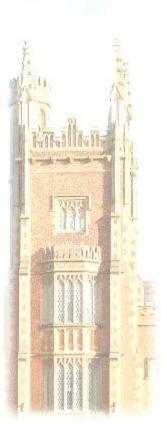


Introduction to Family Medicine

GP Tutor Meeting 10th September 2025 Dr Gráinne Kearney



















STUDY RESEARCH

INTERNATIONAL

BUSINESS

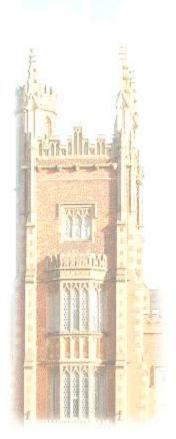
HOME / COURSES / UNDERGRADUATE 2025 / MEDICINE (MB)



MEDICINE DEGREE HIGHLIGHTS

Studying Medicine at Queen's gives students access to an exciting and innovative School. Key features include:

• Early clinical contact with patients in first year





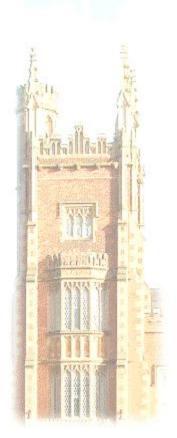
Agenda

General updates

Year 1 – Family Attachment

Year 2 – General Practice Experience

GP Tutor group work





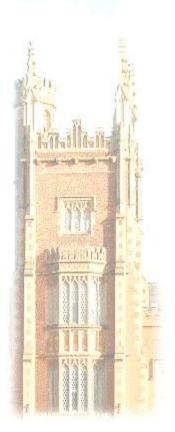
Agenda

General updates (a little different this year!)

Year 1 – Family Attachment

Year 2 – General Practice Experience

GP Tutor group work



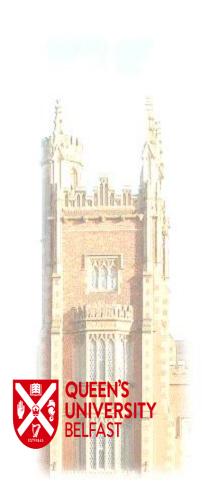






Prof Helen Reid





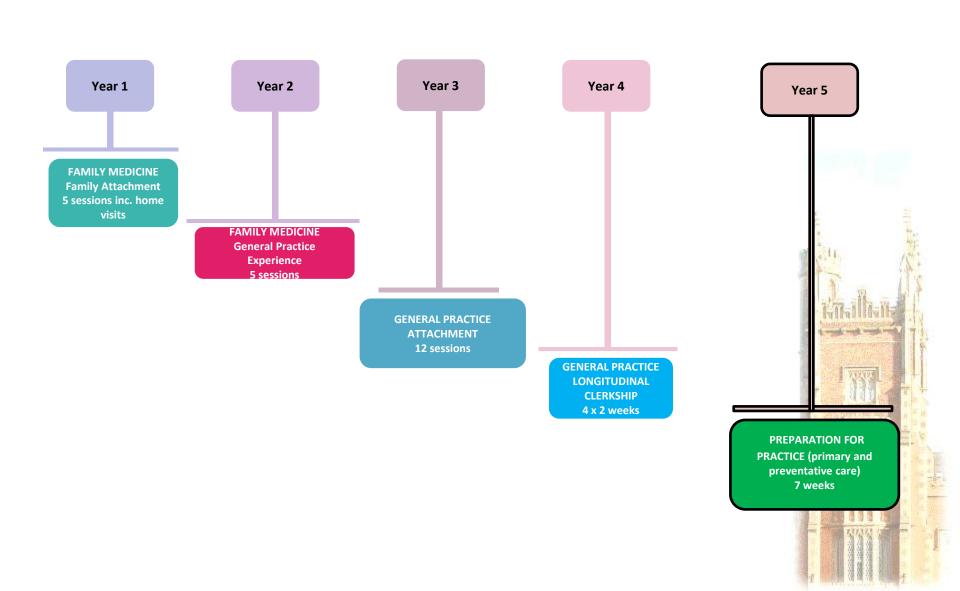


A student's journey through QUB medical school - C25

Phase	Year of Study	Focus
Foundations of Practice	1 and 2	Integrated biomedical and behavioural science teaching focusing on body systems Case-based learning
Immersion in Practice	3 and 4	Workplace learning. Longitudinal Integrated Clerkships (LIC) • year 3 centred on secondary care • year 4 centred on primary care. Case-based learning
Preparation for Practice	5	Consolidation of learning in primary care, acute care and chronic care Assistantship









