



**QUEEN'S
UNIVERSITY
BELFAST**

**MED 4014 General Practice
Study Guide 21/22**



2021/22

www.med.qub.ac.uk/portal

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INTRODUCTION

Dear student,

A big welcome to your year 4 module in General Practice. This Study Guide will support your learning during your 4 week attachment with us. The cornerstone of General Practice is consultations between patients and GP team members working in local communities.

During this module, you will spend the first week engaged with QUB facilitated teaching. GP is vast and all-encompassing but we will do our best to prepare you so that you can gain as much as possible during your three week clinical placement. Here you will gain valuable practical experiences which students often value greatly. This study guide sets out how we will support you in meeting the module's learning objectives. It supplements your e-logbook and other resources available on the GP section of the year 4 Medical Education portal, and in your group's assigned MS Teams area.

Good luck! I look forward to meeting you all (virtually) throughout the module. I remain aware that you may be trying to study in the context of challenges around your own and loved ones' health, isolation, caring responsibilities and financial concerns; please do not hesitate to get in touch with me (helen.reid@gub.ac.uk) with any challenges, suggestions or feedback.



Dr Helen Reid PhD MPhil MRCGP

Clinical lecturer in General Practice and GP module lead

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ADMINISTRATIVE CONTACTS AND PRACTICAL DELIVERY



GP admin team,
Centre for Medical Education, Queen's University Belfast, Whitla Medical Building, 97 Lisburn Road,
Belfast, BT9 7BL



028 9097 2208



gpadmin@qub.ac.uk



[Medical Education Portal GP area:](#)

[Speaking Clinically:](#)

[Capsule:](#)

[Virtual Primary Care:](#)

[QUB Year 4 Mediasite channel:](#) (this is not core material but has some supplementary resources which are described later in this guide)

All your teaching sessions will take place via Zoom on the same core link (unless you are advised specifically otherwise for individual sessions such as your CCTV)

Topic: Year 4 GP Teaching 2021-2022

Join Zoom Meeting:

<https://zoom.us/j/91048923614?pwd=bStqMUFxNVJuaEErOTNZTlExMEVOUT09>

Meeting ID: 910 4892 3614

Passcode: 032849

All students will be added to a Yr 4 GP area within MS Teams; please familiarise yourself with this space as you will be using it for uploads.

[Type here]

TIMETABLE 2021/22

All teaching sessions delivered by Zoom; groups impacted by bank holidays will have amended timetables communicated

HOLIDAYS*	TIME	Group F	Tues 31 Aug – Fri 3 Sept*	Mon 6 Sept – Fri 10 Sept	Mon 13 Sept – Fri 17 Sept	Mon 20 Sept – Fri 24 Sept
		Group D	Mon 11 Oct – Fri 15 Oct	Mon 18 Oct – Fri 22 Oct	Mon 25 Oct – Fri 29 Oct	Mon 01 Nov – Fri 05 Nov
Christmas: *20 Dec – 3 Jan		Group E	Mon 22 Nov – Fri 26 Nov	Mon 29 Nov – Fri 3 Dec	Mon 06 Dec – Fri 10 Dec	Mon 13 Dec – Fri 17 Dec
St Patrick's Day: *Thur 17 Mar		Group C	Mon 17 Jan – Fri 21 Jan	Mon 24 Jan – Fri 28 Jan	Mon 31 Jan – Fri 04 Feb	Mon 07 Feb – Fri 11 Feb
Easter: *18 Apr – 22 Apr		Group A	Mon 28 Feb – Fri 04 Mar	Mon 07 Mar – Fri 11 Mar	*Mon 14 Mar – Fri 18 Mar	Mon 21 Mar – Fri 25 Mar
May Day: 02 May		Group B	Mon 11 Apr – Thurs 14 Apr	Mon 25 Apr – Fri 29 Apr	*Mon 02 May – Fri 06 May	Mon 09 May – Fri 13 May
		Week 1		Week 2	Week 3	Week 4
MONDAY	am	9-10.30 Module induction and introduction to GP (HR and NH) 11-12.30 GP consulting and emergencies in primary care preparation (HR)		PRACTICE ATTACHMENTS	PRACTICE ATTACHMENTS	PRACTICE ATTACHMENTS
	pm	2-4 Child health in GP workshop (HR and RC)				
TUESDAY	am	9-11 Women's health in GP workshop (HR and JJ) 11.30-1 Activate your consultations 1 (GK and HR)				
	pm	2-4 Mental Health in GP workshop (JM and HR)				
WEDNESDAY		SDL Virtual Surgeries, Capsule Cases, VPC				
THURSDAY	am	9-10.15 Long term conditions and health inequalities 1 (NH and DB) 11-12.15 Long term conditions and health inequalities 2 (NH and DB)				
	pm	2-4 Activate your consultations 2 (GK, JF and GPST3 colleagues)				
FRIDAY	am	Emergencies in Primary Care (GG) 9-10.45: (Groups 1 – 3) 11.15-1: (Groups 4 – 6)		9–10.30 Common conditions Virtual Surgeries 'Hot Topics' (HR)	Module Assessment Day *9.30 start for students*	
	pm	'CCTV' sessions (virtual in small groups) (CD) Times and session links to be confirmed by tutors		Common Conditions in Primary Care (GG and pharmacy colleagues) 2-3.30: (Groups 1 – 3) 3.30-5: (Groups 4 – 6)		

ASSESSMENT

As well as attendance and active participation in sessions and clinical placement activities, module completion involves workplace-based assessments (WBAs) throughout your attachment. **Comprehensive details of these WBAs are included under the relevant tabs of your eelogbook.**

We ask that you complete:

