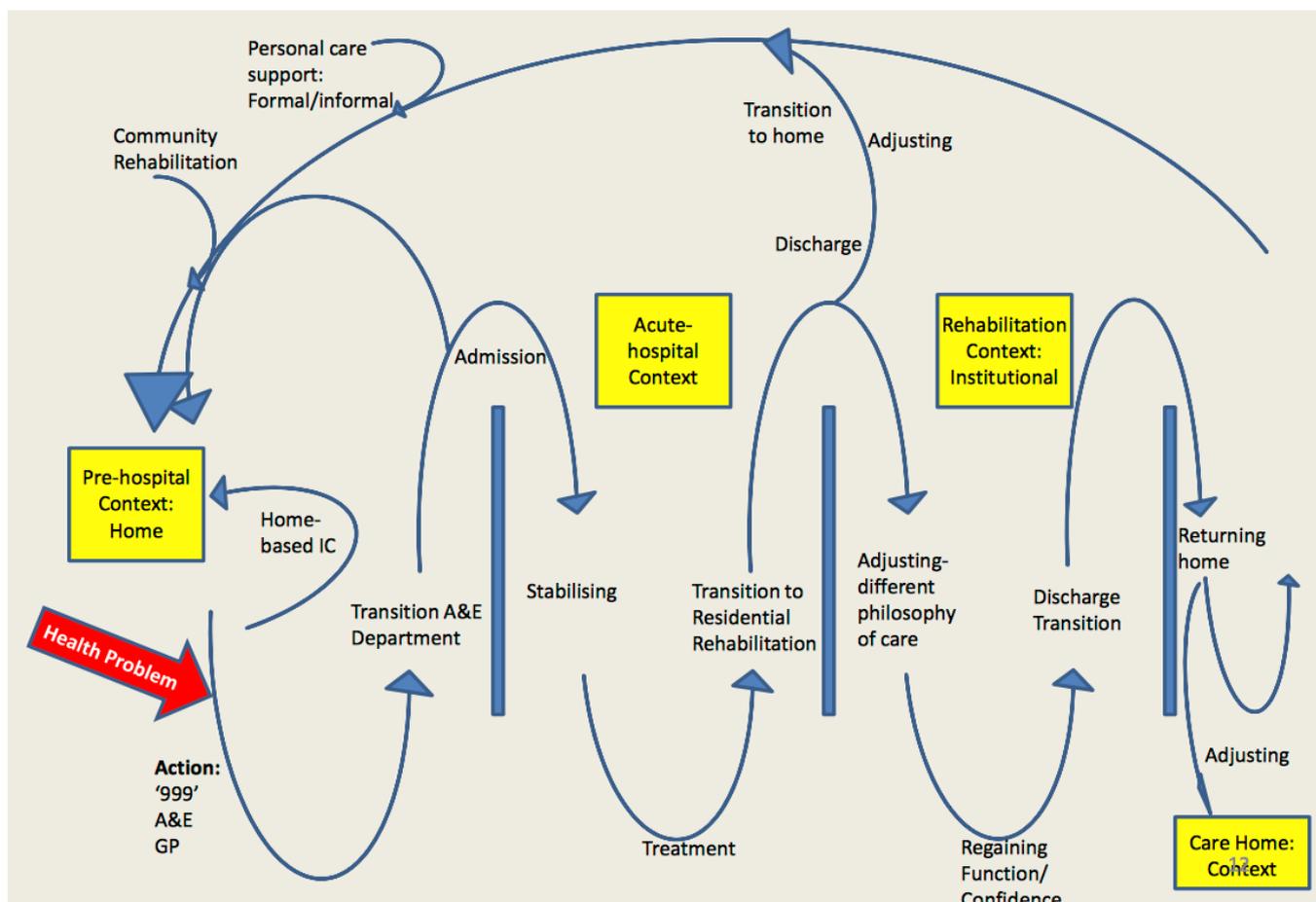


General Practice Assistantship Guide 2021

Dear Student,

Foundation doctors play a key team role in the admission, investigation, management and *discharge* of patients. It is widely recognised that the transit of patients across interfaces of healthcare is an area where issues relating to patient safety are of notable importance. The schematic below is a representation of the transitions made by patients during their journeys into and out of hospital. The 'journey' starts long before the person is admitted and continues as they return home.