Payments

- Remain quarterly
- Requirement for signed SLA please return to SUMDE asap on receipt
- Today (including Cipher code)









Availability and allocations

- Thankyou
- 25/26 out pre-Easter
- 26/27 process planning



Availability Sheet User Guide

ng Availability

ct your availability, click on the boxes coloured in pink/red



on these boxes will allow you to your availability from a drop-down list. For example:

ou have made a selection, the turn green and display your n. For example:



election you make adds an entry to the Summary sheet of this workbook, which will record the dates and an estimate of the number of students who would be attending for that activity based on your deck

-26, Year 5 teaching is offered for 7 weeks in 3 Attachment blocks between September and February runs from 01 Sep - 24 Oct, Block 2 runs from 27 Oct - 19 Dec, and Block 3 runs from 05 Jan - 27 F y offer to facilitate either 0 or 2 students for any or all of the three groups for 7 weeks (63 total sessicilability tab displays the scheduled placement dates for each group, and highlights in green if you have ach group from the drop-down lists on the left of the calendar and choose the number of students you.

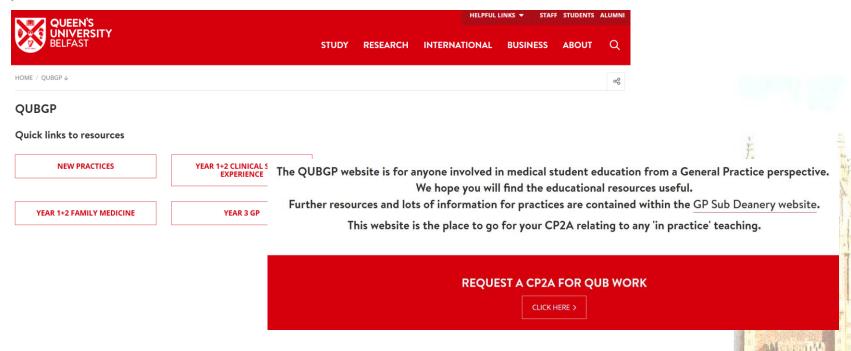
each block, students will come back to Queen's for a week of additional teaching or self-directed lear k of the block. Dates for students will be confirmed when we send out our student allocation lists in e noted the weeks affected on the calendar and in the summary sheet for your reference.







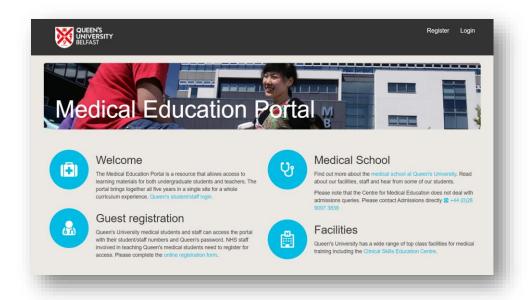
QUBGP website



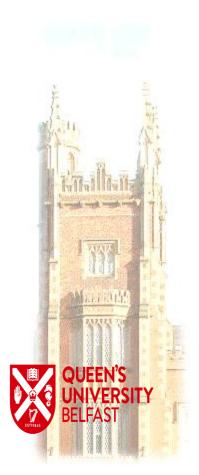




QUB Medical Education Portal



https://www.med.qub.ac.uk/Portal/





Year 1







Meetings











Committee



Meetings



Raising Concerns





Foundations for Practice 1 MED1028



Student Selected Components MED1021



Clinical Skills



Communication Family Medicine

Introduction

Practice 2 MFD2022



Student Selected Components MFD2016



Professional Skills 2



Clinical Communication



General Practice Experience

Welcome to the second year of the Family Medicine course. The course runs for the first two years of the undergraduate curriculum. Last year you will have completed the first component of Family Medicine, the "Family Attachment Scheme". Family Attachment gave you an opportunity to have early clinical contact with patients and to learn about their health needs. This year in the "General Practice Experience" (GPE) component, the focus changes to look at how Primary Care is delivered to patients and how the various needs you identified in the Family Attachment scheme are addressed in the community.

Where possible we will try to make sure that in second year you are assigned to the same practice you attended in first year, for continuity; this however will not always be possible. You will remain in the same student groups as last year.

In first year, you will have had five tutorials based at the GP surgery and contact with your patients. When starting out on the GPE, please have a look at the report you prepared in first year. This will remind you of the issues you encountered at the time and will be a good starting point to allow you to get the most out of the second year scheme.

