul style="list-style-type: none"> <li>○ Modify the current change</li> <li>○ Add in another change</li> <li>○ Remove the current change and try a different one</li> </ul> </li> </ul>	1
<b>Total marks</b>		/15

## Suggested Timeline for QIP

<p><b>Week 1</b></p>	<ol style="list-style-type: none"> <li>1. <b>Select a project focus</b> through observation/discussion with supervisor (recommended to contact tutor before placement starts or on first meeting)</li> <li>2. <b>Define and scope:</b> <ol style="list-style-type: none"> <li>a. Start researching background and impact of the project focus</li> <li>b. Decide outcome variable and data collection plan</li> </ol> </li> </ol>
<p><b>Week 2</b></p>	<ol style="list-style-type: none"> <li>1. <b>Define and scope continued...</b> <ol style="list-style-type: none"> <li>a. Collect baseline data (min. 7 data points) and display on run chart</li> <li>b. Devise SMART improvement aim</li> </ol> </li> <li>2. <b>Investigate the system and root causes</b> using QI tools (process mapping, driver diagram, stakeholder interview...)</li> </ol>
<p><b>Week 3</b></p>	<ol style="list-style-type: none"> <li>1. <b>Devise solutions</b> <ol style="list-style-type: none"> <li>a. Indicate at least one intervention based on systems investigation findings</li> <li>b. Suggest balance and process measures (+/- structural measure if indicated) to accompany intervention suggestion</li> </ol> </li> <li>2. <b>Plan for change</b> <ol style="list-style-type: none"> <li>a. Propose an implementation plan for proposed intervention</li> <li>b. Consider sustainability of your change/s</li> <li>c. Consider how you will gain the support of stakeholders (discussion with supervisor advisable at this point)</li> </ol> </li> </ol>
<p><b>Week 4</b></p>	<ol style="list-style-type: none"> <li>1. Spare time to complete the above steps, or progress to the second stage of the PDSA cycle (Do) +/- further stages if you have time</li> <li>2. Present your findings, future recommendations and grading by the end of the week through completion of the project charter and PowerPoint presentation</li> </ol>

## Task 4 - Significant Event Analysis (SEA)

### Objectives

- Demonstrate ability to **evaluate your own performance** and identify your own needs
- **Preparation for Foundation practice** – including clinical governance, continuing professional development & reflective practice
- **Consolidate and revise** clinical method

### Why do “SEA”?

A significant event is anything out of the ordinary that is significant either by its nature or because of its repercussions. Therefore, it has the potential to be learned from. Significant events in professional life can often be powerful motivators for change. Mostly, change occurs when negative (or critical) events occur, but there are also lessons to be learnt from positive events. The structured process of learning from significant events is called “significant event analysis”. This process follows the steps in the experiential learning cycle (see diagram overleaf).

### Introduction

You are required to produce one SEA during your attachment. The event should be significant **to you**, not necessarily a perceived error or near-miss - it may be a positive, illustrative, surprising or moving event or simply the most memorable event of your attachment that you either observed or directly participated in. You are asked to describe and reflect upon and discuss with your tutor.

### Your Personal tutor’s role

Ask your tutor to describe a significant event from their own practice and how they learned from it – this is a good way to get started. You are expected to discuss your analysis with your GP tutor who has been asked to facilitate the reflective process. This does not require grading or a portfolio form but your GP tutor will confirm you have discussed this with them on the end of placement sign off form

### Choosing an SEA

An SEA is *any* incident that:

- **May have had a significant impact (positive or negative) on a patient’s clinical outcome**  
*eg consider patient’s social and family context, his/her past medical history, reducing risk factors, dealing with patient’s emotions, eg denial/anger*
- **Causes you distress or anxiety**  
*eg unexpected disclosure of bad news, disclosure of domestic violence, discussion of termination of pregnancy*
- **Makes you feel proud of your achievements OR exposed a gap in your understanding**  
*eg purposive use of specific communication skills, misinterpretation of clinical signs, ‘jumping to conclusions’ with unlikely differential diagnoses*
- **Makes you think..... “this is what medicine is all about”**  
*eg professional attitude of GP, the doctor-patient relationship*
- **Simply the most memorable event during the attachment**  
*eg gaining a patient’s confidence, dealing with ‘emergencies’*

### Assessment

An SEA must be completed (this can be a discussion) but it will not be graded due to the personal nature of the task.

