



University of
BRISTOL

MB ChB Programme

YEAR 5

PRIMARY CARE HANDBOOK

For GPs

2018-19

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Introduction

Thank you for agreeing to teach our Year 5 Students.

Students will come to you in pairs for a 3 or 4-week attachment as part of a 12-week course Preparing for Professional Practice (PPP). This takes place following their finals examinations and prior to their elective.

The main focus of this placement is on the student consulting with patients independently and practicing decision making.

Primary care offers a unique learning environment with the opportunity to see a wide range of acute and chronic presentations under the supervision of a senior doctor.

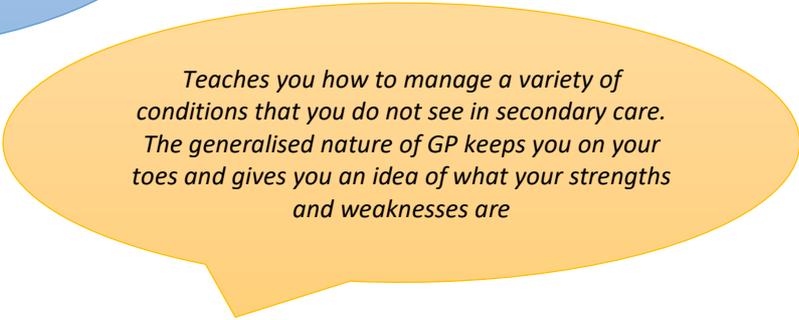
This is a popular placement for the students and we hope that they will be able to contribute positively to your team during your attachment.



The team at the surgery were fantastic. very welcoming and enthusiastic to have students there. All the GP's, Nurses and dispensary team were very keen to teach and facilitate our learning and development



Best preparation for future practice I have had in the entirety of medical school



Teaches you how to manage a variety of conditions that you do not see in secondary care. The generalised nature of GP keeps you on your toes and gives you an idea of what your strengths and weaknesses are

I hope that you enjoy this placement.

Please do not hesitate to contact me if you have any questions or feedback.

Kind regards



Dr Veronica Boon
Year 5 GP Lead

Aim

To prepare students for working as F1 doctors by learning in the primary care setting

Dates of Primary Care attachments

The dates of the GP Attachments are:

1. Tuesday 8th January – Friday 25th January 2019 (*students unavailable on Monday 7th January due to a national examination*)
2. Monday 28th January – Friday 22nd February 2019
3. Monday 25th February – Friday 22nd March 2019

Changes for MB21

MB21 is the University of Bristol’s new medical curriculum. The curriculum will be much more heavily based in Primary and Community Care, reflecting the direction of travel of the health service. We know from other medical schools that more time in Primary Care makes doctors feel prepared for their first jobs.

The first cohort of MB21 started last year. When they reach year 5 in September 2021, we plan to have a 27-week longitudinal clerkship, nine weeks of which will be in Primary Care.

In preparation for this there have been 3 main changes from recent years

1. Longer placement

The Year 5 GP placement was lengthened from two weeks to three or four weeks last year, giving Primary Care parity with the other two placements the students will rotate through in PPP; ‘Ward Based Care’ and ‘Acute and Critical Care’. The first rotation is shortened due to bank holidays, inductions and national assessments.

H	H	H	**H	17	18	19	20	21	22	23	24	25	26	27	H
17-Dec	24-Dec	31-Dec	03-Jan	07-Jan	14-Jan	21-Jan	28-Jan	04-Feb	11-Feb	18-Feb	25-Feb	04-Mar	11-Mar	18-Mar	25-Mar
Xmas Holiday				Acute and Critical Care		Ward Based Care				Primary and Community Care					
				Primary and Community Care		Acute and Critical Care				Ward Based Care					Holiday
				Ward Based Care		Primary and Community Care				Acute and Critical Care					

2. No prescribed teaching themes

By PPP the students are almost doctors and will have different areas of strengths and weaknesses to work on before they hit the wards. Because of this, we would like to **focus on them seeing patients and getting feedback from you, a senior clinician**. In other areas of PPP they will be working with near peers i.e. F1s and F2s to learn about their day-to-day jobs. Their Primary Care block offers them a unique opportunity to improve their clinical decision-making skills whilst learning things they might not be able to in the hospital. It is also important that they learn about the Primary/Secondary Care interface and how can they effectively work with Primary Care in their new jobs, especially when discharging patients.