2 mini CEX assessments

1 CBD (Case Based Discussion prepared in advance for the module assessment day)

1 STAT (Student Teaching AcTivity)

It is important to record your experiences as fully as possible in the eelogbook. On the last day of the attachment, your eelogbook will be reviewed by an experienced GP who may ask you about some aspects of your attachment. Satisfactory completion of this aspect is needed to progress. On this assessment day, you will present and discuss your CBD. **Full participation in this CBD presentation and participation in your group's discussions as part of the module assessment day is required to progress.**

ATTACHMENT ELOGBOOK

Your GP eelogbook is designed to help you reflect on your performance during your clinical attachment. It will also help you prepare for postgraduate medical education and training, where logbooks are commonly used to record professional experience and development. You are required to submit your completed eelogbook in advance of the assessment day at the end of this module. **Please ensure you have completed and uploaded this to the assigned area in your group's MS Teams. Deadline is before 8pm on the last Thursday of your attachment.**

Please ensure that you have completed each section of this document accurately and honestly, and that your tutor has completed their assessed elements. You should be able to email a link to your tutor to allow them to complete their assessed elements, or you both may find it easier to complete together. We obviously trust in your professionalism as soon to be doctors that GP tutor elements as submitted will be an accurate and non-modified reflection of their assessments. All eelogbooks will be reviewed by the assessment day GP team and module lead and form a key part of successful completion of this module.

STUDENTS' PRE-REQUISITE KNOWLEDGE AND CLINICAL SKILLS

Before commencing this module, students will have completed at least three years of their undergraduate course. They should have already acquired a considerable knowledge base and have progressed their clinical skills and professional attributes, namely the abilities to:

- Obtain a relevant history from an individual using appropriate questions and responses covering the following systems: cardiovascular, respiratory, gastro-intestinal, genito-urinary, central nervous system, peripheral nervous system, musculoskeletal and dermatological
- Assess a patient by examining competently the following systems - cardiovascular, respiratory, gastro- intestinal, central nervous system, peripheral nervous system, musculoskeletal and dermatological
- Be able to perform a number of basic clinical procedures and investigations: Urinalysis, glucose assay using a glucometer, venepuncture, PEFr measurement, spirometry, ECG
- Recognise the normal ear, nose and throat and distinguish a range of common conditions by history taking and examination, including the use of an otoscope
- Recognise the normal features of the eye on examination and distinguish a range of common conditions by history taking and examination, including the use of an ophthalmoscope
- Be able to formulate a provisional diagnosis and differential diagnosis appropriate to student's level of studies
- Be able to construct a patient problem list appropriate to student's level of studies
- Be aware of some common investigations appropriate to student's level of studies
- Begin to construct a patient management plan for conditions appropriate to student's level of studies
- Understand the pharmacology and therapeutic uses of commonly used drugs and be aware of the particular precautions with regard to prescribing in young children, the elderly and those with liver and renal disease.

LEARNING OUTCOMES OF GP MODULE

On completion of this GP module, the successful student should be able to:

Providing good clinical care

- Take an appropriate history and physical examination from a patient presenting in General Practice
- Be aware that symptoms and signs vary in their predictive value
- Perform some basic procedures that are routinely performed in primary care
- Diagnose and formulate a differential diagnosis for some of the common conditions that present in General Practice
- Interpret results from some of the commonly performed investigations that are carried out in primary care
- Formulate management plans for some of the conditions that are commonly encountered in General Practice
- Demonstrate skills in therapeutics, including drug and non-drug approaches to the treatment of some of the common acute and chronic conditions that present in General Practice
- Accept the inevitability of uncertainty in some aspects of General Practice problem solving
- Develop a greater understanding of co-morbidity, polypharmacy and the intersectional journey that patients take across primary / secondary care interfaces
- Have knowledge of some of the preventative activities that take place in the primary care setting
- Be able to produce accurate and safe prescriptions
- Demonstrate the ability to produce accurate, legible and contemporaneous records of patients' health care

Relationships with patients

- Demonstrate effective consultation and communication skills with patients and staff
- Communicate with individuals who cannot speak English, including working well with interpreters where indicated
- Determine the impact of a patient's problems in the context of their life and social context
- Apply an ethical framework to approach challenging dilemmas encountered in GP
- Demonstrate willingness to involve patients in management plans

Working with colleagues

- Describe members and roles of primary healthcare teams and the important principles of team work
- Identify the importance of a primary / secondary care interface
- Describe some of the organisational approaches to the management of chronic disease

CLINICAL CURRICULUM GUIDE

The ethos of this course is to familiarise students with the discipline of General Practice. Given the 'generalist' nature of General Practice, the potential curriculum is vast: GPs may encounter 'anything and everything'. Therefore, the purpose of this short curriculum guide (some conditions, some symptoms, and many areas you will have already encountered across your studies and will learn more about through other year 4 modules) is to identify key areas to assist you in planning your learning. This list is not meant to be exhaustive! Your e-logbook has a useful self-assessment tab which you can use to identify areas you may wish to focus your learning on – we recognise that you are all at different stages when you come to GP.

Care of acutely ill people	Chest pain; shortness of breath; Acute Coronary Syndrome; Acute anaphylaxis; Mental Health emergencies; Acute abdominal pain; Acute asthma; Meningococcal disease; Collapse
Cancer	Common cancers (<i>e.g. lung, bowel, prostate, breast, ovary, skin</i>); palliative care
Care of children/young people	Constipation; Gastroenteritis; Earache; UTI; Febrile child, Common infections
Care of older adults	Stroke; Dementia
Women's health	Menopause; Menstrual cycle problems; Contraception; Emergency contraception; Termination of pregnancy
Men's health	Benign Prostatic Hypertrophy; Testicular lumps
Mental health problems	Depression; Insomnia; Alcohol and drug misuse; Anxiety related disorders
Cardiovascular problems	IHD; Hypertension; Heart failure; Peripheral arterial disease; Primary prevention of CVD; Secondary prevention of CVD
Digestive problems	GORD; IBS; Dyspepsia; Abdominal pain; Rectal bleeding
ENT problems	Ear wax; Otitis externa; Otitis media; Sore throat; Glandular fever; Sinusitis; Hayfever
Eye problems	Acute conjunctivitis; The red eye; Temporal arteritis
Metabolic problems	Diabetes; Thyroid disorders; Obesity; Hyperlipidemia
Respiratory problems	Asthma; COPD; Cough; Respiratory tract infections
Musculoskeletal problems	Back pain; Common injuries and sprains; Osteoarthritis; Inflammatory arthritis; Gout
Skin problems	Acne vulgaris; Eczema; Common skin infections; Psoriasis
Renal problems	UTIs; Chronic Kidney Disease
Neurological problems	Headaches; Epilepsy;
Other	Influenza; Shingles; 'Dizziness'; 'Tired all the time'

