



# QUEEN'S UNIVERSITY BELFAST

GP Tutor & Student Guide  
Year 3  
General Practice Placement  
2023-24



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GP Practices, please see [QUBGP website](#) for further updates and information.

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## Welcome

You are very welcome to this course, which gives Year 3 students experience of General Practice alongside their 14-week hospital experience (known as a longitudinal integrated clerkship). A group of 6 students will be assigned to attend a GP practice weekly on a Wednesday morning for 6 weeks. Students will also attend an orientation session at the start of the semester during which they have their GP placement and a de-brief session in the last week of the semester. These sessions will also be on a Wednesday morning and will be delivered using MS Teams by the QUB GP Team.

An enormous thank you to the GP Tutors and their practices. If you have any questions or suggestions, please don't hesitate to contact the GP admin team or myself.

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## Course Aims

General practice (GP) comprises the practical and scholarly aspects of delivering highly effective personalised care to individuals, families, and populations in primary care and community settings.

This is a short course intended to build on your Family Medicine experience and prepare you for more extensive GP experience in Year 4. We want you to focus on the “patient journey” and the members of the GP team who support the patient along the way. The aims are:

1. For students to understand the structure, principles and practice of GP work, and how primary care is different from secondary care.
2. For students to understand patients and their illnesses within all their complexity and social and cultural contexts.

## Course Learning Objectives for students

Immerse yourself in practice to develop and apply knowledge and understanding around:

1. The generalist clinical method
2. Holistic care (the biopsychosocial model)
3. The doctor-patient relationship
4. Long-term conditions
5. Preventing disease and promoting health
6. Information Technology
7. Teamwork and Leadership
8. Medical ethics
9. The generalist approach

## Resources

The RCGP and Society for Academic Primary Care (SAPC) have created a set of teaching and learning resources that Tutors and Students may find useful. These can be found at the links below.

[Learning General Practice](#) (Helpful information and resources for both Students and GP Tutors)

[Teaching General Practice](#) (Curriculum guide of interest to GP Tutors)

eBooks available through QUB QCAT:

<https://www.qub.ac.uk/directorates/InformationServices/TheLibrary/>

1. Oxford handbook of general practice - Chantal Simon et al.
2. General practice at a glance - Paul Booton et al.
3. A Textbook of general practice - edited by Anne Stephenson



The areas of [Learning General Practice](#) which will be focused on in Year 3 are

### Person-centred care

- 1A The generalist clinical method
- 1B Holistic care (the biopsychosocial model)
- 1C The doctor-patient relationship
- 1E Long term conditions

### Population-centred care

- 2B Preventing disease and promoting health
- 2D Information technology
- 2E Teamwork and leadership
- 2F Medical ethics

### Effective delivery of care

- 3A The generalist approach

GP Practices, please see [QUBGP website](#) for further updates and information.

## Course structure

All students will be expected to be at the GP surgery at 9am each Wednesday for 6 weeks. Planned activities will take place from 9am - 12pm with a plenary session 12 – 1pm where students can share learning with their GP Tutor and their peers.

The GP practice should email the students before they start placement confirming the name of the Tutor and where to attend on day one. A list of medical students with their contact emails will be provided by QUB.

## Essential student Learning Activities

Students will work in pairs and rotate around activities. Practice teams (and services offered) differ, so students will not all have the same experience. (There will be ample opportunity in years 4 and 5 to undertake all the learning opportunities available in a GP setting.) There are 3 activities which all students should engage in. These may not last for the whole session, and indeed it may be more useful to rotate around activities on each Wednesday. The 3 key activities are: -