F1 doctors are particularly active in the *preparation* and *completion* of patient discharges. The discharge process requires clinicians and others to carefully plan, negotiate and communicate to ensure a smooth and safe transition for individuals and their families. Underpinning this is the need for effective communication with individuals and across settings; alignment of services to ensure continuity of care; efficient systems and processes to support the discharge, and clear clinical management plans for doctors and nurses working in primary care about new diagnoses, changes in treatment, alterations in medication and the plan for on-going follow-up by the patient's GP.

While you will get experience in many of these issues in the hospital-based section of your assistantship, it is expected that seeing them from the perspective of primary care will help to inform best practice.

During the General Practice week of the assistantship you are required to undertake one mini-CEX (of your two for the overall assistantship). Similarly during the Assistantship you are required to complete at least 4 patient clerk-ins – one can be the 'Patient Journey' in general practice. Some practical procedures as outlined in the index of the Assistantship logbook can be undertaken in general practice such as venepuncture and ECGs. Of the 2 DOPs required overall in the Assistantship – one can be completed in general practice.

This guide accompanies the logbook and is designed to help signpost the attachment and to help you reflect on important topics. The logbook is an opportunity for you to give us feedback on what was good and perhaps less good about the attachment. Please ensure that you have completed each section of the logbook accurately and honestly.

The model for the week will be that the first 4 days will be spent in the GP Practice with your GP Tutor. On the final day you will come together in a 'cluster' of 7-8 students with one GP Tutor taking the role of cluster lead. In the 2021 GP Assistantship this will be remote by zoom. Please make contact with your GP Tutor and Cluster Lead at the earliest opportunity.

Please note you must pass both the hospital and the general practice section of the assistantship separately to finish final year satisfactorily and to graduate.

We hope you enjoy and find valuable the general practice section of the assistantship. Be sure to make the most of the attachment.