PRACTICE ATTACHMENT PRACTICALITIES

Some students (based on distance of allocated practice from QUB) are considered to be on residential placements. Details around eligibility for residential accommodation/subsistence, booking practicalities, payment and reimbursement are available on the Medical Education Portal and are updated by the SUMDE team:

SUMDE Office

School of Medicine, Dentistry and Biomedical Sciences Rm 0G.052 Whittle Medical Building

Lisburn Road BELFAST BT9 7BL

Email: sumde@qub.ac.uk Telephone: 028 9097 2318

PRACTICE BRIEFING

Please contact your practice before your attachment starts to make arrangements for Day 1. If you are staying in accommodation you will need to check arrangements for getting access etc. If you do not have transport and the accommodation is far from the practice your GP tutor may be able to advise you on transport practicalities. Please make sure you are punctual, and also if you are going to be absent from any session please let your practice know in advance. This is a compulsory attachment and unmitigated absences may result in a module fail.

Remember your safety is a priority. Discuss with your GP tutor about the practice's policies about aggressive patients, and if present, where the panic alarms are situated.

ATTENDANCE

'Students are expected to attend all scheduled sessions and other forms of instruction as defined by the programme of study'. This is a general University regulation. Students are thus expected to record a satisfactory level of attendance at all classes, whether or not this is stated in the individual course study guides, or formally recorded. As a general guide, all absences must be accounted for – **comprehensive detail around notifying absences (through illness/other circumstances and including those asked to isolate due to COVID-19 contacts) are available on the Portal**. Any students planning to take discretionary days during their GP placement should note that full engagement on your module assessment day is required for module completion. **It is obviously vital professional behaviour that you let your practice know as soon as possible if, for whatever reason, you will be absent for any sessions.**

EXPERIENCE WITH THE PRIMARY HEALTHCARE TEAM

Practice teams and ways of working are constantly evolving in response to many factors; since March 2020 we have seen a rapid transformation towards more remote consulting. Contrary to some public misconceptions, GPs have remained open throughout the COVID pandemic, seeing and assessing patients face to face where clinically indicated, yet practices all work differently. Your GP tutor will schedule a range of activities and learning opportunities through your practice attachment. Please try to record this on the timetable tab in your e-logbook.

Aside from global pandemic provoked change, other drivers of new ways of working across multiprofessional teams in primary care include including changing patient needs, workload, and a general 'left shift' in health towards more community-based care. Multidisciplinary team (MDT) work is vital in the delivery of effective health care in General Practice.

During your attachment we would like you to gain a breadth of experience of the extended primary health care team. Traditionally, students have 'sat in' with, and worked alongside, other members of practice staff. This might, for example, involve spending a session working alongside reception staff as the first point of patient contact, or participating in treatment room activities such as phlebotomy and wound care. Many students might spend half a day on visits with a District Nurse, or in a local Healthy Living Centre learning about the role of Social Prescribing. We encourage you to gain as much experience of the breadth of MDT roles as possible – which may be through observation or conversation. Two short videos explaining something of the role of district nursing and health visiting are available on the GP section of the portal for any students experiencing particular challenge gaining this breadth of exposure.

We ask you to record in your e-logbook which MDT members you are able to gain insight on – this list is by no means exhaustive and we are fully aware that not every practice will be able to facilitate student access to all these people:

- Practice based pharmacist
- (Advanced) Nurse Practitioner/Practice nurse
- Treatment room nurse
- District nurse
- Health visitor
- Practice manager
- Reception/administration staff
- Physiotherapist
- Counsellor/Mental health worker
- Social worker
- Social prescriber (likely to be working outside practice, for example through a Healthy Living Centre)

'REAL-TIME' TEACHING SESSIONS / WORKSHOPS

As outlined in your timetable, you have a number of 'real-time' virtual sessions throughout the module, mostly during week 1 of your attachment. We have provided their titles, overall aim, learning outcomes, and a concise description of the session content. Further resources and any associated slides/resources can be found on the year 4 pages of the Portal.

 Module induction and introduction to GP (GP consulting and emergencies in primary care preparation)
 Week 1 Monday AM
<p>AIM: To provide an overview of the philosophy underpinning this module and a breakdown of logistics and practical arrangements.</p> <p>After the break we will introduce GP consulting and you will have time in your allocated groups to prepare for a session later in the week on Emergencies in Primary Care.</p>
<p>LEARNING OUTCOME:</p> <p>After completing this session, the successful student should be able to:</p> <ul style="list-style-type: none">• describe broad principles of providing care in community settings• define key roles of a general practitioner• account for differences between healthcare delivered in the community and hospital settings• feel confident with practical arrangements of this module including student clinical attachments.
<p>CONTENT:</p> <ul style="list-style-type: none">• Presentation and discussion with module lead• Small group work, opportunities for Q and A• Orientation to e-logbook and other resources• Preparation time for group presentations on emergencies in primary care



Child health in GP workshop



Week 1 Monday PM

AIM: To help students to develop an effective general practice consulting approach around health of children and young people.

