

MB ChB Programme Year 5

Primary Care Handbook For Students 2022-23



University of
BRISTOL
Centre for Academic
Primary Care

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Introduction

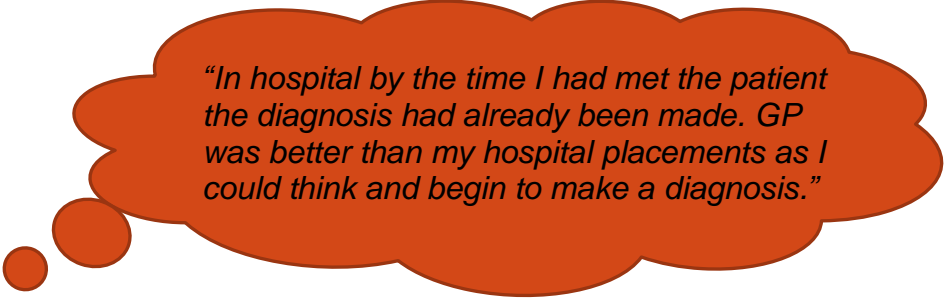
Welcome to the Year 5 Primary Care attachment, which forms a third of your Preparing for Professional Practice (PPP) course.

The overall aim of this rotation is to develop and prepare you for life as a Foundation Year 1 (F1) doctor by learning in the Primary Care setting.

You will attend your placement in pairs. There are no set learning themes for this placement. We recognise that you will all have different strengths and weakness at this point in your careers and, to develop, there will be certain areas on which you will want to focus. You can discuss your personal learning plan with your tutor on your first day.

We are badging this rotation as 'Decide and Provide' – we will look to develop your clinical decision-making skills and aim to get you to actually provide health care to patients, while having a senior clinician on hand to guide you, before you hit the wards.

Last year the primary care attachment increased from 4 weeks to 9 weeks. The feedback from students was really positive, with students being able to gain more independence and feel more embedded within the team. Some students may feel their time preparing for F1 would be better spent on the wards. We would argue that primary care offers a valuable and unique learning environment in which you will have the opportunity to see patients with a wide variety of undifferentiated acute and chronic illness. In other rotations in PPP you will need to spend a good deal of time learning the practicalities of being an F1 from recently qualified doctors. The Primary Care rotation aims to allow you to develop as an individual clinician with close mentorship from a senior experienced doctor.



“In hospital by the time I had met the patient the diagnosis had already been made. GP was better than my hospital placements as I could think and begin to make a diagnosis.”

By the end of PPP you need to be *competent* at performing the duties of an F1. We would like this Primary Care rotation to allow you to become *good*. There is strong evidence that spending time in Primary Care in your final year prepares you for the step up to making decisions and initiating management plans. In hospital, you will usually clerk admitted patients or review inpatients where someone else has made a diagnosis and started a management plan. You will often be asked to work to pre-determined guidelines or care bundles. In Primary Care, people present with symptoms, not diagnoses. Working in this environment will develop your clinical skills so that you can add real value as the F1 doctor. We want you to question diagnoses and make your own minds up, being confident in your ability to do so. This will put you in good shape as your career progresses beyond F1 and you assume more responsibility for making decisions.

We hope you enjoy your Primary Care placement. It should allow you to polish your clinical skills, consult with lots of patients and make a difference to their care.

Dates of Primary Care attachments

The dates of the GP Attachments are:

1. Wednesday 2nd November 2022 – Friday 20th January 2023 (*Not in practice 19th Dec 2021 – 6th January 2022 due to Christmas Holiday and Careers week*)
2. Monday 23rd January – Friday 24th March 2023
3. Monday 27th March – Friday 9th June 2023 (*Not in practice 3rd April – 14th April 2022 due to Easter holidays*)

Teaching and Assessment at University and Academies

You will have various times where you need to be back at the Academies for certain pieces of assessment and teaching. Permitted academy absences include:

- Situational judgement test (SJT)
- Prescribing safety assessment (PSA) and resit (if necessary)
- Intermediate life support course
- Resit long cases
- Student project taught session – 17th November, 12:00-13:00, [online](#)
- Cluster Based Teaching every Wednesday

Academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc. must be done in your own time or **exceptionally** may be agreed by your GP tutor but in this case, time must be made up appropriately.

Please contact your GP tutor as early as possible to inform them of any dates you will not be able to attend at the practice.

Flexible Annual Leave

You are entitled to 5 Flexible Annual Leave days in Year 5. Previously you could only take one Flexible Annual Leave day during your GP attachment but **you are now able to take all 5 of these days as long as your attendance has been above 90%.**

You are required to give your GP practice **4 weeks' notice** for this as opposed to the 2 weeks' notice in secondary care. Your GP tutor must approve the annual leave days you requested and ensure that you will not be missing any essential teaching.

Each Flexible Annual Leave day accounts for 8 hours leave so please remember if you are using Flexible Annual Leave for a long day in practice, you will need to take the correct proportion of leave e.g. a 10 hour day would be 1.25 days of Flexible Annual Leave.