- (A) **Hot seating:** Two students will sit in with a GP, observing and conducting consultations. We recommend that students are allowed to see the full range of triage and face-face consultations and that, with close supervision, they can begin to conduct these consultations themselves. We suggest that GPs run their normal surgeries as far as possible to give students some idea of what practice is like on the ground.
- (B) **Case-based discussion:** Two students will undertake a more detailed case review for discussion with peers. Students will either do a home visit (see guidance on Home Visits Appendix 1) or a phone/video call (Appendix 5 Student Code of conduct: remote medical consultations) to talk to patients about their clinical conditions, including admissions to hospital and impact on their lives. This should then be complemented with a paper review of notes including hospital letters, blood test results, GP consultations etc. Students will present their CBD to their peers ideally during the 12-1pm group discussion. Patients can either be identified in advance or they can be allocated ad hoc from triage. The CBD form (workplace-based assessment), which students complete is on MyProgress.
- (C) **Virtual Primary Care (VPC):** VPC is a digital learning resource containing a library of videos taken in GP practices in Birmingham, Bradford, Bristol, and London. They provide opportunities to observe and consider "real life" consultations (these are real GPs and patients, not actors). A playlist of 12 videos has been created for year 3 students (Appendix 2). Two students will watch two video consultations from the playlist. (See guidance on accessing wi-fi in the GP practice Appendix 3). They should then review the additional learning resources attached to the video. These consultations should be discussed during the plenary time permitting.

GP Practices, please see [QUBGP website](#) for further updates and information.

## Potential learning opportunities

There are a wide range of practice activities that students will be able to access. Opportunities will vary between practices for a range of reasons. The [Learning General Practice digital textbook](#) contains many suggestions (none are mandatory) and practice teams will find what works best in their own practices and doubtless come up with many things not suggested here:

1. Long term condition reviews (asthma, COPD, CVD, diabetes). The students could carry out a holistic phone consultation. A suggested template is available on the QUB MedEd Portal.
2. Follow up telephone calls from Out of Hours encounters or hospital discharged patients.
3. Continuity – re-contact patient they previously encountered in earlier weeks. How has their health changed? Was this expected? Remember more than just the immediate presenting issue that could have real learning value.
4. ‘Clinical skills’ practice - observations, ECGs, or bloods/ treatment room experiences.
5. Time with MDT members/community-based colleagues which might include third sector organisations/healthy living centres.
6. Structured self-directed-learning (SDL) activities such as:
  - Follow up of patient case in the notes after a consultation.
  - Preparing presentation on clinical topic relevant to patient seen.
  - Involving suitably prepared senior medical students, foundation doctors, or GP trainees to teach medical students during clinical placements. Such ‘near-peer teaching’ can provide valuable learning opportunities for all involved and appropriate role models for students.
  - Practices might consider students taking part in partners’ meetings, practice clinical meetings, local network/federation, and multidisciplinary meetings. They should have the opportunity to see how primary care services are organised and relate this to their learning on leadership and team working.

A suggested student timetable is available at Appendix 4.

GP Practices, please see [QUBGP website](#) for further updates and information.

## MyProgress activities

MyProgress is the platform students now use to record, track and reflect on their learning. It is being rolled out across Y1-5 and replaces previously used Excel-based 'eLogbooks' and the uMEP portfolio. It was piloted with some Y3 students through 2022/23 and feedback thus far from both students and colleagues suggests that it is straightforward to navigate and user-friendly. This progress recording platform will be new to the students as well as GP tutors and QUB staff. You can find more information on our QUBGP website [Resources](#) page.

**It is the student's responsibility to ensure that all required elements of MyProgress are completed, and they may prompt tutors around when and what needs completing. GP Tutors are asked to sign off their logbook at the very end of placement to ensure it is a fair reflection of activity.**

The mandatory MyProgress requirements for year 3 GP are: -

1. Clinical Consultations – 2 needed (student completes)
2. Case-based Discussion (CBD) - see below for more detail (student completes after presentation)
3. Entrustable Professional Activity (EPA) - see below for more detail (student completes)
4. GP Tutor Feedback and sign off (GP completes at end of placement)
5. Student Reflection on GP Tutor Feedback (student completes after GP sign off)

Students will need to ask their GP tutor(s) for a preferred email address – entering this will enable tutors to access the [MyProgress platform](#), view students' progress, and complete the short GP Tutor Feedback Form at the end of the attachments.

### **Case based Discussion (CBD) Information for Students**

CBDs are workplace assessments where you will present a structured case to your tutor and peers. This gives you a chance to combine your clinical skills and knowledge, consultation and presentation skills. We strongly encourage you to work collaboratively, actively asking questions and making comments in these sessions.