LEARNING OUTCOME:

After completing this session, the successful student should be able to:

- appreciate some of the main issues relating to health of children and young people in primary care
- develop an approach to clinical assessment and primary care management for some common presentations in children and young people
- develop a foundational knowledge base around some specific areas to include:
 - Recognition of sick children, febrile illnesses and common infections
- have knowledge of some of the preventative activities relevant to child health that take place in the primary care setting

CONTENT:

Workshop style session incorporating a mixture of small group activities and some didactic presentation. We are mindful that some groups will come to GP after their Healthcare of Children module while for other groups their GP module may be their first exposure to many of these clinical areas.



Women's health in GP workshop



Week 1 Tuesday AM

AIM: To help students to develop an effective general practice consulting approach around health of women and those with ovaries/a uterus/cervix

LEARNING OUTCOME:

After completing this session, the successful student should be able to:

- appreciate some of the main issues relating to (women's health) in primary care
- develop an approach to clinical assessment and primary care management for some common (women's health) presentations
- develop a foundational knowledge base around some specific areas to include:
 - Menstrual cycle issues; menopause
 - Contraception; Emergency contraception; Termination of pregnancy
- have knowledge of some of the preventative activities that take place in the primary care setting

CONTENT:

Workshop style session incorporating a mixture of small group activities and some didactic presentation. We are mindful that some groups will come to GP after their O and G module while for other groups their GP module may be their first exposure to many of these clinical areas.

Case studies from Speaking Clinically are incorporated and are referenced within the session Powerpoint presentation, which also has hyperlinks to further resources such as relevant NICE Clinical Knowledge Summaries.



Mental health in GP workshop



Week 1 Tuesday PM

AIM: To help students to develop an effective general practice consulting approach around mental health.

LEARNING OUTCOME:

After completing these sessions, the successful student should be able to:

- appreciate some of the main issues relating to mental health in primary care
- develop an approach to clinical assessment and primary care management for some common mental health presentations
- develop a foundational knowledge base around some specific areas to include:
 - Depression; Anxiety related disorders
 - Insomnia; Alcohol and drug misuse; chronic pain

CONTENT:

Workshop style session incorporating a mixture of small group activities and some didactic presentation. We are mindful that some groups will come to GP after their psychiatry module while for other groups their GP module may be their first exposure to many of these clinical areas.

Case studies from Speaking Clinically are incorporated and are referenced within the session Powerpoint presentation, which also has hyperlinks to further resources such as relevant NICE Clinical Knowledge Summaries.



Long term conditions in GP and health inequalities



Week 1 Thursday AM

AIM: To enhance student understanding of the principles of management of Multi-Morbidity, Long-Term Conditions and Frailty in the community context, and consider the impact of health inequalities

LEARNING OUTCOME:

After completing this session, the successful student should be able to:

- define the role that the distinct characteristics of GP Practices play in care delivery e.g. size, urban / rurality, deprivation
- discuss the common characteristics of the most deprived quintile of GP Practices in Northern Ireland
- describe what the inverse care law means and its relevance today in General Practice
- discuss approaches to health equity for areas of deprivation e.g. Deep End General Practice network
- describe the broad principles of management of Long-Term Conditions (LTCs), Multi-Morbidity (MM) & Frailty in community settings
- discuss the use of disease management guidelines for LTCs
- discuss contrasting experiences of MM in areas of differing socio-economic conditions

CONTENT:

GP Practices come in different shapes and sizes. Despite being taught about General Practice as a coherent whole, the differences in care planning and delivery are distinctive in different settings. In 2009 Glasgow University's Professor Graham Watt used the metaphor of a swimming pool to represent both the social gradient and increased workload for GPs working in more deprived areas; in response to this he founded the Scottish 'Deep End' group.

Sir Michael Marmot has confirmed the impact of deprivation on health and life expectancy through the social gradient theory. GPs working in Deep End practices witness the effects of poverty on their patients' health every day. Working with practice teams, and increasingly the voluntary sector, GPs try to ameliorate the social determinants of health for the vulnerable and socially excluded.

Long-term conditions (LTCs) are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease).

People with LTCs account for about 50 per cent of all GP consultations, 64 per cent of all outpatient interactions and over 70 per cent of all inpatient bed days. Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure.

The impact of deprivation and long-term conditions has been apparent through the trends of morbidity and mortality associated with COVID-19.

This morning will be a workshop style session incorporating a mixture of small group activities and some didactic presentations.



Activate your Consultations and CCTV session



Week 1 Tuesday AM, Thursday PM and Friday PM

AIM: To help students to develop an effective general practice consulting approach

LEARNING OUTCOME:

After completing these sessions, the successful student should be able to:

- appreciate the qualities of a good consultation and what might be different in GP consultations
- consider and practise consulting with patients independently
- develop their consultation skills in clinical reasoning, individual patient assessment and agreeing management plans with patients

CONTENT:

- One preparatory session (Tuesday AM) where we will consider broad principles of primary care consulting and cover some clinical content relevant to the session on Thursday PM
- One practical session (Thursday PM) incorporating scenario-based learning with simulated patients
- One 'CCTV' session (Friday PM) when students will consult with actual patients, analyse these encounters and participate in constructive feedback. You will be allocated into small groups of 2 or 3 students and attached (virtually) to a GP tutor in a practice for this session. We will make sure you have contact details for your group and details of how to connect into these sessions. Any issues around your CCTV please [contact Dr Carla Devlin \(CCTV lead\)](#).

Dr Grainne Kearney has recorded some short videos ([available via Mediasite](#))

'Activate your consultations intro (3 mins) and Parts 1 and 2 (each approx. 15 mins) – these are not essential viewing but contain useful additional consultation tips and will benefit any students who, for whatever reason, are unable to participate fully in the Thurs pm practical session.