It is your responsibility to make up for any teaching opportunities missed. **We ask that you avoid taking Flexible Annual Leave days on a Wednesday so you do not miss Cluster Based Teaching. In particular we would expect**

you to attend the final cluster teaching session where you present your Outside the Box project. If you do need to take an annual leave day on a Wednesday due to extenuating circumstances, do email your CBT tutor for their approval.

After agreeing a flexible annual leave day with your tutor, please inform the PHC team (phc-teaching@bristol.ac.uk) and complete the [MBChB Absence Reporting ProForma](#) which you will find on the 'Absence recording and requesting leave' section of SharePoint.

Attendance

GPs put a lot of effort into planning and delivering this course and we hope that you will find it a very valuable experience. We are aware that you have other commitments, such as planning for exams. However, we expect full attendance during the course. If attendance drops below 80% your academy administrators will be informed and you risk not passing the attachment. **Any unplanned absence must be reported on the first day of absence by completing an online form and by emailing or phoning your GP practice/tutor when on placement, as well as the University.** On return you need to complete a self-certification form. If absent for more than five working days, a medical certificate is required. Further information on unplanned absence and the procedure for planned absence is available [here](#).

This year we are stipulating that you should be timetabled for 28 hours in practice. You will usually have one session of private study per week on the same day as your cluster based teaching, see pg. 10, and one other session of private study each week. This is due to feedback that the days in GP can be long and some practices require significant travel to get there. You will all now have one day where you do not need to travel to your practice and some flexibility to organise personal appointments.

Travel to Practices

You may be able to claim for travel expenses to and from rotation or while on rotation. Please see the [Travel Reimbursement Policy and Procedure](#) for information on the full rules and processes for submitting a claim. Please keep your bus or train tickets and, if you are travelling by car, make a note of your mileage. If the car driver cannot claim travel expenses, it is helpful if the other student can help them with petrol costs.

Summary of Year 5 GP attachment

- **9-week apprentice style placement**
- No prescribed teaching themes
- Main focus is on consulting independently and practicing decision making
- You will be **out of practice every Wednesday** for Cluster Based Teaching (CBT)
 - You will need to complete pre-learning for this each week which will be outlined in your weekly session plan that will be available on OneNote one week in advance of the session.
- You should have an induction and observed tutorial with learning needs analysis on your first day.
- **Each week** you should have
 - 4 student-led surgeries
 - 1 observed surgery
 - 1 session with allied health care professionals
 - 1 session for a student-initiated project
- You should have run **at least 2 clinics individually** by the end of the attachment
- During your GP attachment you must complete:
 - At least 1 satisfactory Mini-CEX
 - At least 1 satisfactory Case- Based Discussion (CBD)
 - 1 Team Assessment of Behaviour (TAB) – **Nov-Jan block ONLY**
 - Your student assistantship log on OneNote
 - Your student initiated project
 - Your outside the box (OTB) project, see cluster based teaching student guide (sent together with the Week 1 session plan a week in advance)
- You will also need to have **>80% attendance** and satisfactory engagement and performance
- By the end of Block A (Nov-Jan) you need to have at least 1 signature for each of EPA 1-14.
- By the end of Block B (Jan-April) you need to have at least 3 signatures for each EPA 1-14.
- By the 19th of May (Block C) you will need to have 5 signatures for each EPA 1-14.
- There are no minimum number of CAPS that need completing during your GP attachment but you should discuss outstanding tasks in your initial meeting to help guide learning opportunities.
- You can take a maximum of five flexible annual leave days during Year 5. You must give 4 weeks' notice to your GP tutor.
- If you have any questions about the course, please email phc-teaching@bristol.ac.uk

Structure of the Rotation

There is no strict structure to the block as this will vary depending on your learning needs and how your practice delivers care to its patients.

First Day

You will normally have an induction on your first day and spend some time getting to know your practice, its staff and your local community.

Thinking about the questions below may help you to get the most out of this time.

Where is your practice?

What's the local area like?

How many patients registered at practice?

Patient demographic?

Level of deprivation?

Number of GPs, Nurses, HCAs, receptionists?

Any other allied healthcare professionals? e.g. pharmacist, mental health nurse, ANP, paramedic

Do the practice offer any other services? e.g. Minor surgery, social prescribing

What is the building like?

What is the waiting room like?

What atmosphere does the practice have?

What do the patients think of the practice (NHS choices/google reviews/GP patient survey)?

How do the practice manage appointments and patient requests? E.g. telephone triage, reception triage, duty doctor, sit and waits, home visits, e-consults, document management and prescription requests.

What is the average day like for a GP? (start time, number of patients, appointment length, number of home visits)

Have you noticed any particular things the practice has done to meet the needs of the population? E.g. onsite interpreters, elderly lunch clubs, breastfeeding rooms

What is your surgery's policy on managing medical emergencies?

Can 111 book an appointment for a patient with your practice? How do the practice manage this?

How do GPs/OOH's communicate with each other?