3. Assessment through Entrustable Professional Activities (EPAs)

EPAs are being introduced to every UK post-graduate training program as the core activities at which doctors should be competent. For PPP, we have used EPAs to guide the development of the core activities that we want students to become trusted to perform at the level of an F1 doctor to help Year 5 act as a bridge towards postgraduate training.

There are 16 EPAs in total which form headings in the **Year 5 Workbook**:

1. Gather a history and perform a mental state and physical examination
2. Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient
4. Recommend and interpret common diagnostic and screening tests
5. Prescribe appropriately and safely
6. Document a clinical encounter in the patient record
7. Provide an oral presentation of a clinical encounter
8. Form clinical questions and retrieve evidence to advance patient care and/or population health
9. Give or receive a patient handover to transition care responsibly
10. Communicate clearly and effectively with colleagues verbally and by other means
11. Collaborate as a member of an inter-professional team, both clinically and educationally
12. Recognise a patient requiring urgent or emergency care and initiate evaluation and management
13. Obtain informed consent for tests and/or procedures
14. Contribute to a culture of safety and improvement and recognise and respond to system failures
15. Undertake appropriate practical procedures
16. Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor.

The year 5 workbook has replaced the PPP Workbook and can be used to guide learning needs and activities during the GP attachment. This book is the student's key to getting signed off as completing PPP and Year 5 successfully. The students need to collect a minimum of five signatures from supervisors for each EPA stating that they have performed a task at the level expected of an F1 doctor (three for EPA 14; EPAs 15 and 16 will be signed off at Exam Board). This allows flexibility in the types of task performed, reflecting the diversity of practice.

Suggested activities are given but if you and your student believe a relevant activity has been performed this can be used as evidence for an EPA. Activities can only be put into the book once and cannot contribute to more than one EPA. The students will bring their copy of the year 5 workbook to the placement.

There is not a specified number of EPAs that should be completed during the attachment, but it would be helpful for the students if they were given the opportunity to undertake activities related to them, eg. attending a significant events meeting, presenting evidence-based research into a clinical question and drafting referral letters.

***** Please note that the workbook needs to be completed by the 15/3/19 which is in the penultimate week of the 3rd block *****

As an example, EPA 1: "Gather a history and perform a mental state and physical examination". We would like students to be seen doing lots of these and GP is an excellent place to get feedback during observed surgeries. There are lots of individual competencies that go into performing, say, a history and so good observation and feedback from a supervisor can get move a student to the entrustable at F1 level. If they are already there you can take them beyond this.

We believe that there are some strong advantages to using EPAs in Year 5. Firstly, they set out clearly the generic activities we expect the students to be entrustable in, which is both helpful for them and for planning learning activities. They make it clearer why signatures are to be chased from supervisors for pieces of work completed by the student as they map the activities to overall competencies rather than simply listing things to do. Having the same workbook and overall goals for the whole of PPP and Year 5 aligns Primary Care with the hospital specialties and clearly shows to the student what they can gain from their placement with the GP.

EPAs also should make learning more student centred. For example, a student may be strong at prescribing competently. They can rapidly get five prescribing activities signed off early in the block rather than having to complete a whole page of signatures. They then may need to concentrate on say, communication with patients and relatives. Perhaps they are initially told that they are not entrustable at the F1 level in this respect. They could then prioritise their time doing this, giving themselves opportunity to practice and gather feedback.

For those of you interested to learn more, a one-page summary of EPAs and lots of further reading is provided by [Black, D \(2016\) An end to box ticking: an overhaul of competency based education *BMJ Careers*.](#)