Emergencies in primary care



Week 1 Friday AM

AIM: To introduce you to the assessment and management of medical emergencies in primary care settings

LEARNING OUTCOME:

At the end of this session the successful student should be able to show awareness of, recognise the signs and symptoms, and appropriately manage medical emergencies (including anaphylaxis, acute chest pain, meningococcal disease, acute asthma, diabetic hypoglycaemia, collapse/choking, sepsis), based in a primary care setting

CONTENT:

This session will take the form of a series of short lectures, group work and virtual scenario-based learning. Many of these acute emergencies students may have already encountered in other contexts such as Year 3 Medicine or Year 4 POEM. The purpose of this session is to consolidate this knowledge and place in the context of primary care.

We will do some group preparatory work earlier in week 1 with the task for each group to review key presenting features for their allocated emergency and key management points in a primary care setting. Each group will prepare a short presentation (max 3 mins) providing an overview of these key points. A PowerPoint template for this purpose is available in the relevant section of the Portal should your group decide to use this. Any other presentation formats welcome!

CV / PRIZE ALERT MESSAGE FROM PROF GORMLEY- could you be the winning group?!

As part of the primary care emergency course – we are asking student groups to produce a short presentation on the management of particular emergencies. Prof Gormley is keen to have an informal ‘prize’ to be awarded to the group with the best presentation of the year. Criteria for this include

- accuracy and flow of content
- creative approach to presentation

Normally students would use PowerPoint for their presentations. However, Prof Gormley is keen for students to consider other any other formats – video/rap/tiktoks all entirely acceptable!



Common conditions



Week 2 Friday PM

AIMS: To explore some of the common conditions that present in primary care. For each condition you will have the opportunity to review the salient clinical features and management issues.

LEARNING OUTCOME:

At the end of the session the successful student should:

- be aware of some common conditions that present in general practice (to include febrile illness in children, back pain, sore throat and hypertension)
- know the principles of good practice when writing a prescription
- describe a management plan for these conditions
- make use of the BNF in order to prescribe effectively and safely
- have developed greater understanding of working with community pharmacists and their services.

CONTENT:

- Students will be given a brief introduction about safe prescribing in primary care. **Please have access to a BNF (online or physical) for use in this session, also please access the blank prescription (available as a slide on the portal) in advance of the session – you will complete this during the afternoon.**
- A selection of 'common condition' clinical cases will be distributed among students. Students will review the case and make therapeutic and management decisions. Students will feed back to the larger group about their proposed management plans. These plans will be compared against evidenced based guidelines
- Some groups will learn interprofessionally alongside students from the School of Pharmacy.



ECHO session



Week 4 Wednesday PM

AIM: Project ECHO (Extension for Community Healthcare Outcomes) combines the strength of General Practice (access to multiple clinical cases, many undifferentiated presentations) with the power of vicarious case-based learning and the role of subject-specific facilitators (including Consultant specialists and GPwSIs (General Practitioners with Specialist Interests)).

The ECHO model is an educational tool that creates communities of learning and facilitates the sharing of best practice through case based learning, using anonymised real life cases. The ECHO concept is achieved through the creation of ECHO “hubs”, in which partner sites or “spokes” connect through technology (Zoom)

LEARNING OUTCOME:

After completing this session, the successful student should be able to:

- develop skills in clinical reasoning and case presentations.

CONTENT:

We ask you to submit a short case summary submitted by 5pm on the Friday preceding your ECHO session using the ECHO case proforma/template which will be available for you. We have included ‘ECHO – a student perspective’ towards the end of this study guide which covers some practicalities and FAQs.

SELF-DIRECTED LEARNING RESOURCES

These resources are here to support you – please don't think that you need to work through all of them! We are very aware that you will all have different baseline learning needs (the assessment of learning needs section of your e-logbook will help you identify yours) which will depend, not least on where throughout the course of Year 4 that you have your GP module. The case based learning through Capsule and Speaking Clinically is great (though no replacement for your authentic involvement in GP consultations through attachments), and will be particularly useful for any students who find themselves (e.g. through isolation) unable to physically engage in their practice attachment as much as they might have hoped.



'Speaking Clinically: Virtual surgeries'

AIMS: To allow students the experience of assessing, diagnosing and managing patients who have booked into a 'virtual surgery'. These are not intended to replace physical time in practice but could be particularly useful for students who, for whatever reason (e.g. isolation) are encountering challenges with direct experience.

LEARNING OUTCOME:

After consideration of this material, the successful student should be able to:

- make better connections with other aspects of their course (e.g. clinical skills, therapeutics)
- improve their diagnostic skills and
- consider a holistic approach to providing health care.

Access to these virtual GP surgeries is through '[Speaking Clinically](#)'. You should already have account activation information through CME (please contact medicaled@gub.ac.uk with any login issues). It is easy to log on, search and find videos of real patients describing their symptoms, and the impact of illness on their lives. It is organised by topic area (e.g. cardiology, psychiatry, dermatology) and it would be easy for students to become overwhelmed by the volume of content! There is no specific 'GP' area and you could, of course, encounter any of these patients at various stages of their lives and illness courses in GP.

In an effort to structure your learning, I have put together some 'Virtual Surgeries' for you; the kind of surgeries you might experience in 'ordinary General Practice'. I suggest that you watch the relevant video clip on 'Speaking Clinically' and then have a think about the follow up questions that the patient brings to you as their GP. Try to orient yourself to the GP context throughout – remember you don't have 'instant access' to a limitless range of investigations and your patient might have lots of practical questions.

The teaching session on Friday morning of week 2 is an opportunity to discuss and clarify some key learning points raised by the cases in these virtual surgeries and following this session you will have access to further supporting resources



'Capsule: Cases'

AIMS: To allow students the opportunity to learn from clinical cases, which have been specifically developed and pitched at a UK medical student level. These are not intended to replace physical time in practice but could be particularly useful for students who, for whatever reason (e.g. isolation) are encountering challenges with direct experience.