Professor Nigel Hart MD FRCGP
Professor of General Practice and Primary Care

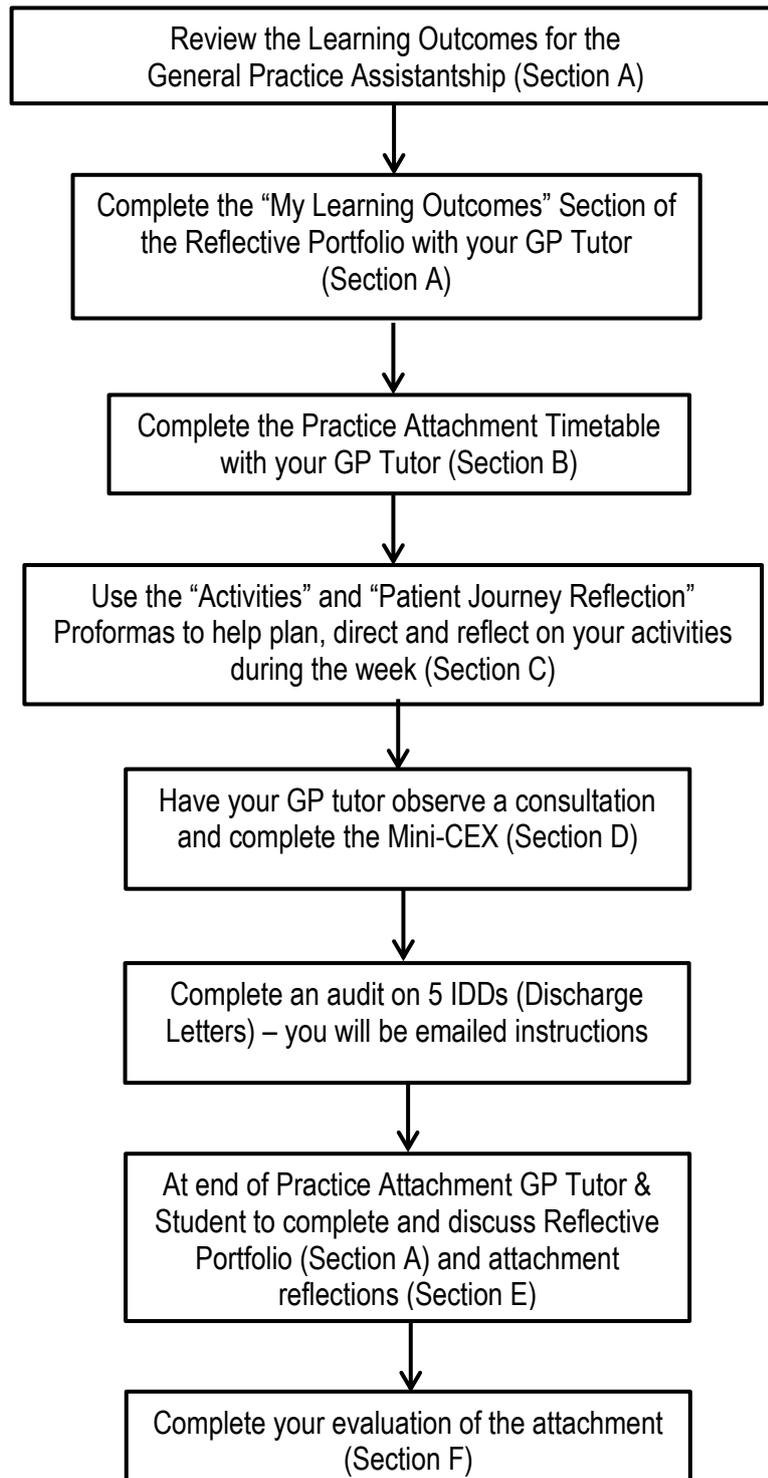


Professor Roy Spence
CONSULTANT SURGEON, FINAL YEAR LEAD



CONTENTS

	To be completed by student	To be completed by student & tutor	To be completed by GP tutor
FLOWCHART for the Attachment			
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SECTION D: Mini clinical examination exercise			⊙
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SECTION A

Learning Outcomes & Reflective Portfolio

LEARNING OUTCOMES OF THE GENERAL PRACTICE ASSISTANTSHIP

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

Providing good clinical care

- Understand approaches to provide safe care during the Covid-19 Pandemic
 - Safely manage health related correspondence about patient care
 - Demonstrate a knowledge of prescribing guidelines and manage acute and repeat prescription requests
 - Understand the importance of careful management of initiation and monitoring of anticoagulation (including warfarin and the novel oral anticoagulants [NOACs]) in community
 - Medication initiation and reconciliation for discharged patient
 - Understand the patient journey: into and out of hospital
 - Arrange follow-up for a discharged patient e.g. blood tests following disease-modifying anti-rheumatic drugs (DMARDs) or anti-hypertensive change
 - Demonstrate an understanding of the evolution of unscheduled care
-

Maintaining good medical practice

- Knowledge of available resources and tools to maintain evidence-based clinical management
 - Understand the value of clinical audit
 - Understand the value of Significant Event Audits
 - Understand mechanisms for Quality Improvement
-

Relationships with patients

- Discuss a recent diagnosis with a patient
 - Manage and communicate results of patient investigations
 - Communicate effectively a change in medication regime with patient
 - Prescribe new medication for a patient and arrange for collection
 - Review discharge medication with a person recently discharged from hospital (e.g. The Patient Journey)
 - Demonstrate an understanding of the role of involving the patient in their management plan
 - Demonstrate an understanding of the importance of medical discharge information in The Patient Journey
-