Planning for the attachment

- **Decide who is doing the teaching.** It is important that one GP has prime responsibility for the students, including doing the introductory and final sessions. The rest of the sessions can readily be shared between **two** or possibly **three** GPs, but because of the structured nature of the themed and medical student surgeries it is best not to have more than three GP teachers.
- **Indemnity.** Your student should have defence union membership which provides them with important benefits, but it is not possible for medical students to get individual indemnity. Following the Secretary of State for Health's decision to introduce a state-backed indemnity scheme for GPs from early 2019 the landscape regarding this topic is uncertain. As this becomes more certain we will update our advice. However, for the time being we advise that medical students should be supervised by a GP throughout their time in your surgery and that your medical defence organisation is made aware that you engage in the education of medical undergraduates. Should you delegate responsibility for teaching to another member of the practice team you should retain overall supervisory responsibility to ensure that the student will be protected vicariously through your own/the practice's indemnity scheme.
- **Contact the students.** Students have been told to contact you in advance by phone or email to discuss the timetable, special requirements and start times. Contact them by email if you have not heard a week beforehand.
- **Access to computers.** The two students will need access to computers (ideally one each, although they could share) to carry out the various tasks associated with the GP attachment. They will need access to the internet and the medical records. Please ensure the computer has sound available for internet tutorials (either loudspeaker or headphones).
- **Reserve sessions when students have Academy/University teaching.**
 - Allowable academy absences include
 - Situational judgement test: 7/1/19
 - Prescribing safety assessment: 1/2/19
 - PSA resit (if necessary): 11/3/19
 - Excellence day: 1/3/19
 - Intermediate life support course: varying dates
 - 2 sessions of advanced consultation skills: varying dates
 - Resit long cases: varying dates.
 - Elective vaccinations, academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc must be done in the students own time or **exceptionally** may be agreed by you but in this case, time must be made up appropriately

If a student requests time off for a valuable learning opportunity, it does not inconvenience you or the practice and their attendance and performance are otherwise good, you can allow this time off at your own discretion.

- **Reserve session in lieu, if necessary, for Out of Hours Placement.** We would like you to encourage students to spend at least one session in out of hours. In Somerset this is compulsory, and sessions have been allocated to the students. Elsewhere there are limited spaces available for students to sign up for on a voluntary basis. Students are also encouraged to accompany you or other members of your team on any out of hours sessions you may be doing during their placement. They are entitled to one session in lieu during the day if they undertake an OOH session ideally the following morning.
- **Tasks for students separately.** Although the students will be sitting in with GPs and nurses as a pair, it is important that they carry out tasks during surgeries and afterwards individually, and that you see evidence that this is done.

Structure of the placement

We have included a suggested template below for how to structure the placement but please remember it is only a suggestion to assist with your planning. You can be flexible with what works for you as a practice and the resources you have available and the learning needs of your students.

The student must attend for at least 8 sessions per week (this includes academy sessions).

The focus of this placement is on the students consulting independently. Feedback from the students highlighted that this is what they valued the most and wanted more of.

This year we have therefore introduced a suggested minimum of 4 student led surgeries and 1 joint surgery where you directly observe the students consulting per week.

One session per week should be reserved for the student initiated project, please see pg 12.

First day

Spend the morning introducing the student to the practice.

- It is advised that you have an honorary contract between student and supervisor setting out the responsibility of each party, this can include data protection, confidentiality and other individual practice specifics if you like. There is a sample document that you can use for this titled General Practice: Medical Student Undertaking – available on the PHC website [here](#)
- Please also take care to brief the students on Health and Safety issues in the workplace.

In the afternoon, we suggest running a tutorial with both students to establish their learning needs. Students all have individual strengths and weaknesses. On top of this, your students are likely to have different learning priorities depending up whether they are coming to you in their first, second or third PPP block. We suggest using a mini-CEX to ‘assess’ the students performing a complete consultation in a 20-minute time limit. You could use a patient who has booked on the day, perhaps. You will then have a feel for what level the student is at. Feeding back on this assessment can then be used, along with where there are gaps in the student’s Year 5 Workbook, to plan learning goals and activities for the placement. (Please see Assessment section below for more information on Mini-CEXs).

Mid Placement

Feedback is most useful when the learner has an opportunity to put it into action. As such we would suggest another iteration of this tutorial half way through the placement to allow planning of the second half.

End of Placement

A summing-up tutorial should be completed where a final mini-CEX can be run to show where progress has been made. Feedback for the placement overall should be discussed and identification of learning for the next rotation or first job be made. Please make time to discuss and reflect on the students project if this has not been done earlier in the week. This final session should include one to one feedback; while this is happening with one student the other should be directed to a computer to complete their online evaluation of the placement and vice versa.

Suggested Activities - consulting

We would like to put a focus on the student consulting and making decisions (before checking them with a supervisor). This can be in the form of the students consulting in pairs before reviewing with a GP, the student consulting individually and then reviewing with a GP, the student(s) consulting with you in the room or a student consulting patients out of the consultation room. This can include reviewing care plans or doing routine home visits, should you be happy for them to do this. Students enjoy making decisions and contributing to patient care.