What services are available to keep patients out of the hospital?

How do patients access their out-of-hours service? Ask your patients if they know how to do this?

Do any of the doctors in your surgery work in an out-of-hours centre?

You can discuss these questions with your Practice Manager and GP tutor during your induction. Once you have your login you will also be able to review the appointment system. The following website is also a useful resource; <https://fingertips.phe.org.uk/profile/general-practice>.

You will also have a **planning tutorial on your first day**. Your supervisor will ask you to complete a formative Mini-CEX around which to base feedback. Although designed to be used to aid your development, a 'successfully' completed Mini-CEX can be used as evidence for one applicable EPA.

Rest of your placement

Each day you will have a **3-point-check-in** with your GP tutor for the day. This will be allocated time to meet with your tutor at the beginning of the day when you arrive, following your morning session and at the end of the day before you leave. We hope that this will enable you to optimise learning opportunities throughout the day and debrief on any issues or concerns.

The main learning activity will be seeing patients. This involves performing a complete consultation. As part of this you will develop your consultation, diagnostic and management skills. You may consult patients as a pair of students, by yourself in your own surgery, when directly supervised by the GP or by yourself in settings outside of the consulting room, such as nursing homes or patients' own homes. Each consultation will require you to present back to the GP and to have your diagnosis and management checked, allowing you many opportunities to develop succinct presentation skills and gain feedback on each case. These encounters are not 'long cases'. They are realistic consultations for your level of training. You should be able to complete a consultation in 20-30 minutes, including discussion with the GP.

In response to feedback from previous students who highlighted the opportunity to consult alone, we have introduced a suggested weekly minimum of

- **4 student led surgeries**
 - consulting individually or in pairs with patients in their own room before asking you to come through to review
- **1 joint/observed surgery (GP tutor directly observing you consult)**
 - the students consulting individually with patients whilst you and the other student observe them and give feedback

There will also be time to spend learning other aspects of clinical work. GPs see many investigation results per day and so working through these, perhaps as part of a tutorial, is a great way to rapidly develop plans to deal with abnormal results.

You will need to be timetabled for 28 hours in practice. Some example timetables are shown below but there is flexibility in what you can do during your time. It is up to you and your supervisor to come up with a plan which works for you both.

Example timetable for 4 day working week (28 hours)

	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student led Surgery (9-12.30 including admin/patient follow up)	Student led Surgery (9-12.30 including admin/patient follow up)	Cluster Based Teaching	Student led Surgery (9-12.30 including admin/patient follow up)	Student led Surgery (9-12.30 including admin/patient follow up)
Lunch	Break (12.30-1) Home visit (1-2)	Practice Meeting (12.30-1)		Break (12.30-1) Home visit (1-2)	Break (12.30-1)
PM	Community/Allied Health (2-5)	Private study	Private Study	Observed Surgery/Tutorial (2-5)	Project (1-5)

Example timetable for 3 day working week (28 hours)

	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student led Surgery (8.30-12 including admin/patient follow-up)	Private Study	Cluster Based Teaching	Student led Surgery (9-12.30 including admin/patient follow-up)	Student led Surgery (8.30-12 including admin/patient follow-up)
Lunch	Break (12-12.30)	TOIL		Break (12.30-1)	Break (12-12.30)
	Home visit (12.30-1.30)			Practice Meeting/Home visit (1-2)	Student Project (12.30-2.30)
	Break (1.30-2)				Break (2.30-3)
PM	Community/Allied Health (2-4.30)	TOIL	Private Study	Observed Surgery/ Tutorial (2-5)	Student led surgery (3-6.30)
	Student Project (4.30-6.30)				

Remote Consulting

The aim of this placement is for you to consult independently. However due to the shift in general practice to more remote consulting, which is likely to be less familiar to you, you and your tutor may decide it would be beneficial for you to observe a couple of surgeries prior to your first student led surgery. We would like this to be active observation with the consultations on speaker phone. Here is a link to an [observation form](#) you could use whilst observing remote consultations.

Other things to observe:

- Are there any differences between remote consulting and face-face consulting?
- How does the GP gain rapport with the patient?
- Would seeing the patient via video or face to face add anything to the consultation?
- How does the GP examine/get an indication of observations remotely?
- Do you think the management would have been any different if the consultation was face-face? Why?
- How does the GP check patient understanding?
- How does the GP safety net?

When you run your own clinics, it may be that your first contact with a patient will be remotely too. If you are in pairs, your colleague could use the observation form above to help give you feedback. Please discuss with your tutor about how they want you to run your student clinics. As you have more time you may prefer to video call your patients first or your tutor may arrange for you to see pre-triaged patients face-face. Your surgery will provide appropriate PPE to do this. Each surgery has their own protocols about how they are seeing patients so please check with your supervisor before advising any patients to attend the surgery.

The first cluster-based teaching session will mainly focus on remote consultation to help support you with this. Please also see the link to a Sway [remote consulting resource for students](#).