We are delighted that this module will continue fully face to face, based on feedback from both students and GP tutors. You will attend the practice preimese for five teaching sessions, to observe and learn directly from patients and the practice team; learning about the role of the multidisciplinary team and the various activities that take place every day in General Practice. The intention is to give you an insight into the pivotal role Primary Care plays in delivering care to patients. As before, current plans for the module are subject to change even through the year.

Respect and confidentiality

Remember that it is a huge privilege for you to be welcomed by patients to discuss their lives and medical problems. They are not obliged to take part in this teaching. Imagine how you or your family would feel in the same situation and treat these people with the utmost respect.

Sessions

1. Introductory Session

2 - 4. Practice-based activities

5. Assessment

Key Documents

Study Guide 25-26

GP Surgeries and Contacts

☑ Thursday Group 21st September

Thursday Group 28th September

Tuesday Group 19th September Tuesday Group 26th September

& Tutor resources

Key Contacts

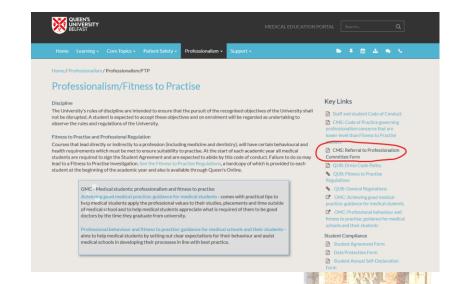
Family Attachment Ac Back to T gnadmin@duh ac uk





Student/placement issues

- Welfare/professionalism concerns we want to know – please contact QUB – <u>gpadmin@qub.ac.uk</u> initial recommended point of contact
- Placement level/practical challenges consider GPSD 'contact us'















When asked something they enjoyed in the session

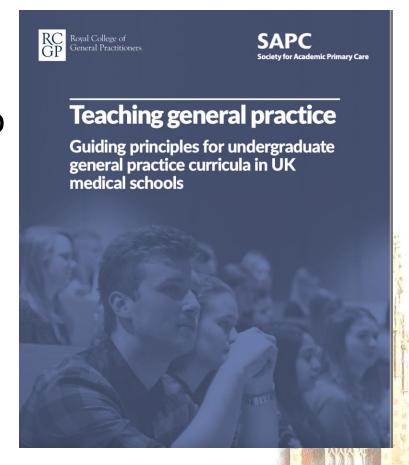
"Hearing the passion all the speakers had for general practice, reaffirming my aspirations to become a GP"

"I loved the stories from GP and experiences (remarkable in some cases). I came out of this talk so excited for my future!!!!"



In the "Teaching General Practice" framework, Family Medicine is a natural home to realise the following aspiration,

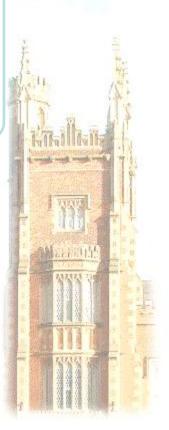
"We strongly recommend students being encouraged to consult with patients oneto-one from an early stage in training."





Family Medicine

Year 1 – Care for the person and care within families Year 2 – Care within the GP Practice and care within communities





General Housekeeping

- Dates
- Feedback
- Tutor resources
- Student attendance and support
- Home visit guidance
- Pearse Donnelly prize
- Progress Test/MLA update
- Involvement of senior students/trainees



Year 1 dates

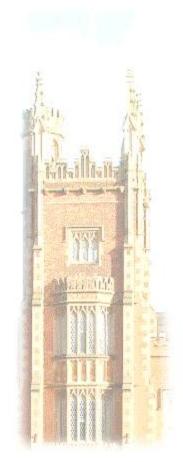
	Y1 TUESDAY	Y1 THURSDAY
Session 1	30 Sept	2 Oct
Session 2	4 Nov	6 Nov
Session 3	18 Nov	20 Nov
Session 4	20 Jan	22 Jan
Session 5	3 Mar	12 Mar





Year 2 dates

	Y2 TUESDAY	Y2 THURSDAY
Session 1	16/23 Sept	18/25 Sept
Session 2	7/21 Oct	16/23 Oct
Session 3	25 Nov/9 Dec	27Nov/ 4 Dec
Session 4	10 Mar	5 Mar
Session 5	21 April	23 April





If not available on a date ...