Care plans can often turn into simply being bits of paper with a printed summary of computer notes. Asking a student to review three or four patient's care plans with them face to face can be beneficial all around. Nursing homes appreciate having a summary of chronic diseases and an indication of which monitoring tests are required and when. Asking a student to negotiate these with patients requires them to consider multimorbidity, the burden of treatment, drugs – including their monitoring and their side effects and patients' priorities for their future care. It also requires clinical examination skills to record relevant findings and allow the student and the patient to explore any new issues that may be bubbling under the surface that the patient would not otherwise 'trouble' the doctor with.

Suggested Activities - others

There are many other activities that the student could take part in within your practice. You know it best and so are best placed to suggest these to your students as ways of meeting their learning needs.

Some suggestions for you based on the EPAs in the Year 5 workbook:

EPA 4: Recommend and interpret common diagnostic and screening tests

Students should be recommending tests as part of their consulting. We as GPs interpret many test results daily. Letting the students do this is quite reasonable. If someone is available to show them how to process results on the computer, the students could be asked to do this. They will see lots of normal results which helps familiarise them with these. They may not be comfortable interpreting less acute abnormal blood tests. Do they know what to do with and what to consider when appraising abnormal TSHs? What about slightly low albumin? High platelets? Mildly deranged ALT? To start with they can be supervised doing this by anyone in the surgery competent at handling the results, such as a GPST or allied health professional. There are lots of resources and guidelines available for, say a raised ALT, that they can be directed to learn how to manage these common problems which will give them more confidence when seeing them on the wards.

EPA 5: Prescribe appropriately and safely

There is a wealth of things that could be done to address this EPA. Some you may not have thought of include asking the student to review the 'Medicines Safety Dashboard'. This is a CCG populated list of searches held in EMIS under the 'Globe' buttons at the bottom of the 'Reporting' screen. Some

practices are engaging in the scheme formally and others are not. The searches are indicators of high risk prescribing, such as NSAIDs in elderly people, DOACs in people with questionable renal function and thiazide-like diuretics in people with hyponatraemia. They are essentially mini audits, and on that note, it is quite easy to ask the student to do a mini audit on a drug and a blood result (or lack of in the case of monitoring) if you are not able to access the Medicines Safety Dashboard. Asking the student to do this can give them a lot of insight into drug safety and monitoring. Asking them to contact the patients flagged up and either propose medicines changes or investigations allows them to put their knowledge into practice.

There may be conditions for which patients are undertreated, such as atrial fibrillation. Asking the students to do searches for people with AF, updating their risk scores and inviting the patient to come and discuss anticoagulation could be a stretching task for the student. They will need to educate themselves about the risks and benefits of different anticoagulation strategies and use their consultation skills in explaining these. This process in best practice should probably take a few consultations to allow the patient to assimilate the information and so the student could do this over their time with you. In hospital, anticoagulation is often started acutely and so this knowledge will be useful for them in answering patient's questions about this often life-long therapy.

Processing discharge summaries from secondary care and reconciling the prescriptions can be useful for the students. They have to be happy there are no significant interactions or contraindications. As we know, there are often errors in these discharge summaries. Contacting the patient to clarify can be useful for the student as they see the process from 'the other end'.

EPA 6: Document a clinical encounter in the patient record

Students will be writing their own notes for their consultations before you sign the encounter off. They often write a great deal. In hospital, they will be doing a mixture of their own note recording and scribing. Scribing may include writing in electronic notes, increasingly used in A&E and high dependency and intensive care units. Perhaps at the start of the placement where you may wish to have a closer eye on you students why don't you get them to scribe for you while you consult? They can write while you talk, which is what they have to do on ward rounds. Picking out the salient information is a skill.

EPA 8: Form clinical questions and retrieve evidence to advance patient care and/or population health

This is a great EPA to address in Primary Care. The range of presentations often throws up questions of 'why do we do it that way?' and the computer is right there to give us the answers, if only we had the time. If a question comes up which is interesting, ask the students to go away and look it up. Give them the time to do it properly. Perhaps ask them to present the findings in five minutes at a practice meeting.

EPA 9: Give or receive a patient handover to transition care responsibility

This is a very hospital-centric EPA as handover is a key skill in transferring acute care between shifts. Admitting patients to the acute team is the Primary Care corollary. If you have a patient to admit, why not ask the student to make the phone call and print out the notes?

EPA 10: Communicate clearly and effectively with colleagues verbally and by other means

So much communication goes through Primary Care that the students should have plenty of opportunity to learn what is effective and what is not.