Patient Follow-up

We would like you to make the most of the opportunities of a longer block in primary care by following-up your patients and reflecting on the outcomes of your consultation, tests you have requested and referrals you have made. Please consider discussing any interesting cases in your cluster teaching sessions.

Self-Care Activation

Please consider **self-care activation** of all the patients you consult. You may wish to bring back patients you have seen specifically to focus on this.

Self-care activation is a concept you know from the Effective Consulting course. It is what we can do as doctors to help our patients find ways of getting well, staying well and living well with persisting conditions. We can do this in loads of different ways – one of which is engaging in Lifestyle Conversations (*Lifies*).

What in general is the *Lifestyle Conversation*?

It is a style of medical interviewing that helps you identify, and where appropriate make interventions, related to your patient's self-care needs. It builds on the patient's needs and preferences rather than the doctor's perspective. The *Lifie* has stages, as explained in the infographic in the Appendix 1, and summarised as follows:

Opening (**Who** are we talking to?) [you can afford to spend extra time on this stage]
Scan/Zoom/Focus (**What** is the issue?) [note the need to assess "readiness to change"]
Kindling (**Why** make a change?) [helping the patient identify their motivation to make a change]
Planning (**How** might you make a change?) [leading with patient's idea but also seeding your own]
Closing (**When** – what's the immediate plan?) [you can follow-up on this at subsequent meetings]

What areas might you touch on in self-care activation/*Lifie*?

- Information needs on conditions – some patients really benefit from clear explanations
- Connecting the person to local or online resources related to their condition
- Assessment and support for the *carers* of your allocated patient
- Engagement with common lifestyle issues like smoking/ problem drinking/ poor dietary habits/ lack of physical exercise/ poor sleep/ emotional stress

Why is it important to promote self-care activation?

Patients generally love to feel actively involved. Life with persisting conditions can often be improved by better information and lifestyle choices. For conditions such as IHD and T2DM lifestyle approaches can alter hard outcomes. Lifestyle interventions are a formal part of many NICE guidelines and are actively encouraged by the GMC (Outcomes for Graduates 2018).

How will I know how to do this?

You have had training in self-care activation in Y1-4 of MB21 – so draw on that, even if a distant memory! On your first encounter seek to get to know the patient and scope the issues. This will give you time to research possible options to explore on subsequent meetings, these may include lifestyle support around smoking, alcohol, exercise or weight, or signposting to support groups, websites or podcasts. See [appendix 1](#) for support on initiating a life-style conversation.

How will my efforts be appraised?

Hopefully by your patient but also by your GP tutor or cluster tutor in case based discussions.

Allied Health Care professionals

You will be allocated one session a week to spend time with Allied Health Care professionals. This is your opportunity to find out more about health care professions that you have not yet been exposed to but will be working alongside throughout your career.

Your tutor may have some suggestions but we would be very happy for you to arrange your own sessions to suit your learning needs and interests. Please discuss this with your tutor in your planning meeting on the first day of your placement.

Some examples include:

- Practice nurses - routine clinics, baby clinics, chronic disease clinics, dressings etc.
- HCA's – observing or running own phlebotomy, BP, ECG, dipstick clinics
- Social prescriber
- Pharmacist
- Practice manager – learning about business side of GP
- Mental health specialist nurse
- BDP worker
- District nurses
- Palliative care team
- Midwives
- Health visitors
- GPSIs – coil clinics, minor surgery
- Sexual health clinic
- Abortion services
- Community dermatology
- Community MSK clinics
- Paramedic
- Advanced Care Practitioners
- Referral service
- Rapid response teams

Student Initiated Project

We would like you to design and run a patient-facing project in your pairs. You will have eight planning sessions for this and a session in which to deliver it.

New for this year:

- We have collaborated with Sustainable health care and public health to support the student project.
- You will receive a handbook and will have a remote teaching session outlining the project. **You will have the option to choose a supported project on ethnicity coding within your practice but can also choose to do your own independent project, see below.**
- Whilst the project is remaining **formative**, we have now created a **mark sheet** to help guide some feedback; this is available on Blackboard.

We have asked your GP teachers to think of some achievable suggestions for you but you may have your own ideas. The purpose of this project is for you to provide a really useful service to your patients. You know an awful lot at this stage of your training so it would be good to share that with the local population.