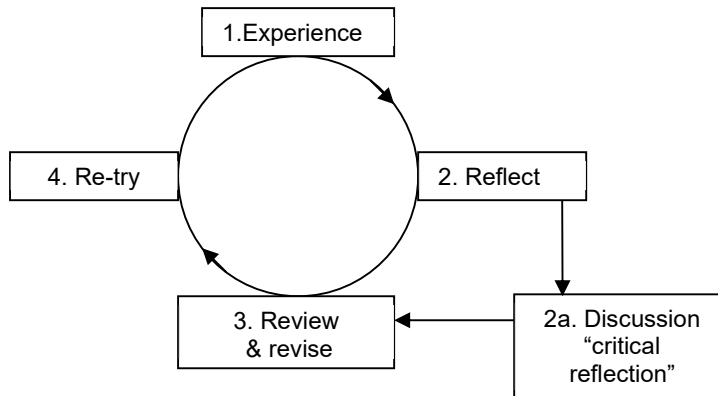
Your GP tutor will confirm you have discussed this with them on the end of placement sign off form

### Presenting your SEA

We have found that students gain most from re-telling their SEAs to their colleagues. This allows you to work through the experiential learning cycle. The discussion can be enhanced by the use of the following questions (see *A model facilitating structured reflection*, in the box below). You can discuss with colleagues or within the practice also.

## The experiential learning cycle

This cycle is a simplified version of the steps involved in any situation from which you have consciously (or subconsciously) learned. In Significant Event Analysis the reflective step (2) is actively enhanced by the need to write (the step many students find the most difficult!) and also by the discussion with your tutor and your peers (2a). While going through the cycle so deliberately may seem laborious there is evidence that the insight gained from the event or experience (step 3) analysed is more valuable and easier to put into practice later (step 4).



### A model facilitating structured reflection – tips for reviewing and discussing a Significant Event

1. Description: Describe in more detail?  
What exactly happened?  
What did you do?
2. Emotions: What were you thinking/feeling at that point?  
What were the consequences for a) the patient b) others c) yourself
3. Evaluations: What were you trying to achieve?  
What was good/bad about it?
4. Analysis: What internal factors were influencing you?  
What acknowledgement did or should have informed you?  
How did your actions match your beliefs?  
What factors made you act in incongruent ways?  
What skills, knowledge & attitudes might be useful in this type of problem?
5. Conclusions: How does this connect with previous experiences?  
and learning plan Could you have handled this better in a similar situation?  
How do you now feel about this experience?  
Can you support yourself or others better as a consequence?  
Faced with that experience again, what would you do?

## Student Self-Assessment

This checklist can be used formatively to help you decide and reflect on your learning needs and development. You may wish to fill this out before your placement and use this to form a discussion with your tutor at the midpoint review during your placement.

N.B We understand that due to the significant changes in primary care as a consequence of the COVID-19 pandemic, you may have limited opportunity to gain practice in some of these areas. We recommend you identify your learning needs early on and make them known to the practice so they can appropriately inform you of any opportunities.

**Name**..... **Rotation date** .....

Please consider the areas listed below and rate your confidence (by putting a figure on a scale of 1 to 4 in the relevant column) for each of the following before, in the middle and at the end of the course. Please use this as a basis for discussion with your Personal GP tutor before the start of the rotation.

### Clinical Management

1 = Not confident at all    2 = Fairly Confident    3 = Confident    4 = Very Confident

	<b>Before</b>	<b>Mid-course</b>	<b>End of course</b>
Taking a history in the general practice setting			
Pinpointing the patient's problems			
Recognising the level of diagnosis achievable			
Planning and negotiating management with the patient			
Management – when a diagnostic label is achieved			
Management – when diagnosis is uncertain			
Management of patients with chronic illness			
Management of patients with terminal illness			
Therapeutics – Choosing & prescribing drugs			
Use of primary health care team/social services resources			
Information giving			
Shared decision-making			

### Clinical Method

1 = Not confident at all    2 = Fairly Confident    3 = Confident    4 = Very Confident

	<b>Before</b>	<b>Mid-course</b>	<b>End of course</b>
CVS			
RS			
Abdomen			

Nervous System			
Locomotor system			
ENT			
Eyes			
Gynaecology			
Hands			
Legs			
Neck			
Lumps and bumps			
Skin lesions			

## Practical Skills

1 = Not confident at all    2 = Fairly Confident    3 = Confident    4 = Very Confident