Working with colleagues

- Understand and demonstrate the importance of excellent communication skills with colleagues
 - Understand the importance and the process of the primary / secondary care interface
 - Understand the value of close interdisciplinary working
 - Understand some of the organisational approaches to the management of chronic disease
 - Understand the role and challenges of using the telephone when coordinating a discharge
 - Understand the important relationship between the GP and the community pharmacist
-

REFLECTIVE PORTFOLIO OF EXPERIENCE IN GENERAL PRACTICE ATTACHMENT

Please use the portfolio in the logbook to reflect on your performance and progress during this attachment. It is important that you reflect on what you have learned and how you will address any unmet learning needs. An example portfolio entry has been provided for your benefit.

Sample portfolio entry:

My main learning outcomes for this week are to:

- *Understand the mechanics of the Primary Care / Secondary Care interface*
- *Identify areas of Patient Safety that arise when patients transit between healthcare sectors*
- *Gain a deeper appreciation of my role in good communication with other healthcare workers*
- *Learn how to manage some common clinical conditions*
- *Learn how to use the hospital discharge system to highlight key information that I want other healthcare workers to note*

The activity I would most like to have the opportunity for is:

- *Get an opportunity to become confident communicating by phone to colleagues*

Learning outcomes achieved:

- *Developed a more complete understanding about the information flows that follow when patients move in and out of hospital*
- *Learned a lot from looking at written communications from hospital discharges about areas of risk in respect of Patient Safety especially around the issuing of new medications and of changed doses*
- *Got to speak to doctors on the hospital ward and discussed patient plans with the district nurses*
- *Learned how to treat otitis externa and constipation and shared this knowledge with the other Assistantship Students*

Learning outcomes not achieved this week and how I will achieve them:

- *Need to review the hospital discharge system when I am next back in the ward to see how to highlight areas of risk for other healthcare workers*

SECTION B

Activity planning during your attachment

LEARNING ACTIVITIES

ESSENTIAL:

- Share GP tutor consultations (sit in one triage surgery with GP) and undertake own consultations (via telephone, video or in person)
- Reflect on the impact of Covid-19 on access to and transitions of care between Primary & Secondary Care
- Complete any relevant activities from the "Example Activities" list
- A patient journey: describe a patient journey into and out of hospital (complete the **Patient Journey Reflection**)
- Correspondence:
 - Review & act on practice mail
 - Identify new diagnoses & update clinical records
 - Confirm patient understanding of hospital discharge letter
 - Arrange follow-up as requested e.g. onward referral, blood results
 - Manage and communicate results of investigations to a patient
 - Compare information in hand-written and printed discharge
- Medications:
 - Deal with acute and repeat prescription requests
 - Medication initiation and reconciliation following patient discharge
 - Initiation and monitoring of anticoagulation in the community
- Communication:
 - Telephone a patient to follow-up on recent hospital discharge
 - Contact member of the hospital team to confirm details in a discharge letter
 - Discuss recent patient discharge with district nurse; compare to information in discharge letter
 - Write an onward referral letter
- Administration:
 - Observe how follow-up is arranged within the Practice
 - Observing the process of how patients are referred to hospital (both routine, urgent and red flag)
 - Observing how investigation results are processed within the practice
- Red/Amber List Drugs
 - Review how the Practice handles Red/Amber list drugs follow-up (e.g. blood tests following DMARDs)
- Review of selection of practices significant event analysis reports
- Student surgery ---one mini-CEX

OPTIONAL:

- Visit a local pharmacy
- Write up clinical notes
- Accompany GP to visit a patient with a terminal illness