LEARNING OUTCOME:

After consideration of this material, the successful student should be able to:

- make better connections with other aspects of their course (e.g. clinical skills, therapeutics)
- improve their skills in diagnosis and management of a range of issues in GP

[Capsule](#) is a case-based online resource, again produced as a collaboration across UK medical schools. You should already have account activation information through CME (please contact medicaled@qub.ac.uk with any login issues). You have access to a vast range of cases and quizzes with feedback and further links – with the material pitched at a great level for medical students. There are around 40 GP cases (some relatively short, others which might take 45-60 minutes to work through). **A summary of the case content is available towards the back of this study guide so you could target your learning.** You are likely to maximise your learning if you work through specific cases covering areas you feel weaker in, or to consolidate learning around a condition/case that you'd encountered in practice and wanted to learn more about.

The 'Q and A' Zoom session on Friday morning of week 2 is an opportunity for you to discuss and clarify any issues raised by these cases and remember you can always discuss these with and ask questions of your tutor in practice.



SKIN & BONES

AIM: To introduce students to a range of common skin and musculoskeletal conditions seen in General Practice.

LEARNING OUTCOME:

After consideration of this material, the successful student should be able to:

- appreciate some of the common dermatological conditions that present in GP
- describe how to treat common benign dermatological conditions seen in GP
- describe how to recognise and treat various types of skin cancer commonly seen in GP
- appreciate some of the common MSK conditions that present in GP such as osteoarthritis and gout
- be able to perform an MSK examination of these joints / body areas
- consider a management plan for some common MSK conditions.

CONTENT:

- Power point presentations for 'Dermatology- a GP perspective' and 'Bones' on portal

Cases ('Bones Cases' and 'Core skin cases' on portal) – work through these and then consolidate your learning by watching [Dr Finbar McGrady's Mediasite videos](#) : taking you through the answers

- Self-test quizzes (with answers!) and further practical demonstrations from Dr Finbar McGrady available as a series of short video clips on Mediasite.

Useful resources:

- Beyond dermatology and MSK medicine resources available on the Year 3 area of the Portal, [Derm Net NZ](#) has some fabulous resources. Skin conditions can vary considerably in presentation depending on skin colour. [Mind the Gap](#) is a clinical handbook of signs and symptoms in black and brown skin and is a really important and expanding resource.



MOTIVATIONAL INTERVIEWING

AIMS: To explore the technique of Motivational Interviewing in conjunction with Prochaska & DiClemente's Cycle of Change, as a tool to facilitate behaviour change, particularly around health promotion.

LEARNING OUTCOMES:

After consideration of this material, the successful student should be able to:

- apply acquired evidence to real life scenarios describe Prochaska & DiClemente's model of behaviour change
- apply some principles and strategies of motivational interviewing
- describe circumstances when motivational interviewing could be integrated into practice.

CONTENT:

The material in this portal slideset (with notes and links to further resources) examines an effective practical interviewing technique (incorporating a model of behaviour change) to facilitate behaviour change and discuss the possibility of incorporating the technique into daily practice. Effective approaches to helping patients find their unique motivation to change an unhealthy behavior (such as smoking, physical inactivity or unhealthy diet) will be discussed. Motivational Interviewing will be considered as an effective patient centered intervention to help them move through the emotional stages of change in a supportive environment.

On completion of the session your beliefs and attitudes to Health Promotion may have acquired a new perspective. Doctors have an important role in delivering health care and techniques taken from Motivational Interviewing can be integrated into short consultations. This session may help you become more effective in helping patients begin their journey to behaviour change.



WORKING WELL WITH INTERPRETERS

AIM: To provide students with the knowledge and skills to conduct a consultation with interpreters either face-to-face or over the telephone.

LEARNING OUTCOME:

After consideration of this material, the successful student should be able to:

- explain the legal, business and ethical case for providing interpreters
- discuss the dangers of using family and friends as interpreters
- demonstrate how to conduct a consultation using either face-to-face interpreters or interpreters over the phone
- evaluate when it is best to use face-to-face interpreters and phone interpreters
- describe how to access interpreters in Northern Ireland.

VIRTUAL DELIVERY:

- Ms Claire Hamilton (NI HSC Interpreting Service lead) has put together PowerPoint slides and a range of supporting materials under the 'working well with interpreters' section of the portal.



CHALLENGING SITUATIONS IN PRACTICE

AIM: This material complements ethics teaching timetabled formally in other courses within the Curriculum and aims to develop your approach to challenging situations including ethical and legal issues as they might present in General Practice.

LEARNING OUTCOMES:

After consideration of this material, the successful student should be able to:

- analyse clinical situations in terms of ethical issues and principles
- recognise potential conflict between the various ethical principles and moral issues within various clinical situations
- analyse various moral arguments (which may contrast with their personal moral positions)
- identify sources of information around ethical dilemmas.

VIRTUAL DELIVERY:

- Dr Finbar McGrady and Dr Helen Reid have produced a series of short videos (all titled Challenging Situations...) available through Mediasite to support the portal presentation (Ethics – slides (updated for virtual learning))

OTHER LEARNING RESOURCES

You and your colleagues are experts in identifying useful learning resources and I am aware of a vast range of resources from websites to YouTube channels and podcasts which you may find useful.

QUB's very own student [GP Society](#) (@GpQub on Twitter, @QUBGPSociety on Instagram, QUB GP Society on Facebook, email gp-soc@qub.ac.uk) have some great learning resources from online events such as revision OSCEs to podcasts covering some common conditions in GP. They regularly run practice MCQs on Instagram and announce all upcoming events through their social media – well worth a follow! I'd encourage you to take a look and get involved with these peer to peer learning opportunities.