	<b>Before</b>	<b>Mid-course</b>	<b>End of course</b>
Taking blood			
Giving injections (intramuscular subcutaneous)			
Assessment & treatment of asthmatics (Peak Flow & MDIs, use of nebuliser)			
Urine stick analysis			
BM stick and glucometer use			
Dressings and removal of sutures			
Recording an ECG			
Use of sonicaid			
Writing a prescription (routine scripts and controlled drugs)			
Death certification			
Infectious disease notification			
Sick certification			
Communication and ethics			
Record keeping			
Interpretation of common pathology results			
Assessing evidence to solve clinical problems, ie literature/web-based search			
Others (specify)			

## Attitudes

### How important are the following to you?

1 = Not very important    2 = Fairly Important    3 = Important    4 = Very Important

	Before	Mid Course	End of course
Empathising with patients			
Working in a multi disciplinary team			
Receiving constructive feedback and responding to it			

### How do you feel about?

1 = Not at all keen    2 = Fairly keen    3 = Keen    4 = Very keen

Seeing patients by yourself first

1

2

3

4

Visiting patients at home

1

2

3

4

### My main learning objectives for this attachment are:

### Self assessment at the end of attachment:

Now that you have completed the course, to what extent have you achieved your learning objectives?

Have you identified your new learning objectives? What are they?

How do you plan to address them?



## Student Checklist for the final day at practice

There is a final sign-off form on your e-portfolio which the tutor must complete called 'End of module report - GP' which you can send to your tutor as a ticket.

	Completed	Submit via ePortfolio	Submit via Moodle
End of placement/module Grade Report form including tutor to confirm complete: <ul style="list-style-type: none"> <li>Supervised learning events: (1 x CBD referral letter and 2 x mini-CEX/CBD)</li> <li>Significant Event Analysis (discussion with tutor – not graded)</li> <li>QIP</li> </ul>		✓	
Grade Form for QIP		✓	
QIP			✓ (Prize-worthy QIP)*
Case of the Month			✓

\*PowerPoint slides uploaded to Moodle and grade from to be uploaded to eportfolio

## GP PRIZES

The Department of Primary Care & Population Health are delighted to announce two prizes:

**The Shaper Prize for Public Health**  
**And**  
**The Edith & William Ryman Prize for General Practice**

Awarded to the students who submit the 2 best QIPs  
 The Prize winner will be announced in June each year

## Useful links and further reading

All resources can be accessed by using your own UCL login to access UCL explore. Books are either available online or in UCL libraries.

<p><b>Consultation and Communication skills</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Skills for Communicating with Patients</a>. Kurtz S, Silverman J &amp; Draper J. 2013. 3<sup>rd</sup> Ed. London. Radcliffe</li> <li>• <a href="#">Teaching &amp; Learning Communications Skills in Medicine</a> Silverman J, Kurtz S, Draper J. 2005. 2<sup>nd</sup> Ed. Oxford. Radcliffe</li> <li>• <a href="#">Patient-centered Medicine: Transforming the Clinical Method</a>. Stewart M et al . 2014. 3<sup>rd</sup> ed. London. Radcliffe</li> <li>• <a href="#">Evidence-based Patient Choice</a>. Edwards G &amp; Elwyn G. 2001. Oxford. Oxford University Press</li> </ul>
<p><b>Clinical Skills in General Practice</b></p>	<ul style="list-style-type: none"> <li>• 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. <b>UCL students have access to 150 of these consultation videos</b></li> <li>• Many of you will have used the <a href="#">Geeky Medics Clinical Examination</a> resources before. <a href="https://geekymedics.com/category/osce/clinical-examination/">https://geekymedics.com/category/osce/clinical-examination/</a></li> <li>• GPs need to be able to perform targeted and efficient clinical examination in the context of GP consultation.</li> <li>• <a href="https://www.pennine-gp-training.co.uk/Common_Medical_Conditions_Explained.html">https://www.pennine-gp-training.co.uk/Common_Medical_Conditions_Explained.html</a></li> <li>• 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. <a href="https://www.bradfordvts.co.uk/clinical-knowledge/common-problems-gp/">https://www.bradfordvts.co.uk/clinical-knowledge/common-problems-gp/</a></li> <li>• <a href="#">GP Notebook</a>: A useful website for accessing quick up to date information on common primary care presentations for free <a href="https://gpnotebook.com/homepage.cfm">https://gpnotebook.com/homepage.cfm</a></li> </ul>
<p><b>Remote Consultation training</b></p>	<ul style="list-style-type: none"> <li>• Both NB medical (<a href="https://www.nbmedical.com/">https://www.nbmedical.com/</a>) and Red Whale (<a href="https://www.gp-update.co.uk/webinars">https://www.gp-update.co.uk/webinars</a>) have free webinars on remote (video and telephone) consulting).</li> <li>• There is also a recent guide on video consulting by Trish Greenhalgh (<a href="https://bigplife.com/2020/03/18/video-consultations-guide-for-practice/">https://bigplife.com/2020/03/18/video-consultations-guide-for-practice/</a>)</li> <li>• And a short video on undertaking video consultations by Roger Neighbour: <a href="https://www.youtube.com/watch?v=W5zsEpk2HE">https://www.youtube.com/watch?v=W5zsEpk2HE</a></li> <li>• Also Bradford VTS youtube has a series of telephone consultations including feedback and comments.</li> </ul>
<p><b>QIP</b></p>	<ul style="list-style-type: none"> <li>• <a href="https://improvement.nhs.uk/resources/">https://improvement.nhs.uk/resources/</a></li> <li>• <a href="#">Sustainability in Quality Improvement</a></li> <li>• Jones Bryan, Vaux Emma, Olsson-Brown Anna. 2019 How to get started in quality improvement <i>BMJ</i> 364 :k5408</li> <li>• Health Foundation (Great Britain), 2013. <i>Quality Improvement Made Simple: What Everyone Should Know about Healthcare Quality Improvement: Quick Guide</i>. Health Foundation.</li> </ul>