EXAMPLE PRACTICE ATTACHMENT TIMETABLE

		Morning	Afternoon
Mon		<p>Induction to practice: Introductions, Rooms, Phones, Computer System</p> <p>Observation of consultations (Telephone, Video, Face-to-face)</p>	<p>MicroSurgery (up to 6 patients *30mins each – Telephone, Video or Face-to-face)</p>
Tues		<p>Review of practice's methods of processing patient related correspondence:</p> <ul style="list-style-type: none"> • Practice Mail • Internal Correspondence • Patient medication requests 	<p>Microsurgery with miniCEX</p> <p>Practice Clinical Governance:</p> <ul style="list-style-type: none"> • SEAs • Audit • Complaints
Wed		<p>New Medications</p> <p>Medication reviews</p> <p>Diagnosis Recording</p> <p>IDD Audit</p>	<p>Case analysis of chronic disease management and interaction with secondary care</p> <p>Activities related to post-discharge patient follow-up:</p> <ul style="list-style-type: none"> • Contact with consultant secretary • Follow-up Warfarin Prescribing
Thurs		<p>Red Flag Referrals</p> <p>Diagnosis Recording</p> <p>The Patient Journey</p>	<p>Microsurgery with miniCEX</p> <p>Logbook review</p>
Fri		<p>GP Cluster group meeting</p>	

SECTION C

Reflective Proformas

THE “PATIENT JOURNEY REFLECTION” PROFORMA

The objective of this reflection is to describe and understand how a hospital episode for a specified patient began and evolved and in particular the information that was exchanged across the healthcare interfaces and how it was used.

1. With the help of your tutor identify a patient recently discharged from hospital
2. Review the past medical history and the clinical notes leading up the admission to hospital
3. Review all correspondence that accompanied the patient to hospital
4. Review the hospital discharge letter
5. Interview the patient (**at home, on video or via telephone as appropriate under Covid-19 restrictions**) to gather the story of the journey from their perspective
6. Complete the proforma on the Logbook

Presenting complaint & Past Medical History

Describe the route by which the patient was admitted to hospital (GP referral/ Out of Hours/ A&E)

Describe the correspondence that accompanied the patient to hospital (Key information, anything missing, anything inaccurate?)

Describe key information provided in the hospital discharge letter (Key information, anything missing, anything inaccurate?)

Interview the patient to gather the story of the journey from their perspective

Discuss and note Medication Changes (Stopped, Changed, Started)

Reflections

THE “EXAMPLE ACTIVITIES” LIST

N.B. These activities do NOT have to be slavishly completed...they are a suggestion of some of the activities you might seek out. There are several blank boxes at the end to fill in a reflection of your own generated activities.

This is important – discuss with your tutor which of these activities are relevant to your learning

Write any relevant comments in the boxes in the Logbook – in particular comment on any thoughts you have about problems you anticipate could happen and how these could be avoided

Detail the activity and write your reflections here

EXAMPLE

1. Process a discharge letter to update the clinical record with a new diagnosis

I processed a letter for a 67 year old who was discharged following a diagnosis of Atrial Fibrillation and also Ischaemic Heart Disease. I set up the RAT system for warfarin prescribing, ensured that the patient knew how much warfarin to take and confirmed that the new drugs were correctly entered into the medical record. I also checked over the discharge letter to see if any medications had been stopped and what follow-up was required.

1. Process a discharge letter to update the clinical record with a new diagnosis

What are the new diagnoses? Is the patient aware? Is the patient aware of follow-up? Complete all relevant coding for the new diagnoses

2. Process a discharge letter to reconcile medication

Any medication interactions with current drugs? Did you check if there was notification of any dose changes? Did you communicate to the patient?

3. Observe how blood results are actioned from receipt to communication with patient

Who takes responsibility? What is the audit trail for actioning?

4. Communicate a blood result and subsequent action to a patient

What difficulties did you encounter? What risks did you identify?

5. Process an outpatient prescription request

What pieces of information are required to ensure that you can identify the correct patient? What actions are taken to ensure that the patient knows what and how much to take? Who counsels the patient in respect of side effects?