For the more traditional among you, there are also many useful textbooks (all of these are available through QUB library) about general practice which may support your learning. These include:

- General Practice at a Glance: Paul Booton et al, Wiley Blackwell (available free as an ebook via QUB library)
- A Textbook of General Practice, 3rd Edition; Hodder Arnold 2011. Stephenson
- Oxford Handbook of General Practice, 3rd Edition; Oxford Press 2010. Simon, Everitt, van Dorp
- British National Formulary, BMJ publishing group

EVALUATION AND FEEDBACK

Much of the course involves you on your own or with one other student in practice and working virtually in facilitated small groups. The more you participate the more you will get out of it. At the end of the attachment you will be invited to complete an on-line evaluation module evaluation by QUB. Dr Helen Reid is the module co-ordinator committed to developing and improving this course to support your learning so please do use this opportunity for constructive feedback. You also have the Student Voice (formerly SSCC) opportunity to feedback and of course you can contact me directly if needed helen.reid@qub.ac.uk.

ATTITUDE AND PROFESSIONALISM, INFECTION CONTROL

During your professional training in General Practice, and on your clinical attachment, your attitude to your work, your peers, your teachers and to others you will encounter, will be observed. Students are expected to conduct themselves in a way that permits teachers to fulfil their goals without hindrance.

During 2021-22 it is obviously particularly important that you are mindful of infection control measures and social distancing. It is great to hear positive stories of students behaving responsibly and following relevant local and national guidelines around testing, social distancing etc. The specific point of relevance for your GP attachment is to be mindful of any specific policies/preferences your practice has in place for example around scrubs, social distancing in any coffee/communal areas, PPE and physical movement on practice premises. Ask and please observe!

STUDENTS IN DIFFICULTY

The General Practice course can be demanding. Students are asked to apply a wide range of knowledge and skills they have learnt when dealing with patients, relatives and staff in the General Practice setting. Evaluations tell us that students generally enjoy their time in General Practice and find it worthwhile. However, we are aware that some students, for a variety of reasons, may experience difficulty. They may have personal or health problems. If so, they should consider speaking to their faculty tutor or their own GP. In practice certain cases may be upsetting for you. If so, it can help to talk to someone about this. In the first instance we would recommend you speak to your GP tutor for a debrief. You may also consider contacting GP staff within the Centre for Medical Education. If you have had a recent life event such as a death in the family, it may be helpful for you to let us know. **Please refer to the overall Year 4 Handbook for contact details for students in difficulty/student support contacts.**

WHAT IS GENERAL PRACTICE?

This overview may be of background interest for some students. Thanks to Prof Gerry Gormley and Dr Jenny Johnston for their work on developing this summary.

The definition of a general practitioner by The Royal College of General Practitioners in 1972 is still useful. *“The doctor who provides personal, primary and continuing medical care to individuals and families. He* may attend his patients in their homes, in his consulting room or sometimes in hospital. He accepts the responsibility for making an initial decision on every problem his patient may present to him; consulting with specialists when he thinks it appropriate to do so. He will usually work in a group with other general practitioners, from premises which are built or modified for a purpose, with the help of paramedical colleagues, adequate secretarial staff and all the equipment which is necessary. Even if he is in single-handed practice he will work in a team and delegate when necessary. His diagnosis will be composed in physical, psychological and social terms. He will intervene educationally, preventatively and therapeutically to promote his patients’ health”.*

Because this role includes psychological and social diagnoses, he has to have a much wider information base than previously. By including prevention and education he extends his interest to people who do not call on his services spontaneously and who are not necessarily ill at all. This wider role of the general practitioner places him / her firmly in the context of Primary Health Care which is the more appropriate term to cover the whole of the team. General practice, by tradition, was mainly concerned with treatment of disease presented by patients, while the emphasis on primary care is on health and its promotion by a healthy lifestyle, by prevention of ill health if possible and by the provision of acceptable first line health care to which all people have access and which they can afford.

** He/she is interchangeable*

PRIMARY AND SECONDARY CARE

One of the major differences between primary and secondary care is the nature of presentation of illness. In secondary care patients are usually referred from another practitioner and their illness has already been categorised. In primary care patients present with largely unsorted problems.

Primary care is not the sum of a range of secondary care specialities performed to a lesser degree; it has knowledge and skills unique to it. These skills relate to the work of a clinical generalist and focus around problem definition and solving. A clinical generalist is able to understand the illness, the patient and the context, bringing together physical, psychological and social causes of disease. Generalists use their skills in the consultation, both in communication and examination, rather than advanced technology, to identify the nature of disease. Investigations are kept to a minimum and tend to follow a progression rather than a battery as can occur in secondary care. Perhaps the most important feature of the clinical generalist is their ability to use a hypothetico-deductive model to identify disease. Using their knowledge of the patient, their social context, including their working environment and home surroundings, the common illnesses in the community and their wider knowledge of disease, a generalist will identify a priority list of likely causes for a patient's symptoms. They will then ask discriminating questions to exclude or include possibilities from the list. Although this process may occur from start to finish in one consultation, more commonly the generalist allows the full picture to unfold over a series of consultations. The use of information collected over time is a special feature of general practice in the United Kingdom and enhances our generalist role

An example might be a child who presents with a cough. A child whose relatives have asthma, and who has been seen with hay fever or eczema would make a diagnosis of asthma likely; discriminating questions might focus on the effect of exercise or winter viruses. Examination might concentrate on listening for wheeze or checking the peak-flow rate. A child of the same age who had recently returned from visiting grandparents on the Indian subcontinent would raise the possibility of tuberculosis. Discriminating questions might focus around fever and weight loss. A chest x-ray would be a high priority. A child of the same age who appeared well, perhaps even disruptive in surgery, and whose mother had a previous history of postnatal depression might be the presenting symptom of a maternal depressive illness. Questions in the last example may need to move from inquiring about the child's health to asking about the mother.