Do the students want to dictate any of your referral letters? They may be in clinic dictating clinic letters in the not too distant future so some practice with a Dictaphone may be useful. They will be asked to complete discharge summaries in their hospital rotations but how do they know what makes a good summary? The primary audience is Primary Care – perhaps ask the students to process and code discharge summaries. They can then learn that effective summaries contain a few succinct lines and perhaps copying in 25 lines of differential blood counts and electrolytes is not so helpful. They will also learn what is a reasonable ask of Primary Care in terms of follow up; seeing just one urgent request for an INR on a Friday afternoon on a discharge letter they read on a Monday morning will make that point quite effectively.

EPA 12: Recognise a patient requiring urgent or emergency care and initiate evaluation and management

This is clearly addressed easiest in a hospital setting. As students there, however, they are unlikely to be able to evaluate a potentially unwell child. Please do consider letting the students assess a potentially unwell child if you have a suitable case. They are likely to be nervous and unlikely to know normal values so some assistance with that would be beneficial. As we are sure you appreciate, rashes are not often seen in hospital and students are usually unfamiliar with them so please do get the students to see ‘unwell’ patients with rashes if you can.

Out of Hours has been under-represented in the curriculum. We have arranged limited numbers of sessions in this setting for students to sign up to on a first-come-first-served basis. If you are a GP who works OOH by all means do invite your students along for a session should your organisation be happy and again let them have a session off in lieu of this time.

Filling gaps between surgeries

Students often feedback that there is not much to do between morning and afternoon surgeries. Although we strongly feel that the students should be self-directed adult learners it may be helpful to discuss ideas for filling this time during your first tutorial.

Home visits, assisting with admin and care plans/asthma/medication reviews are examples. The student could also use this time to complete their Student initiated project (see below).

Student Initiated Project

We would like students to be able to plan and deliver a service that is of use to your patients and the community. One session per week should be allocated to this. In the 2021 iteration of the block the students will be able to provide a fairly substantial service as they will have nine weeks in which to plan and deliver it. In this iteration time is somewhat shorter but we believe something useful can be made in this time. The planning phase, being shortened, may be helped by you suggesting some projects that may be of use.

The students should work in pairs to deliver something that makes use of their skills as almost doctors. As an example, could they deliver a couple of hours of health education to new parents? They will be placed with you in winter / spring; empowering new parents about when to consult and when not to consult the GP with their unwell child would be appreciated by the parents and may reduce consultation rates. Excellent examples of common benign rashes are on NHS Choices which could be the basis for your conversation with the students. Could they liaise with the health visitors? Are their priorities that the HVs have identified? Could the education session be combined with a HV baby clinic? You will need to check the content of the presentations and may need to provide some

guidance but otherwise the students should be capable of working mostly independently to arrange this.

Could the students provide chronic disease health checks? What about diabetes education events? There is no problem with skilling them up to do diabetic foot checks and providing this as well, addressing a QOF need at the same time.

Is your practice engaged with any dementia DESs? A 'memory café' is a great way of reducing social isolation and breaking down societal barriers while providing an opportunity for the students to take the patients and their carers out of the coffee room for 30-minute holistic health checks. If they decide on this early, three or four weeks may be enough notice for third sector agencies, such as Age UK or the Alzheimer's Society to come along to the café to provide support and publicise themselves.

Other ideas from last year;

- Setting up a patient participations group – CCG will meet with students to advise how to do this.
- Producing a leaflet/poster/electronic screen message for patients
- Updating Self-care section on surgery website
- Running an education session for local nursing homes
- Mini audits
- Creating a paediatric eczema plan
- Look at significant events meetings/CCG report – are there any outstanding issues the students can address
- Reviewing patients who have just been discharged

You are probably best placed to know what is feasible with the local resources and also what is of most benefit to the local population. If you have a registrar, do they want to engage with the students if this overlaps into any Quality Improvement Projects that they are working on?

Bursaries for conferences

If your student completes an interesting/topical audit or QIP please encourage them to consider presenting this at the National RCGP conference.

There are a couple of bursaries available to students to attend conferences– please see link below

<https://www.bristol.ac.uk/primaryhealthcare/teaching/prizes-and-bursaries/>

The Severn Faculty also offer bursaries to GPs as well as students if you would like to accompany your student.