Your GP will identify a patient and seek consent for them to speak to you. Make sure you personally introduce yourself and seek consent also. You will combine a consultation with the patient at home/via phone call, or in the surgery with a case review of their notes. If you are visiting the patient at home, please carefully read Appendix 1.

You do not need to examine the patient unless there is a presenting clinical need, and your tutor has confirmed what examination to undertake.

Your patient may be someone who has been recently discharged from hospital, is at risk of admission or who has had a lot of recent admissions. This will give you a chance to link up your learning in primary and secondary care and appreciate the patient's journey, Make sure you don't write down any identifying features.

### **Entrustable Professional Activity (EPAs)**

These are a type of global assessment (they do not break skills like consulting down into chunks as OSCEs do) and so are very suitable for learning in primary care.

GP Practices, please see [QUBGP website](#) for further updates and information.

At this stage, students are expected to need significant supervision, but EPAs are designed to track progress over years as learners move towards independent consulting. We expect that this EPA will be re-assessed in year 4 and 5.

We suggest that the EPA could be completed during one of the two sessions when students are sitting in/ consulting under supervision.

Students should self-rate the EPA at the very beginning of placement and then rate again with their tutor during the placement. A MyProgress entry should be completed to record this. Below is the EPA scale: -

- 1 First introduction to skill: observing only
- 2 Working together with supervisor: co-activity
- 3 Supervisor steps in as needed: direct supervision
- 4 Supervisor is in the background: direct supervision
- 5 Supervisor is next door and checks work at the end: indirect supervision
- 6 Supervisor is next door and checks key aspects of work: indirect supervision
- 7 Supervisor is at a distance but available by phone: indirect supervision
- 8 Independent consulting

We expect most students in year 3 will be rated 2-3 on the scale. Ideally a rating of 3 is anticipated if placement is in semester 2. It is possible for some students to reach level 4. (For comparison, GP tutors involved with postgraduate GP training may recognise that a new ST2 trainee might very quickly progress from 1 or 2 to 5 or 6. An ST3 will likely be operating at 6 or 7 in preparation for 8 as a post CCT GP).

**Directly Observed Practical Procedures (DOPS)** require direct observation by the GP tutor and the completion of a short online form. The student hands over their device and the tutor completes a short check list with some brief feedback. Whilst we are keen for medical students to practice and improve their skills in these procedures whilst on GP placement, we realise that GPs are under huge time pressure and the completion of the online forms is optional. The practical skills (DOPS) that can be practiced when in GP placement are in Appendix 6.

## Attendance

Medical School regulations mandate 100% attendance for all years.

However, there will of course be mitigating circumstances for non-attendance such as illness or prospectively requested leave (e.g., to present at a conference).

Students submit all prospective leave requests in advance (including for up to two days' 'discretionary leave' across each academic year) and are encouraged to clearly communicate any approved leave requests with supervising clinical teams.

**Students missing any of their GP placement should directly contact their practice and [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)**

Further details for students around [attendance and absence policies](#) are available on the QUB Medical Education portal.

A feature of the MyProgress system is attendance monitoring. This will be new for everyone in 2023-24.

GP Practices, please see [QUBGP website](#) for further updates and information.



And finally...

If you have any questions, concerns or challenges please contact me by email at [louise.sands@qub.ac.uk](mailto:louise.sands@qub.ac.uk)

## Appendix 1: Home visit guidance for practices and students

It is recognised that practices have differing patient populations and as a result differing policies for home visiting. It is also important to note that students may not have cars and so will need to walk or take public transport to a home visit, so travel arrangements need to be considered. However, feedback from students shows they find home visits very rewarding, and it is an experience that they can only access while on GP placement.

You can find guidance at the links below: -

[home visit guidance for practices.docx](#)

[home visit student guide.docx](#)

## Appendix 2: Access to Virtual Primary Care (VPC)

GP Tutors have been given a QUB email address and can use this to access to this web resource <https://vpc.medicalschoolscouncil.org.uk/>. They should login as a “staff member.” Students should follow the instruction at the link below.

[Virtual Primary Care \(VPC\) login information](#)

## Appendix 3: Access to Wi-Fi in GP Practice

Students should be able to access free Wi-Fi from any GP practice in NI. Information on how to access is available below

[Accessing Free Government Wi-Fi in General Practice](#)

GP Practices, please see [QUBGP website](#) for further updates and information.