A clinical generalist is usually skilled at picking up small verbal and non-verbal cues. They will have a range of skills which will help them reach the most likely diagnosis quickly, excluding serious illness and creating a safety net if their original hypothesis is incorrect. They also have skills in sharing with the patient their thinking and their proposed management, listening and asking for the patient's ideas and anxieties about their illness. These skills help the patient to understand the nature of their illness which increases the cost-effectiveness of any treatment. Clinical generalists also have to anticipate and deal with acute life-threatening illness: the child with the cough might present acutely, either during the day or at night, severely ill and at risk of respiratory arrest. They also need a range of skills to manage health promotion and disease prevention, perhaps drawing a parent's attention to the effect that a smoky atmosphere might have on their child's cough or being aware that the child with a cough has not been immunised against diphtheria.

Managing illness in primary care has its own special skills. Patients have autonomy: once they have left a consultation, they are free to follow advice or ignore it. There is evidence to suggest that about one third of prescriptions are not presented to a pharmacy. Successful management of disease requires a negotiated plan in which the patient has ownership and understanding; it will usually involve pragmatic compromise over a theoretical academic clinical ideal in favour of what is feasible in the patient's social context and understanding.

CAPSULE CASES SUMMARY

GP 264: low back pain, covering key recognition of cauda equina

GP 291: polyuria, exploring diabetes presentations

GP 371: headache, focus on migraine treatment

GP 381: infective gastroenteritis

GP 383: sore throat recognition and management

GP 387: cardiovascular risk

GP 389: meningococcal disease

GP 39: anorexia

GP 408: childhood rashes

GP 410: harmful alcohol use

GP 411: failure to thrive in a child

GP 413: vaccine concerns

GP 414: hormonal contraception

GP 416: smoking cessation

GP 417: hypertension

GP 419: rectal bleeding

GP 420: acute monoarthritis

GP 43: rheumatoid arthritis

GP 439: urinary tract infections

GP 531: IBS

GP 535: headache, focus on tension headaches

GP 538: viral illness, sore throat

GP 558: rash, focus on fungal rash

GP 559: Chickenpox

GP 561: Contact Dermatitis

GP 568 and GP 570: pigmented skin lesions

GP 569: psoriasis

GP 571: warts

GP 613: GORD

GP 614: low mood

GP 710: haemospermia

GP 72: infectious mononucleosis

GP 758: tennis elbow

GP 90: skin lesions

Population medicine 653: prostate cancer

Population Medicine 655: FOB and screening tests

Population Medicine 657: types of research studies

Population medicine 658: smoking

Population medicine 659: basic statistics for interpreting research studies

ECHO: A STUDENT'S PERSPECTIVE

(with thanks to Dr Jim McMullan... who we know isn't a student but has done a great job of considering this from your perspective!)

What does ECHO mean?

Project ECHO stands for the 'Extension of Community Healthcare Outcomes' Project ECHO is a not-for-profit movement to improve care by gathering communities of practice together for learning and support with the goal of improving decision-making by collaborative problem solving.

So, in plain speak, ECHO allows experts to spread knowledge and best practice to multiple learners at the same time. The expert is the 'Hub' and learners are the 'Spokes'. Zoom is the delivery method of choice.

It was originally designed in New Mexico to stop patients with Hepatitis C having to travel hundreds of miles for specialist care. Those who had care delivered through ECHO-connected teams had better outcomes than those attending the academic hospital. ECHO de-monopolises knowledge and multiplies the potential workforce. It has been used across all kinds of healthcare and educational settings.

How does it work in GP attachments?

The Hub expert is joined by a facilitator, trained in ECHO. They are the conductor of the Zoom orchestra! The expert gives a presentation (20-30 minutes, on a secondary care topic with relevance to primary care). Then we share and discuss real cases - this is where a lot of the learning occurs. Smaller groups work better – ideally fewer than 20.

What is the student's role?

Towards the start of your attachment you will be assigned into groups with a particular ECHO topic area. During your 3-week clinical attachment you should identify real patients relevant to the topic. Your GP tutor can support you in identifying a suitable case. In advance of the ECHO session you submit some details of this case using a pro-forma, anonymised of course, and the Hub select cases. If your case is selected (realistically in a 90-minute ECHO session 4-5 cases is the maximum) then you will be invited to present it briefly during ECHO session to facilitate further discussion and learning.

What if my case is not selected or I didn't find one?

All students will be required to contribute by submitting a clinical case on the clinical topic of your ECHO – if you are not presenting then the facilitator will invite you to ask your presenting colleagues clarifying questions. Everyone learns better when they actively contribute!

Why ECHO – Why now?

QUB has been trialling ECHO for a few years and was in the process of establishing itself as a full ECHO Hub. Student feedback on ECHO sessions is excellent. ECHO is a safe, virtual learning space for everyone - particularly in Covid times. ECHO sessions are recorded – so we create a virtual learning video library covering a range of topics that you can all access for learning and revision. Case based teaching is also at the core of the C25 Curriculum.

How do I join ECHO meeting?

Zoom links to your meeting are sent in advance and you join in the same way you do any Zoom.

ECHO etiquette?

Cameras strongly encouraged (but not compulsory). Remember to be professional and civil with colleagues! No patient identifiable information. You'll get more out of ECHO the more you contribute.

TEACHING TEAM 2021-22

Module Co-ordinator: Dr Helen Reid (HR)

Dr Daniel Butler (DB)

Dr Richard Conn (RC)

Dr Carla Devlin (CD)

Dr Jonathan Fee (JF)

Prof Gerry Gormley (GG)

Prof Nigel Hart (NH)

Dr Jenny Johnston (JJ)

Dr Grainne Kearney (GK)

Dr Jim McMullan (JM)