6. Process a repeat prescription request

How are they set up? What barriers prevent errors?

7. Write a referral letter to A+E or an outpatient clinic for a patient you have seen

What information should be supplied? What will help the admitting doctor?

8. Observe how anticoagulants are handled

What information is required for someone discharged from hospital on warfarin? What commonly co-prescribed drugs do you need to be mindful of? What counselling, follow-up and monitoring is required for the NOACs

9. Observe safety protocols associated with methotrexate prescribing for a patient

What protocols are available to guide prescribing of these drugs? What other drugs come under the DMARD label?

10. Conduct GP consultations with patients face to face

What if anything did you find challenging about the consultation?

11. Conduct GP consultations with patients by telephone

What challenges does telephone consultation present?

12. Contact a colleague in secondary care about a patient (Use SBAR ProForma)

What circumstances necessitate making contact in both directions across the primary/secondary care interface? What are the barriers to making contact in both directions?

13. Counsel a patient about new medication prescribed in a GP consultation

What sources of information are available to guide the advice you give?

14. Use the prescribing record to identify whether or not a patient is compliant with all their repeat medication

What classes of drugs do patients find particularly difficult to take?

15. Review a Significant Event Analysis (SEA)

What role does SEA have in community-based clinical work? What types of event are discussed at SEAs?

N.B. This may not be relevant in your Practice as the in some areas the District Nurses work more remotely

16. Discuss management plan with district nurse for recent patient discharge

How does the nurse receive guidance about a discharge? How, if at all, does the district nursing discharge information differ from the medical discharge?

17. Reflect on impact of Covid-19 on hospital admissions and discharges

18. Reflect on impact of Covid-19 Vaccination on clinical workload

SECTION D

Mini-clinical evaluation exercise (Mini-CEX)

MINI-CLINICAL EVALUATION EXERCISE (MINI-CEX)

Overview

The mini-Clinical Evaluation Exercise (mini-CEX) is one of a number workplace-based assessments (WBAs) that are used in the clinical setting to help the teaching and assessment of clinical skills. WBAs will feature strongly whenever you start working as a Foundation Programme doctor. In common with the other WBAs, its primary purpose is to provide structured teaching and feedback in a particular area of clinical practice. Specifically the mini-CEX is a consultation which is observed and critiqued by your GP tutor. Your GP tutor's evaluation is recorded on a form which is used to provide structured feedback during a debriefing session. The strength of WBAs, such as the mini-CEX, is that your supervising GP tutor can review your performance across a wide range of domains of competence (*e.g. history taking, examination skills, communication skills, patient safety, and professionalism*).

What case should I select for my mini-CEX?

You should seek consent from the patient that they are i) happy for you to consult with them and that ii) your tutor will be also present to assess your performance. It is important that your GP tutor retains responsibility for the patient care throughout the consultation and intervenes as and when required.

What is involved?

You are asked to consult with your selected patient. Your GP should sit in with you and observe you consulting. During your mini-CEX, your GP tutor will complete the mini-CEX evaluation form. This form will provide structure to feedback on your performance.

How long should the mini-CEX take?

There is no time limit to your mini-CEX, however most cases last 15-20 minutes. Debriefing sessions usually take up to 10 minutes to complete. Ideally the debriefing session should be after your consultation but can also be at the end of the surgery.

For the overall Assistantship logbook you are required to undertake 2 mini-CEXs. (ideally one in general practice and one in the hospital section) You may count one of these if undertaken in the general practice week.