Some ideas from previous years:

- Setting up a patient participations group – CCG will meet with students to advise how to do this
- Organising a memory café/carer café/leg club (patients getting regular dressings for ulcers)
- Searching EMIS for patients with certain conditions useful for student teaching. Reviewing notes and if suitable writing to patients to see if they would be interested in being involved in teaching. Consenting those that respond and creating a database for GP tutors
- Producing a leaflet/poster/electronic screen message for patients
 - An example includes a mental health leaflet with information about online resources, crisis numbers, national charities
 - A leaflet on mindfulness
 - Leaflet on dosette box provision in local area
 - Video on social prescribing for practice website
 - Leaflet on healthy eating
 - A podcast on sleep hygiene
- Updating Self-care section on surgery website
- Survey staff about useful templates for AccuRx and create them
- Running an education session for local nursing homes, new diabetics, new mums
- Mini audits:
 - DOACS and Warfarin – do they all have indication e.g. for AF, lifelong for multiple DVT
 - DOACs – are patients on correct adjusted NOAC dose based on eGFR
 - Following review of asthma deaths are any patients getting more than 12 salbutamol a year. High risk patients, need review, asthma management plan and potential referral to secondary care
 - Review of patients on long term bisphosphonates, did they require a DEXA at 5 years
- Creating a paediatric eczema plan
- Review new NICE guidance, check how relates to current practice and put new protocol in place E.g. review patients >65 on NSAIDs/DOACs but not on PPI
 - Allopurinol prescribing in Gout
- Look at significant events meetings/CCG report – are there any outstanding issues the students can address
 - Audit on amitriptyline and opioid co-prescribing following patient death and coroner concerns
 - Designing home visit card for GPs to leave with patients to help explain what had been done for carers/family

There are so many things that you could provide. You may have a particular interest or your practice may identify an area of need. There is plenty of time in the timetable for you to design and run something. If this would be better run as an evening or weekend morning event there is no problem with you taking a session off as time off in lieu of this.

You can also choose to undertake your project with a local third sector organisation. You can ask your tutor for ideas or if you have a particular interest you can approach an organisation directly. If there is a social prescribing lead attached to your practice they will also be a good source of information. Please see the Primary and Community Care section of your Blackboard course for ideas of third sector organisations you could work with in each academy area.

You, or the organisation, may have ideas for a small project that you could undertake but your project could simply be spending time with an organisation, finding out more about what it does and highlighting this to staff and patient in your practice through an education evening, poster or leaflet.

Bursaries

If you complete an interesting audit or QIP please consider presenting this at the National RCGP conference. We had several students who successfully did this last year.

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

www.bristol.ac.uk/primaryhealthcare/teaching/prizes-and-bursaries

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

Cluster Based Teaching

You will be out of practice every Wednesday for Cluster Based Teaching. You will meet with 4-8 other students from local practices for either a morning or afternoon session. **A separate email will be sent to you by the PHC team with individual details on timings and location for this.**

The aims of the placement are to:

- Meet with colleagues to share experiences and learning from GP placement
- Reflect on patient cases and how this relates to current guidelines
- Develop advanced consultation skills
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered
- Reflect on General Practice as a speciality and potential career option
- Further expand on non-clinical areas to develop as a well-rounded practitioner

Each session has a suggested theme and outline. The aim is for this to be student-led with students deciding each week what they would like to discuss and bringing relevant cases, articles and pre-prepared presentations. The more you prepare for this session, the more you will get out of it. You will also get the opportunity to practice advanced consultation skills with pre-prepared role play sessions. Each group will be facilitated by a GP tutor who will link learning and discussion throughout the sessions to professional practice as a foundation doctor.

You will be sent a guide with more information about the content of your sessions separately. One week in advance of each session, a session plan and compulsory pre-session work will be uploaded onto Blackboard/OneNote for you to complete prior to the session. We would hope that the pre-learning would be areas that would be naturally covered during the placement, largely self-directed by yourselves or discussed during the observed surgery/tutorial. You can use your private study or lunch breaks to complete this work. The table below is a summary of this but is subject to change so please only use as a guide and ensure you check the most recent session plans weekly.

Week	Topic	Pre-learning
Week 1	Intro/Remote Consulting/ Common Primary Care presentations	<ul style="list-style-type: none"> Read through the remote consulting resource for students prior to the session. The document contains a link to an interactive sway tutorial.
Week 2	Emergency Care	<ul style="list-style-type: none"> Look at post-event communication from Integrated Urgent Care (IUC). Contact ONE patient who has had a recent discharge from the primary care out-of-hours provider to find out about their experience.
Week 3	Prescribing	<ul style="list-style-type: none"> Use the 7 step-approach to review the medications of a pre-prepared case and propose changes to the prescription. Identify a patient in your practice who is on 7 or more medications. Carry out a structured medication review on this patient. Be prepared to share your medication review with the group – what did you learn and any top prescribing tips for your colleagues.
Week 4	Blood Tests	<ul style="list-style-type: none"> Find out how bloods processed in practice. If possible review a set of bloods and discuss how you would deal with them. Look up local guidelines on interpreting blood test results. Investigate one type of blood test in detail and present back to cluster group.
Week 5	Being a GP	<ul style="list-style-type: none"> Talk to GPs in your practice about their job and experience of being a doctor. How do they look after their health? Reflect on your experience of being a patient and how you look after your health.
Week 6	Managing Uncertainty	<ul style="list-style-type: none"> When reviewing patients with your tutor, discuss how they manage uncertainty. Bring details of a case where you have had to manage uncertainty. Discuss with your tutors about how complaints are managed in practice.
Week 7	End of life conversations	<ul style="list-style-type: none"> Read about a ReSPECT form and review training modules at learning.respectprocess.org.uk. Articles have been provided on Lasting power of attorney, place of death and DNAR discussions.
Week 8	Using an Interpreter	<ul style="list-style-type: none"> Read pre-prepared background material. Find out how interpreters are used in practice. If possible observe a consultation using an interpreter.
Week 9	Present Outside the Box project	<ul style="list-style-type: none"> Prepare a 5 minute micro teach session.