<http://www.rcgp.org.uk/rcgp-near-you/faculties/south-west-england-region/severn-faculty.aspx>

Example Timetable

Below is an example timetable for a four-week block. Some key points to remember

- If you are teaching the first rotation you have only three weeks and the students are not with you for the first Monday.
- Aim for at least 4 student led surgeries and 1 joint surgery where you directly observe the students consulting per week.
- One session per week should be reserved for the Student initiated project
- Also remember that the students may be brought back to their Academies for a whole day during their GP block (See pg 8). The Academy and your students should make you aware of any of these days with plenty of notice.
- Students may do activities outside of normal working hours. You might agree to run a patient education evening or on a Saturday morning, for example. They might be doing a shift in Out of Hours. If so, they should have a session off in lieu at a convenient time during the rotation ideally the following morning. It is also reasonable, should you have no concerns about a student, to allow them one or two sessions of private study time which doesn't necessarily need to be in the Practice. PPP is a busy block and so being flexible in this respect is sometimes welcome.

WEEK 1	Mon	Tues	Weds	Thurs	Fri
AM	Induction	Student A – observing GP Student B – own surgery – 4 patients reviewing with GP after each one	Student led surgery Both students	Student led surgery Both students	Student led surgery Both student
lunch	Induction	Visits with GP – let a student do the consultation while you observe	Student initiated project	Introduction to pathology results	Introduction to searching on computer system
PM	Learning needs analysis (LNA); observed consulting with first formative mini-CEX; planning rotation	Student A – own surgery Student B – Observing GP	Student initiated project	Treatment room – bloods, dressings, ECGs, IM injections etc.	Private study

WEEK 2	Mon	Tues	Weds	Thurs	Fri
AM	Student A – NH reviews Student B – own surgery	Student led surgery Both students	Student initiated project	Observed Surgery	Student led surgery Both students
lunch	Attend practice meeting – any EPA 14-relevant issues to discuss?	Admin inc. Path results, discussing with clinician afterwards	Private study	Introduction to processing discharge summaries	Home visits
PM	Student A – Own surgery Student B – Nursing home reviews	Time with community matron, pharmacist, docman processing, DNs	Private study	Student led surgery Both students	Private study

WEEK 3	Mon	Tues	Weds	Thurs	Fri
AM	Students together assisting duty doctor	Student A – review / follow up NH or meds safety review pts Student B – own surgery	Student A – own surgery Student B – review / follow up NH or meds safety review pts	Student led surgery Both students	Student led surgery Both Students
lunch	Attend practice meeting – any small audits to present?	Admin and visits	Student initiated project	Path results	scribing / issuing scripts / dictating letters for GP
PM	LNA review – mock Mini-CEX with one patient each and planning rest of placement	Student initiated project	Private Study	Treatment room – Spirometry, Chronic disease clinic	Private study

WEEK 4	Mon	Tues	Weds	Thurs	Fri
AM	Students together assisting duty doctor	Student A – review / follow up NH or meds safety review pts Student B –own surgery	Student initiated project	Final mini-CEX / feedback tutorial. Allows some time for last minute catch up activities	Student led surgery Both students
lunch	Attend practice meeting – any interesting patients to present?	Admin inc. path, letter processing; visits	Private study	Admin inc. path, letter processing; visits	Present Student initiated project to team.
PM	Student led surgery Both Students	Student A – own surgery Student B – review / follow up NH or meds safety review pts	Private study	Student led surgery Both students	Private study

Assessment

This changed significantly last year. Although the students will still be doing long cases, Mini-Clinical Examinations (mini-CEXs) and Case Based Discussions (CBDs) during year 5, none of these are now summative. Rather, they can be used as evidence towards EPAs. To pass the block and be released for their elective they must show engagement across the three rotations and must have five activities signed off as entrustable at F1 level for each EPA.

Mini-CEX

The only assessment expectation in the Primary Care placement is that the student has one Mini-CEX completed at the level expected of an F1 doctor.

A Mini-CEX is an assessment of direct observation of a student/patient clinical encounter and should take no longer than 20 minutes. The student will provide you with an electronic device for you to complete the online form. If you wish to see the form in advance or if the electronic device fails and this cannot be completed online, the form is on our website; <http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five>. If a paper form is completed this must be transferred to the electronic form in your presence.

If you are not familiar with Mini-CEXs and would like further information, please contact veronica.boon@bristol.ac.uk.

Cased Based Discussion (CBD)

This is a structured discussion of a clinical case either clerked or reviewed significantly by the student. These are not compulsory for the primary care attachment but the students may ask you to complete one for them. This is also an electronic form, and is found on our website link as above.