## Appendix 4: Suggested Activity timetable

Week		Student 1	Student 2	Student 3	Student 4	Student 5	Student 6
1	9-9:30	Intro to practice for group					
	9:30-12	Hot seat	Hot seat	Case based discussion	Case based discussion	Practice team	Practice team
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion; VPC discussion					
2	9-12	Case based discussion	Case based discussion	Practice team	Practice team	Hot seat	Hot seat
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion; VPC discussion					
3	9-12	Practice Team	Practice Team	Hot seat	Hot seat	Case based discussion	Case based discussion
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion; VPC discussion					
4	9-12	Hot seat	Hot seat	Case based discussion	Case based discussion	Practice team	Practice team
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion; VPC discussion					
5	9-12	Case based discussion	Case based discussion	Practice team	Practice team	Hot seat	Hot seat
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion; VPC discussion					
6	9-12	Practice Team	Practice Team	Hot seat	Hot seat	Case based discussion	Case based discussion
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion; VPC discussion					

## Appendix 5: Student Code of Conduct: Remote Medical Consultations

As a QUB medical student, you may be asked to participate in a supervised remote GP consultation during a GP placement. You may also be asked to interview a patient or family unsupervised. When speaking to a patient or family remotely you are expected to:

1. Follow joining instructions from your GP practice tutor or QUB tutor. This may include supplying a mobile phone number in addition to your email address so they can contact you and send details to enable you to connect. You should only contact the patient using the methods agreed by the supervising GP. Under no circumstances should you use any unapproved apps or software to contact the patient.
2. Ensure that you are alone in a room where you can remain undisturbed during the consultation. To ensure patient confidentiality, it is important that no-one is able to overhear the conversation in an adjoining room or outside.
3. Ensure any device you are using has all available security settings activated. Close any unnecessary software / apps that are running in the background.
4. Ensure any notes taken during the consultation are anonymised and discarded appropriately.
5. Delete any patient data such as phone numbers or email addresses are disposed of upon completion of the consultation.
6. Not make any recording (audio or visual) of the consultation.
7. Always appear and sound professional. This includes your background if participating in a video consultation as well as complying with the medical school's dress code.
8. Explain your role as a medical student and confirm the patient's consent to participate in the remote consultation.
9. Mute your microphone when only observing the consultation and if you are observing a video consultation keep your camera turned on.
10. Refrain from trying to examine any patient during a video consultation without the Supervising GP present.
11. Non-adherence to these rules may result in exclusion from further supervised remote GP consultations.

## Appendix 6: Directly Observed Procedural Skills (DOPS)

1. **Take baseline physiological observations and record appropriately.** Measure temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output.
2. **Carry out peak expiratory flow respiratory function test.** Explain to a patient how to perform a peak expiratory flow, assess that it is performed adequately and interpret results.
3. **Perform direct ophthalmoscopy. (If already completed ophthalmology specialty)** Perform basic ophthalmoscopy and identify common abnormalities.
4. **Perform an otoscopy. (If already completed ENT specialty)** Perform basic otoscopy and identify common abnormalities.
5. **Carry out venipuncture.** Insert a needle into a patient's vein to take a sample of blood for testing. Make sure that blood samples are taken in the correct order, placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly.
6. **Measure capillary blood glucose.** Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment. Record and interpret the results.
7. **Carry out a urine multi- dipstick test.** Explain to the patient how to collect a midstream urine sample. Test a sample of urine to detect abnormalities. Perform a pregnancy test where appropriate.
8. **Carry out a 3- and 12- lead electrocardiogram.** Set up a continuous recording of the electrical activity of the heart, ensuring that all leads are correctly placed.
9. **Take and/or instruct patients how to take a swab.** Use the correct technique to apply sterile swabs to the nose, throat, skin, and wounds. Make sure that samples are placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly and in the correct way.
10. **Instruct patients in the use of devices for inhaled medication.** Explain to a patient how to use an inhaler correctly, including spacers, and check that their technique is correct.