Out of Hours

We are really keen to get you involved in the Out of Hours (OOH) setting. There are more 'out of hours' in the week than there are 'in hours' yet there is very little exposure to this setting for you in the curriculum currently. In Year 5 we are working to address this.

SevernSide (Bristol/North Somerset) are offering all students in these academies sessions for various evenings/weekends over the PPP block. **You will be informed which session you have been allocated. You will then need to advise your GP supervisor of the date and will be given a session off in lieu for this. These sessions are compulsory. If you cannot make your allocated session you will need to arrange a swap with another student.**

We are still in discussions with Devon Doctors (Taunton and Yeovil), Medvivo (Bath and Swindon) and Practice Plus Group (Gloucestershire) and will update students in these academies when we have further information.

OOH is an interface between primary and secondary care – you will clerk patients as an F1 received from the OOH setting and when discharging patients will often advise them to phone 111 should they have any problems out of hours. Do you know anything about the service? We have asked that the OOH supervisors get you to see some patients and get feedback about your management of urgent problems. There are often opportunities to see patients in 'base' but also go out and do home visits in the liveried car which is full of kit and emergency drugs. You will be contacted directly about this opportunity and a further handbook is available specific to the area in which you are working.

Your in-hours GP teacher may or may not work in the OOH setting. If they do, ask to go along with them. You can take a session off in lieu of your day time placement for a session worked in OOH.

Managing the lunchtime gap

Some students in previous years have fed back that the lunchtime gap in practices sometimes feels long or that they are in the way.

We have suggested a few ideas of how you can use this time below:

Best options and what we should all be doing!

- Sit down with colleagues, eat lunch and chat
- Invigorating/de-stressing walk round the locality
- Make a cup of tea for everyone in the building
- Someone on Twitter suggested press-ups and jogging!

Educational activities...

- Accompany GPs on home visits (does not have to be own GP teacher)
- Personal study – Did you have any learning points from patients that you saw this morning? Do you have any pre-session work to complete for Cluster Based teaching?
- Could you do your project work and then take your allocated project time as private study/time in lieu.
- Online learning - via Blackboard or other sites e.g. www.bradfordvts.co.uk
- Practice based educational events and meetings
- Review practice SEAs and summarise learning points

- Meeting with interesting patients in the surgery
- Time with allied health care professionals (ensure they are allowed time for teaching)
- Review CAPS logbook: look at EMIS appointment screens to see what opportunities are coming up for additional learning (ECG/IM inj/spirometry/IUD fits/Minor surgery etc.)
- Identify a condition seen recently and research, then present back to GP teacher.
 - www.patient.co.uk
 - www.gpnotebook.com
 - <https://cks.nice.org.uk/>
- Prescribing
 - **Review a list of all medications prescribed** in the previous session – for each look up the indications, contraindications, possible side effects, monitoring
 - **Medication reviews, or specifically** look at a patient with polypharmacy and try to identify any medications to review
- Involve the student in mutually beneficial activities such as
 - **Care plans**
 - **Audits**
 - **Learning disability reviews**
 - **Case reviews**
- **Review of blood results** - consider which ones may need action/ are important and decide management plans. Can encourage them to use the 'Haematology for GP' guidance on Remedy and the clinical biochemistry page
- **Referral letters** - Students suggested they would like to practice this: can look up local referral pathways and draft a letter with all the relevant information
- **Reviewing incoming documents** e.g. discharge/clinic letters see what tasks there are for the GP/ are these appropriate/ has any medication changed etc.?

Assessment

To complete the Year 5 Primary Care attachment you need to:

- Complete one satisfactory MiniCex
- Complete one satisfactory Case Based Discussion (CBD)
- Complete a Team Assessment of Behaviour (TAB) – **Nov-Jan stream ONLY**
- Complete your student assistantship log on OneNote
- Complete your student initiated project
- Present your outside the box (OTB) project, please see cluster based teaching (CBT) guide for more information
- Have at least 80% attendance
- Have satisfactory engagement and performance

To complete PPP you need to:

- Complete your EPAs in MyProgress
 - **By the end of Block A (Nov-Jan) have at least 1 signature for each of EPA 1-14.**

- **By the end of Block B (Jan-April) have at least 3 signatures for each EPA 1-14.**
- **By the 19th of May (Block C) have 5 signatures for each EPA 1-14.**
- Complete the CAPs logbook (no minimum entries required in primary care)

Mini-CEX

You are expected to fill entries in your Year 5 ePortfolio against the Entrustable Professional Activities (EPAs) and **at least one of these contributing tasks should be a Mini-CEX in primary care.**