Student feedback Y1

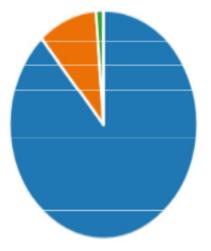
2. My GP tutor was helpful and enthusiastic

139	Strongly Agree
	Strongly Agree

	Agree	16
	9	

Disagree 2

Strongly disagree 0







Student feedback for Y1

"Having the opportunity to meet with a patient has been a huge privilege, and a highlight of my time in First Year. Going into the visits, I was met with excitement for the prospect of meeting our first 'real' patient, with apprehension being among the predominant feelings. However, by the end of our time, I was overwhelmed with the value of meeting a patient in their home, allowing me to immerse myself, at least partly, in some of the socioeconomic and lifestyle factors that impacted our patient's health. I thoroughly enjoyed meeting with our patient, who shared countless stories from her lifetime, all of which were extremely insightful into the experiences which can shape a patient's perception of health. It has helped me be more conscious that a patient is more than their illness; they have a multitude of concerns and a breadth of socioeconomic influences."



Student feedback Y2

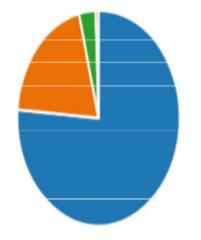
2. My GP tutor was helpful and enthusiastic

Strongly Agree	138
----------------	-----

Agree 36

Disagree 6

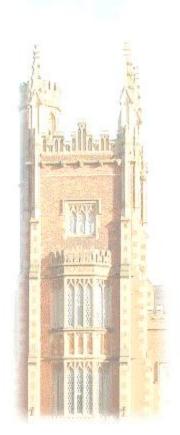
Strongly disagree 1





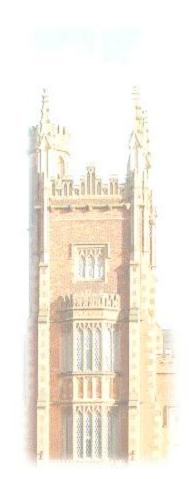
Student feedback Y2

"I absolutely loved this aspect of the course. Without a doubt my favourite part. My GP was so helpful and her approach changed how I will be as a future doctor. It's clear how much time she has for her patients and how much they love her."



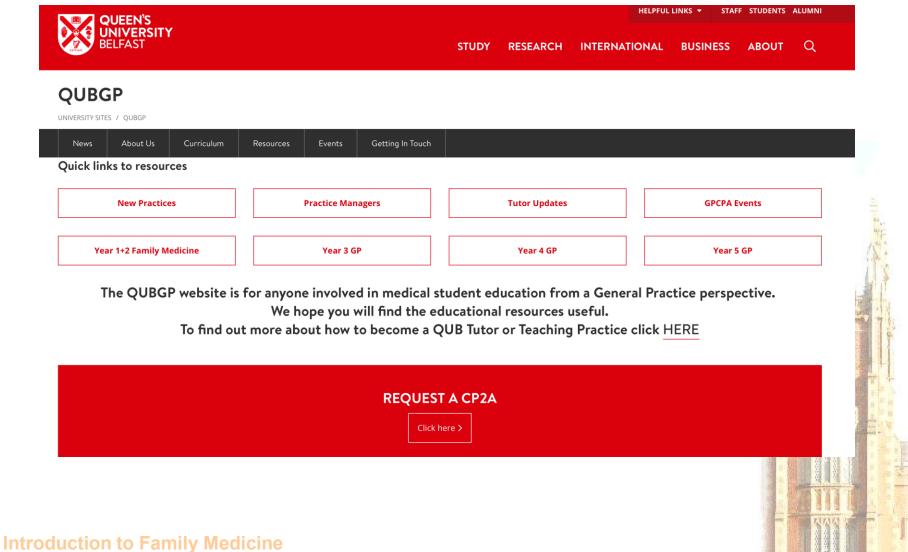


Upcoming – feedback for you!





https://www.med.qub.ac.uk/wp-gp/







HELPFUL LINKS ▼ STAFF STUDENTS ALUMNI

STUDY RESEARCH INTERNATIONAL

BUSINESS

ABOUT

Q

Year 1 & 2 - Family Medicine

UNIVERSITY SITES / QUBGP / CURRICULUM / YEAR 1 & 2 - FAMILY MEDICINE

Year 1 & 2 - Clinical Experience Year 1 & 2 - Family Medicine Year 3 GP Year 4 - GP Specialty Year 5 - GP Placement/GP Assistantship

More options

YEAR 1 & 2

Introduction to Family Medicine

Year 1+2 Family Medicine 2023/24

Y1 and Y2 Family Medicine will run as a fully face to face module in 23/24.