Team Assessment of Behaviour (TAB)

Students may send a ticket request (an email) asking for feedback for their TAB. GPs need to follow the link and complete the short form if requested to do this.

Patient Satisfaction Questionnaire (PSQ)

We would like to introduce as a pilot a very brief Patient Satisfaction Questionnaire into the Primary Care rotation. Nowhere else in the block will the students receive formal feedback from patients and we know this can be a powerful learning tool or a useful confidence booster. We would like the students to gather five responses from patients in a similar manner to the GP registrars. We would be grateful if the practice could tabulate the responses and then you as a supervisor can discuss the feedback in a final tutorial. This assessment can be recorded as a line in the Year 5 Workbook, perhaps to show encouragement of self-care in patients which may be difficult to demonstrate in hospital rotations. We would be interested to hear your feedback about the administrative acceptability and educational value of this after the placement. The form and instructions are given in the [Useful Documents](#) section.

End of attachment

- Complete the Course Evaluation feedback survey. As this is a new course, we are still very keen to hear how your teaching went. The link to this survey will be emailed in the last week of the placement.
- Return an Attendance and Payment form. This will be emailed to you with the feedback links at the end of the placement.

Useful Documents

As well as this handbook, there are further useful documents available on the [Primary Care Year 5 Teaching Website](#):

- [The Mini-CEX form](#)
- [The CBD form](#)
- [The PSQ form](#)
- Guidance to assessors
- The students' Year 5 Workbook
- The students' Year 5 Primary Care Handbook
- The overall Year 5 Handbook, which details what else the students will be doing during the 12-week PPP course.
- The [Year 4 GP Teachers page](#). This has many links at the bottom which may be helpful. Specifically, the Year 4 GP Teacher Handbook gives lots of useful details of generic teaching issues for GP teachers such as Learning Needs Analysis, Collecting and Giving Feedback, and Seeing Patients Together

Student Concerns

There are occasions that you may be concerned about a student's performance or wellbeing. These may be related to academic or professional behaviour issues. Guidance about concerns is given on the following page. You are welcome to discuss these in the first instance with either the Primary Care Element Lead or your local GP Academy Lead (see page 2). You may need to complete a Student Referral Form after discussion with the student.

Student Attendance

Please email your local Academy Administrator (see page 2) and the Primary Care Teaching Office (phc-teaching@bristol.ac.uk) with details of any student with **less than 80% attendance** for whatever reason during their three- or four-week GP placement (less than 25 sessions in a 4 week attachment and less than 17 sessions in a 3 week attachment). Please do this **urgently** on the last day of the placement. This is particularly important during the last block, as this is at the end of the course, just before students are due to go on their electives. Students may fail the PPP course and have to re-sit (and lose their elective) if they have less than 80% attendance overall. You may be asked to complete a Student Referral Form. If it is obvious early on in the placement that the student is not going to attend sufficient sessions to achieve 80% attendance please highlight this to us as soon as you can.

Dealing with concerns about students

What do we want to achieve?

- 1) Help you identify the students that cause concern.
 - a) To enable students to receive the most appropriate support
 - b) To prevent risk to patients/colleagues.
- 2) Clarify the route for you to report a concern about a student.
- 3) Outline the action that you can expect from the primary care teaching team or GP academy leads.
- 4) Outline the role of the Academy Dean in concerns you may have about your students.
- 5) Keep the pathway for reporting concern as straightforward as possible involving the minimal number of people on a need to know basis.

Frequently Asked Questions:

1. When should I be concerned about a student?

The following are common areas of concern (in bold) with a list of possible examples. This list is not exhaustive.

Professional behaviour/attitude e.g.

- Compulsory session missed without explanation or recurrent absence with explanation. (<80% attendance)
- Rude to peers, patients, teachers or staff.
- Inappropriate dress persists after request to make changes.
- Consistently late, disorganised or unprepared for the sessions.
- Not contributing to group discussions/group activities/bored/disinterested.
- Breach of confidentiality e.g. heard discussing patients/leaving computer switched on with records visible etc.

Pastoral e.g.

- NB/ Discussion about any of the above may reveal a pastoral care issue.
- Low mood/mental health issues interfering with ability to study/attend course.
- Physical health issue interfering with ability to study/attend course.
- Conflict of roles interfering with ability to study/attend course e.g. dependents, paid employment, outside interests, family issues.
- Uncertainty about course/career in medicine/geographical location.

Safety e.g.