We suggest that, instead of doing just one, you do one each week during your observed surgery to guide your learning. Your first tutorial should have you consult a patient while the supervising GP records the encounter on a Mini-CEX form. This is then used for the two of you to plan the rotation based on any strengths or areas of improvement identified. A Mini-CEX can then be completed each week to assess progress and guide learning opportunities for the following weeks. Finally, a Mini-CEX can be completed in the last week to allow you to see how you have developed and plan goals for the rest of PPP or indeed for your F1 year. Only one is compulsory and only one needs to be remote, but you will likely find them a useful tool around which to base your development. All of them, or one of them could be included in the ePortfolio depending upon how you feel about them and their outcome. In Primary Care, your Mini-CEXs should assess a complete consultation. The choice of which EPA to put them against should be made in conjunction with your GP teacher.

A Mini-CEX consultation should take not less than 10 and not more than 20 minutes for you to complete with the patient – good time management comes from having a good structure to your consultation and prioritising areas appropriately.

Cased Based Discussions (CBDs)

You will need to complete at least one CBD during your primary care attachment. This is a structured discussion of a clinical case, that has been seen by you, with your GP tutor. You will naturally discuss many patients with the GP during your placement but the CBD must be a planned event rather than completed after an informal discussion. You can use your observed surgery/tutorial time to complete this assessment.

Team Assessment of Behaviour (TAB)

If you are doing your general practice rotation as the first rotation in PPP (Nov-Jan), you will complete a TAB; details are in your Year 5 Handbook.

Year 5 ePortfolio

Completion of the Year 5 ePortfolio is required to demonstrate that a range of people believe you ‘entrustable’ to perform a range of activities as an F1 doctor. Entrustable Professional Activities (EPAs) are the key components of a competent F1. They are described in more detail [here](#).

Within Primary Care, there are many opportunities to perform the various tasks that can contribute to demonstrating that you are entrustable, please see table below. You will be undertaking your Primary Care rotation either first, second or third through PPP. As such, you will be at different stages of knowing your strengths and weaknesses. You will also be at various stages of completing your Year 5 Workbook and CAPS Log book. **It is important with each rotation, including Primary Care, that you consider what you want and need to get out of the learning opportunities available and plan your rotation accordingly. Sitting down at the beginning of the rotation with your GP tutor to discuss this is, therefore, key.**

EPA	Description	Example activities <i>*please note all activities need to be reviewed by supervising GP</i>
1	Gather a history and perform a mental state and physical examination	Observed consultation
2	Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means	Observed consultation PSQ Use of translator Use of visual aids
3	Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	Discussion with GP/AHP Enable self-care Referral/Advice letter Documentation in notes Assigned patient
4	Recommend and interpret common diagnostic and screening tests	Arrange investigations for a patient – follow up results Interpret pathology results – comment on blood results before they are filed. Tutorial using local pathology guidelines for abnormal results or filing supervisors results Cluster Based Teaching session
5	Prescribe appropriately and safely	Initiate prescription for patient Alter doses of medication Medication reviews Reconcile discharge summaries Mini-audits e.g. NSAIDs and PPI Cluster Based Teaching session
6	Document a clinical encounter in the patient record	Complete electronic patient record – whilst supervisor/colleague consulting or during/at the end of an encounter Discuss documentation during tutorials
7	Provide an oral presentation of a clinical encounter	Present patient to supervisor Present patient case at practice meeting
8	Form clinical questions and retrieve evidence to advance patient care and/or population health	Assign mini-topics each day to complete after surgery Student project Tutorials – patient-based discussions
9	Give or receive a patient handover to transition care responsibly	Admit patient to hospital or refer to ambulance
10	Communicate clearly and effectively with colleagues verbally and by other means	TAB Referral letter Handover patient to colleague

11	Collaborate as a member of an inter-professional team, both clinically and educationally	Work with allied health care professionals
12	Recognise a patient requiring urgent or emergency care and initiate evaluation and management	Assess patient on duty list Out of hours sessions
13	Obtain informed consent for tests and/or procedures	Obtain consent for a test e.g. PSA Obtain a consent for a procedure e.g. rectal examination, speculum and swabs Enroll patient in practice clinical trial
14	Contribute to a culture of safety and improvement and recognise and respond to system failures	Mini audit Significant event reporting or meeting Reporting relevant illnesses to public health
15	Undertake appropriate practical procedures	CAPS logbook
16	Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor	TAB Cluster Based Teaching sessions

Feedback

As this is a new and extended course we will be asking you for feedback at the end of weeks 3, 6 and 9. You will receive an email link reminding you to complete this. It should take no longer than 5 minutes to complete and time should be allocated to do this within your working day.

Student Prizes

We would like to formally recognize exceptional students that have particularly impressed their tutors during the primary care attachment. At the end of the attachment, we will ask your tutor if they would like to nominate you for a prize. This is a monetary prize and can count for additional points on future job applications.