What is Year 1+2 Family Medicine?

Family Medicine provides students early clinical contact with patients and a glimpse into the busy and dynamic world of Primary Care. It is a formative learning experience for students who often reflect that it helps them to see 'patients as people' and enjoy what they consider to be 'real life' medicine amongst their more classroom based teaching. Family Medicine was an early adopter of the expansion of time that Queen's University Belfast medical students spend learning in General Practice, their early taster of connected Primary Care based placements spanning the five-year curriculum.



Tutor resources -Tutor's Guide



Family Medicine





A course for first and second year medical students

Year 1: The Family Attachment Scheme

Year 2: General Practice Experience

Tutor Guide 2025-26

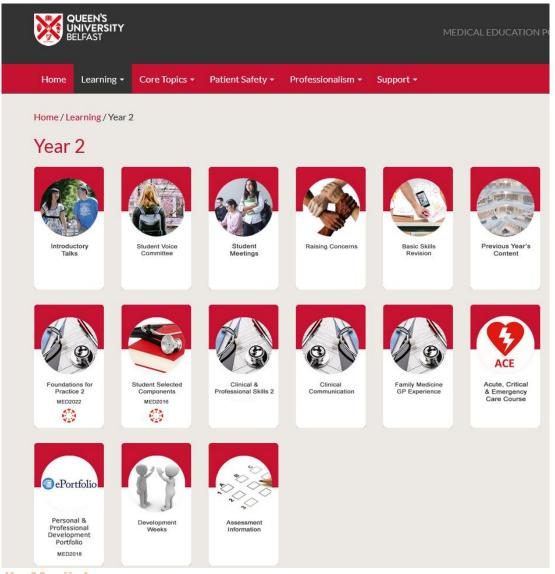
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Introduction



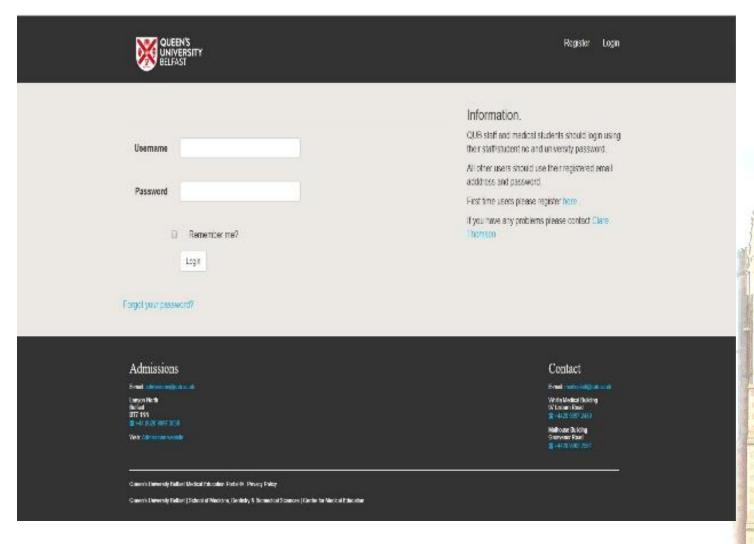
Portal







Access to the Portal





Student attendance

- 100% expected if not let us know
- Repeating student also 100% (do not have to repeat assessments)
- Attendance is often a marker of a student who may need support or have issues with professionalism



Home visit guide

BEFORE Home Visit

- Ensure you have patient contact information (address including post code and phone number)
- 2. Confirm with GP the time you are expected to arrive at the home and time you should be back at the practice, if expected back.
- 3. Check if you need any patient summary notes provided by the GP.
- 4. Have a mobile telephone with a contact number for the practice.