- You consider that the student has acted above their level of knowledge/skills and not sought appropriate help.
- You consider that the student has put a patient or colleague at risk.

Clinical knowledge/skills, including communication e.g.

- In your opinion the student does not have the minimally acceptable clinical knowledge or skills for their stage of training.
- In your opinion the student does not have the minimally acceptable communication skills (including language) for their stage of training.

2. I am concerned about a student what should I do?

- Initially you may want to discuss amongst your primary care team, has anyone else taught or had contact with the student and shares your concerns?
- Keep good notes.
- Always try to discuss your concerns with the student concerned.
- If you are not easily able to resolve your concerns with the student try to inform the student that you will be seeking further advice

3. Who should I contact if I am concerned about a student?

- We encourage you to phone or email the GP year lead in the Primary Care Teaching team (see contacts in your handbook or www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/) or the GP academy lead, in recognition that it can be helpful to discuss what constitutes “minimally acceptable” knowledge, clinical skills or an attitudinal concern.
- **If you consider your concern about a student a matter of urgency risking patient safety please follow the guidance on the student concern form to immediately contact either the Director of Student Affairs or the Faculty Education Manager or, if they are not available, the Health Sciences Faculty Dean who will take action as appropriate.**

4. What happens after this?

- The GP year lead (or GP academy lead) will be able to discuss your concerns and advise. They are likely to ask you to put your concerns in writing (email) and from year 2 onwards they will forward this to the Academy Dean. This should not be seen as a punitive measure, but to enable a high-level overview of individual students. The Academy Dean will make the decision to cascade information as appropriate on a need to know basis. You should decide between you who should complete the student concern form (see below).

5. So what about “Student Referral Forms” (formerly “Student Concern Forms”)?

The medical school encourages teachers to have a low threshold for filling these in. However we recognise that every circumstance with a student is different and are happy to discuss the situation with you first. You will find the relevant forms at <https://www.bristol.ac.uk/health-sciences/student-fitness-to-practice/>

6. What support is available for students

Basic information about student resources, including for mental health support, can be found via <http://www.bristol.ac.uk/students/services/> and <https://www.bristol.ac.uk/students/wellbeing/services/> This includes:

1. **Students’ Health Service** – Hampton House Health Centre, St Michael’s Hill, Cotham, Bristol, BS6 6AU.
Website: <http://www.bristol.ac.uk/students-health/>
Telephone: 0117 330 2720
2. **Student Counselling Service**
This is located on the third floor of Hampton House Health Centre and is available to all registered students. Counselling sessions are available by appointment between 9am - 5pm Monday-Thursday and 9am-4pm on Friday.
Website: bristol.ac.uk/student-counselling
Telephone: 0117 394 0123

3. **Faculty Student Adviser**

Faculty of Health Sciences Student Advice Service, 41 St Michael's Hill, BS2 8DZ
The Faculty Student Adviser can be contacted by email on:
healthsciences-support@bristol.ac.uk

Telephone: (0117) 3311541/11577

The Faculty Student Advisers are available to meet with students to discuss any problems they are having which may be impacting on their academic performance or affecting their attendance. They are familiar with what extra support or reasonable adjustments the medical school is able to provide to help students progress through the course. They are a good point of contact for any student who needs signposting to the correct University support service. The service exists separately to any academic programmes to give students the confidence to speak openly.

4. **Mindfulness based cognitive therapy an 8 week course (MBCT)**

Since 2011 medical students experiencing low mood, anxiety or stress have been offered the opportunity to attend an 8-week Mindfulness Based Cognitive Therapy course in or Feb-March. Mindfulness courses are taught by qualified MBCT teachers and are currently provided for free. Students need to commit to attending all eight sessions and daily practice at home. The MBCT course has been adapted to make it relevant to medical students-for example we explore the automatic negative thoughts that show up in a hospital setting after assessment.

In order to access the next available 8-week MBCT course, any interested medical students should contact Dr Alice Malpass: a.malpass@bristol.ac.uk.

Other relevant university-based services:

Disability services: <http://www.bristol.ac.uk/disability-services/>
Disability-services@bristol.ac.uk
Tel 0117 331 0444

Careers service: <http://www.bristol.ac.uk/careers/>
Tel 0117 928 8221

Multifaith Chaplaincy: <http://www.bristol.ac.uk/chaplaincy/>
Multifaith-chaplaincy@bristol.ac.uk
Tel 0117 954 6600