Criteria for nomination would include:

- Achieved 80% attendance
- Excellent engagement and performance
- Excellent patient and colleague feedback
- Presented outstanding project work
- Went above and beyond that expected from a 5th year medical student

Student Wellbeing

There are a lot of ways you can get support if you are struggling.

Support within the University:

- You can request support by completing a [Wellbeing Access form](#), email wellbeing-access@bristol.ac.uk or call 0117 456 9860 (open 24 hours). If students are uncertain what kind of support they need, the University suggests contacting wellbeing access who will be happy to help.

- [Multifaith Chaplaincy](mailto:multifaith-chaplaincy@bristol.ac.uk): 0117 954 6600 | multifaith-chaplaincy@bristol.ac.uk
- [Students' Health Service](tel:01173302720): 0117 330 2720

Out of hours and outside the university, the following services are available 24/7:

- [Together all \(formerly Big White Wall\)](#): provides peer and professional support
- [Bristol Mindline](#): a confidential freephone helpline if you or someone you know is in distress
- [The Samaritans](#): freephone number 116123 available for anyone in distress

Primary Care Staff Contacts

If you encounter problems with your GP placement, please contact the GP lead or the administrator for your academy, details in the table below.

Element Organiser

Dr Veronica Boon
 Population Health Sciences
 Bristol Medical School
 University of Bristol
 Canynge Hall
 39 Whatley Road
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Veronica.boon@bristol.ac.uk

Dr Lizzie Grove
 Centre for Academic Primary Care
 Bristol Medical School
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Element Administrator

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 University of Bristol
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 (0117) 42 82987
phc-teaching@bristol.ac.uk

Links to useful documents

The [Assessments and Feedback](#) section of the MBChB SharePoint contains useful information for students and staff.

Appendix 1 – The Lifestyle Conversation



A visual aid for The Lifestyle Conversation

The Lifestyle Conversation (Lifie) can be a stand-alone consultation or, in a briefer format, integrated into a normal clerking. The questions below are only indicative and can be adapted by style and circumstance.



Graphic designed by **Dr Iain Broadley**; member of the LCP (Lifie) Research Team, Nutritank Co-Founder, Bristol Medical School Covid-2020 Alumni & FY1 Doctor
Source • Centre for Academic Primary Care, Bristol Medical School (Ref)



Appendix 2 – Self Directed Learning Resources.

- Reflect upon the presentation or management of a case you have seen.
- Review a patient information leaflet- see www.patient.co.uk.
- Meet up with or video link with a colleague and role play scenarios. https://www.pennine-gp-training.co.uk/CSA_case_scenarios.html
- Learn about patient experiences at <https://www.healthtalk.org/>
- Review new NICE guidelines
- Read some medical literature and reflect on it with a colleague
 - This is going to hurt – secret diaries of a junior doctor
 - When breath becomes air
 - Being mortal
 - War doctor
 - Unnatural causes
 - With the end in mind
 - Also human
 - Elizabeth is missing
- **Prescribing**
 - <https://geekymedics.com/top-tips-for-the-prescribing-safety-assessment-psa/>
 - <https://www.bradfordvts.co.uk/wp-content/onlineresources/clinicalskills/prescribing/10%20tips%20for%20safer%20prescribing.pdf>
 - <https://www.pharmaceutical-journal.com/learning/learning-article/the-top-ten-prescribing-errors-in-practice-and-how-to-avoid-them/20206123.article?firstPass=false>
 - <http://www.polypharmacy.scot.nhs.uk/polypharmacy-guidance-medicines-review/for-healthcareprofessionals/7-steps/step-1-what-matters-to-the-patient/>
 - https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_177_35786&programmId=177
 - <https://portal.e-lfh.org.uk/MyElearning/Catalogue/Index>
 - <https://openprescribing.net/>
 - *Look at overall prescribing trends, rise and fall of the use of particular drugs.*
https://openprescribing.net/long_term_trends/

- **Other useful Websites**

- <http://learning.bmj.com/> there are some good eLearning modules available free to students (for first year at least)
- <https://www.gpnotebook.co.uk/homepage>
- <https://elearning.rcgp.org.uk/mod/page/view.php?id=3927> – some free e-learning modules.
- <https://www.nbmedical.com/podcast> - short informative podcasts – currently free
- <http://cks.nice.org.uk/>
- <https://remedy.bnssqccg.nhs.uk/>
 - Lots of useful local protocols and guidance
- <https://www.bradfordvts.co.uk/communication-skills/>
 - Designed for GP trainees but lots of useful and relevant information for medical students especially with regard to clinical and communication skills. .

- **Textbooks**

- *Essential primary care - textbook. Edited by Blythe, A & Buchan J. Chichester : Wiley Blackwell, 2017.*
- *Stephenson. A Textbook of General Practice 3rd Edition*
- *Simon, Everitt & Kendrick. Oxford Handbook of General Practice 3rd Ed*
- *Hopcroft & Forte. Symptom Sorter 5th Ed*
- *Storr, Nicholls, Lea, Leigh & McMain. General Practice: Clinical Cases Uncovered*