Pearse Donnelly Prize Winners 2324







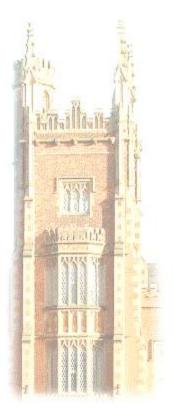


Pearse Donnelly Prize Winners 2324



Cliodhna McDonald, Aedamar O'Callaghan & Keerti Mishra

Dr Emma Wray



Introduction to Family Medicine

Progress Test and MLA - update



STUDY

RESEARCH

INTERNATIONAL

BUSINESS

ABOUT

Q

MLA

UNIVERSITY SITES / QUBGP / RESOURCES / MLA

Annual Updates MyProgress New Practices MLA EDI training GPCPA CPD Events Remote consulting

From the academic year 2024-25, the GMC has commenced a national Medical Licensing Assessment. You can read more here

Requirements for the MLA Applied Knowledge Test - GMC

Assessment Update (MLA and Progress Testing), September 2023

From 2024 onwards, all medical students graduating from UK universities need to pass a national exam – the Medical Licensing Assessment (MLA). This entry requirement for inclusion on the medical register by the General Medical Council incorporates both written and practical components. QUB students will sit their MLA Applied Knowledge Test (AKT) – 'written finals' - after the end of Y4 and prior to starting Y5 rotations. QUB's first cohort sit their AKT late June 2024. This comprises 200 Single Best Answer (SBA) questions, with around 40% of these questions tagged to primary care context.

The Content Map for the MLA includes A-Z lists of clinical presentations and conditions that graduating medical students are expected to apply their knowledge around. All of these could be encountered in GP!

Progress Testing

QUB students are familiar with AKT style questions from Progress Testing (computer delivered Single Best Answer written examinations) which are sat through Y1-4 of the QUB C25 curriculum.

'Single best answers?' in GP?

EDUCATION FOR PRIMARY CARE 2023, VOL. 34, NO. 4, 180–183 https://doi.org/10.1080/14739879.2023.2243447



LEADING ARTICLES

3 OPEN ACCESS



Is there ever a single best answer (SBA): assessment driving certainty in the uncertain world of GP?

Nick P. Gardner, Gerard J. Gormley and Grainne P. Kearney

Centre for Medical Education, Queen's University Belfast, Belfast, UK

ABSTRACT

Uncertainty is inherent in all areas of medical practice, not least in primary care, which is defined by its acceptance of uncertainty and complexity. Single best answer (SBA) questions are a ubiquitous assessment tool in undergraduate medical assessments; however clinical practice, particularly in primary care, challenges the supposition that a single best answer exists for all clinical encounters and dilemmas. In this article, we seek to highlight several aspects of the relationship between this assessment format and clinical uncertainty by considering its influence on medical students' views of uncertainty in the contexts of their medical education, personal epistemology, and clinical expectations.

ARTICLE HISTORY

Received 8 June 2023 Accepted 29 July 2023

KEYWORDS

Uncertainty; medical education; general practice; medical student; assessment

https://www.tandfonline.com/doi/full/10.1080/1473987 9.2023.2243447



Consider involvement of senior students/trainees







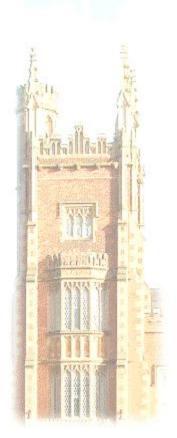
Agenda

General updates

Year 1 – Family Attachment

Year 2 – General Practice Experience

GP Tutor group work





Year 1 – Family Attachment 25/26

- Continues face to face both in practice and with patients
- Big change in Assessment method (as discussed last year)
 "Case Report presentations"





Tutorials

Session 1- Introduction to the Family Attachment Scheme

Session 2 – Contact with the families

Session 3- Review of the first contact, **planning next** contact and the basics of clinical communications

Session 4 – Special presentations, **introduction to medical notes** and starting to put together the Case Reports

Session 5 – Case Report presentations



Choosing patients/families

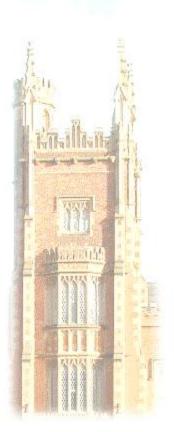
- Patient/family who are happy to welcome students into their home
- Happy to be contacted independently of you
- Ideally available on date of second tutorial for introduction (then 2+ times to be agreed with the students)
- Not chosen due to their "disease"
- (Reminder re guidance on website)



Cultural humility

- Become 'the student of the patient'
- Tutorial 1 introduction
- One of the reflective points in the Case Report

Table The 5	Rs of Cultural Humility
Reflection	Aim: One will approach every encounter with humility and understanding that there is always something to learn from everyone. Ask: What did I learn from each person in that encounter?
Respect	Aim: One will treat every person with the utmost respect and strive to preserve dignity and respect. Ask: Did I treat everyone involved in that encounter respectfully?
Regard	Aim: One will hold every person in their highest regard while being aware of and not allowing unconscious biases to interfere in any interactions. Ask: Did unconscious biases drive this interaction?
Relevance	Aim: One will expect cultural humility to be relevant and apply this practice to every encounter. Ask: How was cultural humility relevant in this interaction?
Resiliency	Aim: One will embody the practice of cultural humility to enhance personal resilience and global compassion. Ask: How was my personal resiliency affected by this interaction?