	<ul style="list-style-type: none"> <li>• RCGP 2017 Quality Improvement Project (QIP) Guidance for GP trainees.</li> <li>• Risi, L., Brown, J., Sugarhood, P., Depala, B., Olowosoyo, A., Tomu, C., Gonzalez, L., Munoz-Cobo, M., Adekunle, O., Ogwai, O. and Evans, E., 2017. The Handy Approach–Quick Integrated Person Centred Support Preparation. <i>BMJ Open Quality</i>, 6(1). An example of a good large-scale project to give you a flavour of the power of quality improvement</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>• Roger W &amp; Braunack-Mayer J. 2009. <a href="#"><i>Practical Ethics for General Practice</i></a>. 2<sup>nd</sup> Ed. Oxford. Oxford University Press</li> <li>• Thomson A. 1999. <a href="#"><i>Critical Reasoning in Ethics</i></a>. London. Routledge</li> </ul>
<b>Illness Behaviour</b>	<ul style="list-style-type: none"> <li>• Helman C. 2007. <a href="#"><i>Culture, Health and Illness</i></a>. 5<sup>th</sup> ed. London. Hodder Arnold</li> <li>• Helman C 2006. <a href="#"><i>Suburban shaman: tales from medicine's frontline</i></a>. 2006. London. Hammersmith Press.</li> </ul>
<b>COVID-related resources</b>	<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 <a href="http://www.e-lfh.org.uk">www.e-lfh.org.uk</a> 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"> <li>· Essential Guidance from the NHS, UK Government, WHO and BMJ</li> <li>· Public Health England - Personal Protective Equipment (PPE)</li> <li>· Infection Prevention and Control</li> <li>· Resources for Staff Working in Critical Care Setting</li> <li>· Resources for Staff Working in Acute Setting</li> <li>· Resources for Staff Working in Primary Care and Community Setting</li> <li>· Resources for Return to Work Healthcare Staff</li> <li>· Resources for Pharmacy Staff</li> <li>· End of Life Care COVID-19</li> </ul> <p>New content will continue to be added.</p>
<b>ENT</b>	<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: <a href="https://www.entuk.org/sfo-e-book">https://www.entuk.org/sfo-e-book</a></p> <p>Virtual ENT platform: <a href="https://elefent.matrixlms.eu/visitor_class_catalog/category/8083">https://elefent.matrixlms.eu/visitor_class_catalog/category/8083</a></p>
<b>Sexual and Reproductive Health</b>	<p>FSRH have notified MSC of e-learning materials that may be of use to medical students:</p> <ul style="list-style-type: none"> <li>• <a href="#"><i>Contraceptive Counselling</i></a> – 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</li> </ul>