See the Logbook for the Mini-Clinical Evaluation Exercise (CEX) Proforma

Student's name				
GP tutor's name				
Clinical setting	GP surgery <input type="radio"/>	Home visit <input type="radio"/>	Out of hours <input type="radio"/>	
Summary of clinical problem				
Type of consultation	New presentation <input type="radio"/>	Review <input type="radio"/>	Other <input type="radio"/>	
Please grade the following areas:	Below standard expected of an F1 doctor	Meets standard expected of an F1 doctor	Above standard expected of an F1 doctor	n / a
History taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Global impression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anything especially good?				
Suggestion for development?				
GP tutor's signature				
Date				

SECTION E

GP tutor's evaluation of Final Year Student's Performance

Your GP Tutor will be asked to circle the appropriate grade on the logbook

Communication skills				
Excellent	Good	Average	Below average	Poor
Outstanding student. Excellent verbal, non-verbal and written skills. Develops good rapport with patients	Good student. Satisfactory level of communication skills. Could improve on some minor areas	Adequate level of communication skills. Could improve in some areas	Level below that expected of a medical student at this stage of their training. Needs to improve	Weak student. Needs to make improvements in key areas
Clinical knowledge and patient management skills				
Excellent	Good	Average	Below average	Poor
Outstanding student. Offers management plans that are comprehensive and evidence based. Systematic approach. Displays respect, interest and regard for patients.	Good student. Satisfactory ability to produce patient management plans. Could improve on some minor areas. Displays respect, interest and regard for patients.	Adequate ability to produce management plans. Could improve in some areas. Displays respect, interest and regard for patients.	Struggles with offering satisfactory management plans. Needs to improve. Not patient-centred	Weak student. Unable to offer basic management plans. No systematic approach. Unsafe. Inappropriate attitudes and disrespectful to some or all patients
Responsiveness to teaching and enthusiasm for learning				
Excellent	Good	Average	Below average	Poor
Outstanding student. Participates actively and intelligently in all discussions with GP tutor and other staff members. Reflects on what they have learnt; reads widely.	Good student. Participates in discussions. Could improve on some minor areas.	Satisfactory level of enthusiasm. Participates in discussion, with some encouragement. Reflects on most things that they have learnt. Could improve in some areas.	Contributes ineffectively or reluctantly. Unable to contribute from experience. Does not reflect on what has been learnt.	Weak student. Disinterested. Does not contribute even after encouragement. Absent on days without any notification. No interest in other staff members.
Punctuality and time keeping				
Excellent	Good	Average	Below average	Poor
Excellent time keeping; never late; not absent without notification.	On the whole good time keeping; not absent without notification.	On most occasions would keep good time; not absent without notification.	Absent on some days without any notification Time keeping skills could be improved	Poor time keeping skills. Persistently absent without notification.

TUTOR'S 'FEEDBACK CONVERSATION'

Guidelines for tutors and Assistantship Students

GP tutors are asked to complete the following assessment form on the Logbook. Such feedback will provide useful information that reinforces good aspects of learning, but also identifies areas of teaching and learning that could be improved.

Please comment on student's knowledge, skills and attributes that are good:

Please comment on student's knowledge, skills and attributes that could be improved upon:

REFLECTION ON GP TUTOR FEEDBACK

Students should reflect on the Feedback in the Logbook

Please comment on one area that you received positive feedback from your tutor:

Explain how you will build on this positive feedback:

Explain what changes you will make for the future - based on this feedback:

Please comment on feedback received from your tutor - which is considered as a 'development need':

APPENDIX - SBAR For Primary Care:

S

Situation:

I am Dr (name) in (X) practice
I am calling about (patient X)
I am calling because I am concerned that / I am unsure
about / the patient needs

B

Background:

Patient (X) has been having / was seen on (XX date)
with
They have previously had (X operation/procedure/
investigation)
Their other history includes
Their normal condition is (e.g. alert/drowsy/
confused/self-caring)

A

Assessment:

On examination I have found....(e.g. wound inflamed,
BP raised, breathingXX)
I think the problem is / may be
OR
I don't know what's wrong but I am concerned

R

Recommendation:

I need you to...
See the patient (when?) / Advise me what to do
(when? what next?)

Ask receiver to repeat key information to ensure understanding