Content warning ...





Content warning ...







Students Instructions for the Case Report presentation

- In their pairs/trios, students will deliver a PowerPoint presentation
- The aim is to mirror the developmental and formative learning of the scheme with a focus on 'being the student of the patient' within delivery of a scholarly presentation.
- Group presentation should last about 15-20 mins, with 5-10 mins for questioning by the GP tutor.
- The majority of the presentation time on Part 2



- 1. Setting the patient context
 - 1.1 The patient

Describe the patient/family and their context e.g. the makeup of their household, their family, any support, their housing, etc.

1.2 The patient's health and medical history

Describe medical issues that their patient/families face e.g. .history of their medical conditions (with relevant literature) and a brief overview of their medication (detail not required).

1.3 The patient's experience of health and illness

Use learning from their social and behavioural teaching to consider how their patient/family considers their health and illness beliefs and how this translates into their day to day lives.

1.4 Comparison with the patient's medical notes

Briefly consider how their understanding of what they learned from their patient compared to what they read in their medical notes.

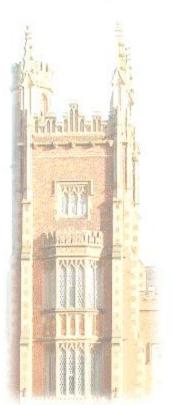


2. Bringing the patient into wider clinical context

Use points to frame their discussion of their learning e.g. after reflecting on their experiences with their patient/family in Family Attachment, what have they learned about social determinants of health. Students should use relevant literature and draw connections with other parts of the curriculum. Required reflective points

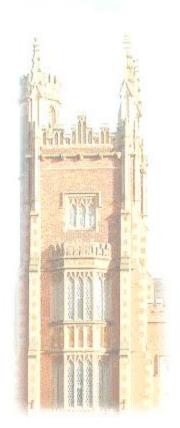
- Reflection on Cultural Humility
- Reflection on Holistic Care
- Reflection on Social Determinates of Health
- Reflection on Ethical Issues
- Reflection on Uncertainty
- 3. Concluding Reflections

Each student should share a reflection on what they have learned from the scheme such as what they hadn't anticipated at the onset or what they feel will be important to their development as a doctor.



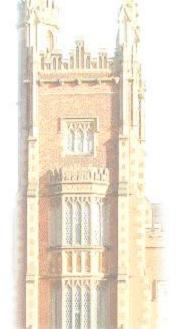


Plea	ase score below t	he marks for this s	tudent				
1. \	What is your n	ame? * 🗔					
	Enter your an	iswer					
2. \	What is the na	me of the stud	ent? (As it appears	on your list) *			
	Enter your ar	iswer					
3. (Overall Perform	mance - Attend	ance, Contribution	a & Family Con	tact (Marks	available 1-	5) * 🗔
	1	2	3	4	5		
4.	Introduction to	patient conte	xt (Marks available	1-4) * 📮			
	1	2	3	4			
. Abi	lity to interpre	et and critically	evaluate the pati	ent using the	reflective d	iscussion po	oints. (Marks
ava	ilable 1-8) *			_			
	1	2 3	4	5	6	7	8
. Abi	lity to draw p	arallels with ex	perience gained f	rom other par	ts of the co	urse / other	r students'
		rks available 1				8	
	1	2	3				





7. Ability to quote from the r	elevant literature and rela	ate this to their lea	arning experience wit	h the
patient/family. (Marks avai			J	
1 2	3			
8. Presentation style and slid	es (Marks available 1-3) *			
1 2	3			
9. Please provide some posit	ive feedback for the stud	ents on their Case	Report (This needs o	only to be 1-2
This should be the same for each	h pair/trio of students			
Enter your answer				
 Please add one area for im This should be the same for each 		nt on their Case R	Report * 🖽	
Enter your answer				
A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			m
Awarding of marks for	Individual Student			<u></u>
11. Please score below the in	dividual student reflecti	on. (Marks availab	ble 1-5) * □	
1 2	3	4	5	
12. Please add any comment * 🕠	on this student's reflect	ion.		
Enter your answer				





What patients get from it?