	<p>register button and set themselves up with an account to gain access.</p> <ul style="list-style-type: none"> <li>• <a href="#">eSRH</a> – 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/eLFH platform so should be accessible.</li> </ul>
<b>Psychiatry</b>	<p>The Psychiatry Portal:  <a href="https://www.med.soton.ac.uk/mentalhealth/bmyr3yr5/">https://www.med.soton.ac.uk/mentalhealth/bmyr3yr5/</a></p>
<b>Paediatrics</b>	<p>Bronchiolitis <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth1/">https://med-lamp-prd.soton.ac.uk/public/childhealth1/</a>  Vomiting <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth2/">https://med-lamp-prd.soton.ac.uk/public/childhealth2/</a>  Cystic fibrosis <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth3/">https://med-lamp-prd.soton.ac.uk/public/childhealth3/</a>  IBD <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth4/">https://med-lamp-prd.soton.ac.uk/public/childhealth4/</a>  Leukaemia <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth5/">https://med-lamp-prd.soton.ac.uk/public/childhealth5/</a>  Spina Bifida <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth6/">https://med-lamp-prd.soton.ac.uk/public/childhealth6/</a>  Lymphadenopathy <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth7/">https://med-lamp-prd.soton.ac.uk/public/childhealth7/</a>  Heart Murmur <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth8/">https://med-lamp-prd.soton.ac.uk/public/childhealth8/</a>  Swollen Eyes <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth9/">https://med-lamp-prd.soton.ac.uk/public/childhealth9/</a>  Sleep Disturbance <a href="https://med-lamp-prd.soton.ac.uk/public/childhealth10/">https://med-lamp-prd.soton.ac.uk/public/childhealth10/</a>  Fits, faints and funny turns <a href="https://med-lamp-prd.soton.ac.uk/public/fitsfaints/index.html">https://med-lamp-prd.soton.ac.uk/public/fitsfaints/index.html</a>  Diabetes workbook <a href="https://med-lamp-prd.soton.ac.uk/public/paediatricdiabetes/index.html">https://med-lamp-prd.soton.ac.uk/public/paediatricdiabetes/index.html</a>  Paediatric growth workbook <a href="https://med-lamp-prd.soton.ac.uk/public/paediatricgrowth/index.html">https://med-lamp-prd.soton.ac.uk/public/paediatricgrowth/index.html</a>  Immunisation eLearning <a href="https://med-lamp-prd.soton.ac.uk/public/immunisation/index.htm">https://med-lamp-prd.soton.ac.uk/public/immunisation/index.htm</a></p>
<b>Prescribing</b>	<ul style="list-style-type: none"> <li>• British Pharmacological Society has released new e-Learning resources in prescribing containing: <ul style="list-style-type: none"> <li>○ 27 eLearning sessions in Prescribing</li> <li>○ 1 x 'Case Studies in Prescribing' 15 item knowledge check</li> <li>○ 1 x 'Return to Hospital Practice' 15 item prescribing knowledge check</li> </ul> </li> <li>• <a href="https://meandmymedicines.org.uk/">https://meandmymedicines.org.uk/</a>  A campaign led by patients and supported by clinical staff to help people raise concerns and use their medicines better.</li> </ul>
<b>Generic online resource website</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Geekymedics.com – wide range of resources for medicals students including quizzes, exam questions, flashcards, etc.</li> <li>• Patient.info – thousands of expert health Articles, tips and information on conditions and medications for patients and health professionals.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Speciality websites: Teachmesurgery.com, Teachmeobgyn.com, Teachmepaediatrics.com</li> <li>• Chunkncheck.com – a new collection of online resources including videos, documents and blogs designed by medical students for medical students.</li> <li>• Video resources: Armando Hasudungan (YouTube videos), Osmosis videos (on YouTube) - core presentations and conditions</li> </ul>
<b>Question Banks</b>	<a href="https://geekyquiz.com/">https://geekyquiz.com/</a> <a href="https://passmedicine.com/">https://passmedicine.com/</a> <a href="https://www.onexamination.com/">https://www.onexamination.com/</a>
<b>General</b>	Stephenson A. 2011. <i>A textbook of General Practice</i> . 3 <sup>rd</sup> Ed [online]. United Kingdom, Hodder Education <a href="http://www.gpnotebook.co.uk">www.gpnotebook.co.uk</a> <a href="http://www.patient.co.uk">www.patient.co.uk</a> <a href="https://www.nhs.uk/">https://www.nhs.uk/</a> <a href="https://patient.info/">https://patient.info/</a> <a href="https://www.gov.uk/government/organisations/department-of-health-and-social-care">https://www.gov.uk/government/organisations/department-of-health-and-social-care</a> <a href="https://cks.nice.org.uk/clinicalspeciality">https://cks.nice.org.uk/clinicalspeciality</a> <a href="http://www.nice.org.uk">http://www.nice.org.uk</a> <a href="https://www.bnf.org/">https://www.bnf.org/</a> <a href="https://www.rcgp.org.uk/">https://www.rcgp.org.uk/</a>