

**QUB Covid-19 Learning Activities Staging Framework - Academic Year 2020-21**

Version 2.0 (19<sup>th</sup> October 2020)

Year	Module ↓	← Level of patient contact and time student spends in practice →				
		1 Major Lockdown	2 Students not attending surgery	3 Students partially attending surgery**	4 Students attending surgery** but using PPE for F2F	5 “Normal” placement
1	Clinical Skills (groups usually 6-8) 9-11 afternoons	No time in GP practice	GP practice tutor delivers teaching via ZOOM to a group. Students buddy with another student (live) and/or a family member (non-live & pre-recorded with consent) to practise defined clinical skills and receive feedback on skills from the GP. Tutors will also discuss aspects of the skills and may demonstrate some skills where possible	N/A	N/A	Full course delivered in practice
2	Clinical Skills (groups usually 6-8) 9-11 afternoons					
1	Family Medicine 1 (groups usually 8-9) 5 afternoons	Use of self-directed asynchronous eLearning e.g. Virtual Primary Care (VPC), Speaking	Year 1 - GP practice tutors deliver all 5 sessions via Zoom. Students meet family via ZOOM on 2-4 occasions  Year 2 – GP practice tutors deliver all 5 sessions via Zoom, in combination with other members PCT/Patients	N/A	N/A	Interaction and learning with full range of Primary Care Team F2F home visits/ District nursing / community pharmacy learning opportunities
2	Family medicine 2 (groups usually 8-9) 5 afternoons					
4	GP Specialty (1 or 2 students) 13 days over 3 weeks (See Appendix)	Clinically, Capsule, healthtalk.org  Simulation training  Remote teaching by an MDT lead	GP practice tutor delivers some sessions remotely e.g. AccuRx or Zoom video surgery (student observes or potentially involved in consult using ‘CCTV’ approach). ‘Virtual tour’ of a Practice environment if possible, though students never physically on Practice premises	Student physically attends practice for a minority of the usual 13 days (e.g. half days only), with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures. Remote involvement in consults possible using e.g. 3-way phone approaches or Zoom linking in	Student physically attends practice for a majority or all of the usual 13 days, with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures**	Study guide full requirements completed

\*\* All F2F\*\* encounters with caveats around appropriate Social Distancing and PPE

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		1 Major Lockdown	2 Students not attending surgery	3 Students partially attending surgery**	4 Students attending surgery** but using PPE for F2F	5 “Normal” placement
4	GP CCTV (2-3 students) 1 session	No CCTV Sessions	Student takes history remotely using Zoom with tutor observing and giving remote feedback of recorded session	N/A	N/A	Student takes history remotely using Zoom with tutor observing and giving remote feedback
5	GP Placement (2 students) 2 weeks	No time in GP practice All teaching remote via ZOOM tutorials	Remote involvement in consults possible using e.g. 3-way phone approaches or Zoom video	GP practice has student present 2-4 days/week Telephone/Video consulting (joint surgery)	GP practice has student present for 4-5 days/week Some video and telephone consultations (joint/parallel) See 1-2 patients F2F** with consent Home Visit (if possible)	Full course delivered in practice Direct patient contact Face to Face tutorials in practice Interaction and learning with Primary Care team e.g. visits Study guide full requirements completed
5	GP Placement (CCP) (2 students) 2 weeks	No GP tutors used outside of QUB staff Use of self-directed elearning e.g.	Remote involvement in consults possible using e.g. 3-way phone approaches or Zoom video	GP practice has student present 2-4 days/week Telephone/Video consulting (joint surgery)	GP practice has student present for 4-5 days/week Some video and telephone consultations (joint/parallel) See 2-4 patients F2F** with consent Home Visit (if possible)	
5	GP assistantship (1 student) 1 week	Speaking Clinically, Capsule, healthtalk.org Simulation training Remote teaching by a MDT lead	Remote involvement in Patient Journey Patient Discharge discussions Complete project	GP practice has student present 4 days Telephone/video consulting (joint surgery) Complete project	GP practice has student present 4 days Some video and telephone consultations (joint/parallel) See 2-4 patients F2F** with consent Home Visit (if possible) Complete audit	

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**Appendix**

<b>Year 4 GP course element/ assessed element: further detail</b>	<b><u>Level 2</u> Students not physically attending practice</b>	<b><u>Level 3</u> Students attending practice for at least some time, +/- F2F</b>	<b><u>Level 4</u> Students attending practice, using PPE for any F2F</b>
<b><u>Time in practice</u></b>	No physical attendance, practice tutor might facilitate remote involvement in consultations, or a virtual tour of practice environment	Student physically attends practice for a minority of the usual 13 days (e.g. half days only), with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures	Student physically attends practice for a majority or all of the usual 13 days, with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures
<b><u>Mini CEX</u></b>	Potential opportunity for students to complete using 'CCTV' approach	Opportunity for students to complete based on their own observed telephone/video consulting	Opportunity for students to complete based on their own observed telephone/video consulting or F2F** interactions which have taken place with appropriate PPE
<b><u>CBD</u></b>	Students able to prepare based on observed or their own remote patient consultations	Students able to prepare based on their own telephone/video consultations, or F2F** encounters in PPE	Students able to prepare based on their own telephone/video consultations, or F2F** encounters in PPE
<b><u>STAT</u></b>	Prepared as usual by students, virtual presentations to GP practice tutor/team, or could be virtual group presentations for peer-to peer learning	Prepared as usual by students, SD F2F** presentations to GP practice tutor/team, or could be virtual group presentations for peer-to peer learning	Prepared as usual by students, SD F2F** presentations to GP practice tutor/team
<b><u>Asynchronous online learning</u></b>	Heavy reliance to support learning outcomes (e.g. Capsule cases, Virtual Primary Care (VPC), Speaking Clinically Virtual Surgeries, QUB portal resources)	Reasonable amount to support learning outcomes (e.g. Capsule cases, Virtual Primary Care, Speaking Clinically Virtual Surgeries, QUB portal resources)	Some to support learning outcomes (e.g. Capsule cases, Virtual Primary Care, Speaking Clinically Virtual Surgeries, QUB portal resources)

<p><b><u>MDT exposure</u></b></p>	<p>No opportunity for F2F** engagement with other members of MDT. Opportunities for this might be virtual, or supported by online resources</p>	<p>Some opportunity for F2F** engagement. Opportunities for this might be e.g. observation of PBP or treatment room activities</p>	<p>Opportunity for F2F** engagement with other members of MDT. Opportunities might be observation of PBP or even treatment room involvement with appropriate PPE. Home visit involvement possible recognising challenges around sharing transport. Recognise ‘traditional’ opportunities for MDT learning e.g. with DN highly challenging (important to note the experiences students are offered in terms of MDT members highly variable across our teaching practices – we do not mandate, only suggest)</p>
<p><b><u>Synchronous (timetabled) virtual sessions during 13 day attachment</u></b></p>	<p>Practice based virtual learning supported by some QUB led synchronous virtual sessions (small group VPC/cases/ECHO sessions and larger group ‘drop-in’ opportunities to review any challenges with online materials)</p>	<p>Practice based learning supported by some QUB led synchronous virtual sessions (including small group VPC/cases/ECHO sessions and larger group ‘drop-in’ opportunities to review any challenges with online materials)</p>	<p>Practice based learning supported by some synchronous virtual (small group) teaching facilitated by QUB; likely only Wednesday PMs for VPC/cases/ECHO sessions to increase access to authentic consultations</p>