Feedback to patients

- For the first time, we are asking for students individually to write to their patient/families to say thank you and to express how important this scheme has been as part of their learning journey.
- Students will submit this to their GP tutor (you) at this final session who will check and arrange delivery.
- Please contact me if you want to discuss any of these prior to making them available for patients.



Summary of what's new Year 1

- Big change in Assessment method!
- Opportunity for feeding back to the patients





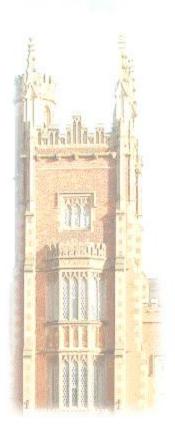
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Year 2 – General Practice Experience 25/26

Main emphasis is patient contact

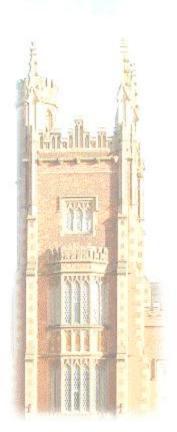
The students just love meeting patients faceto-face. The patients love meeting them too. it's great to hear the students reflecting on their experiences.



Year 2 – General Practice Experience 25/26

- Session 1 Introduction
- Session 2-4 Practice-based activities
- Session 5 Assessment

Talk to me if issues





Year 2 – General Practice Experience Tutorial 1

- "The Essence of General Practice" presentation
- The "work of a patient"; developing a person-centred mindset, involving a patient in the second half





Year 2 – General Practice Experience Tutorial 2-4

- Focus is on time with patients
 Suggestions for activities when other students
 are consulting
- Observing Practice team, either clinical e.g. Practice Nurse, TR nurse, Pharmacist or managerial/admin staff
- Observing the overall functioning of a practice e.g. in the Waiting Room
- Visit Family Attachment patients/families (if attached to the same practice)
- Interduct? other wisits ?? Nursing homes



Patient consultations

- Within Tutorials 2-4
- Pairs/trios consult with patient

Either from morning triage list or 'expert patients'



Year 2 – General Practice Experience Tutorial 5

Presentation

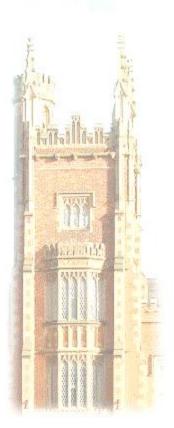
"Using your experience in General Practice (both with patients and staff), how has General Practice evolved in recent times to provide person-centred care, population centred care and efficient delivery of care in community settings?"



Student Assessment Sheet (Session 5)

Introduction to Family Medicine Year 2 (General Practice Experience)

(General Practice Experience)
Dear GP tutor,
Thank you for teaching Year 2 medical students this academic year.
Please complete this very short report below for each student in your group.
If you could provide your own feedback on the module overall in one of the forms, it would be much appreciated. This will be anonymised and used to assist us as we plan for the next academic year.
1. What is your name? *
Enter your answer
Enter your answer 3. Did the student achieve a satisfactory standard in this module this academic year? If you are unsure if the student has met the "satisfactory" standard, please email g.kearney@qub.ac.uk for advice * Satisfactory
O Unsatisfactory
4. Please provide some positive feedback for the student on their presentation. (This needs only to be 1-2 lines) *
Enter your answer
5. Please add one area for improvement for the student on their presentation. *
Enter your answer





Summary of what's new Y2

Primary Care team, rather than MDT





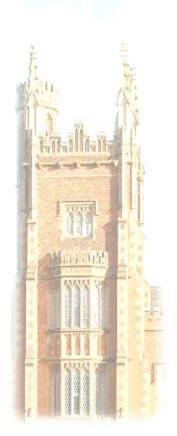
Agenda

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GP Tutor group work





You said, we listened ...

	QUB
Students find it difficult to get to the practice for 2pm	Start time can be flexible – you can agree in advance or at first meeting
Many GP tutors don't have an MDT!	Language changed to Primary Care team



Discussion points

	GP tutors
1 Flexibility around start times	?
2 'Primary Care Team' rather than MDT	?
3 'Case Report' presentations in Y1	?
4 Feedback to patients in Y1	?
5 Feedback for GP tutors	?





Feedback from students







Introduction to Family Medicine

Final remarks and thanks!

Contact g.kearney@qub.ac.uk

gpadmin@qub.ac.uk

https://www.med.qub.ac.uk/wp-gp/

