School of Medicine

ACE (Clinical Phase 3)

Primary Care Attachment

2017 - 2018

GP Tutors Guidebook

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INTRODUCTION

I would like to thank you for teaching the final year medical students during their Primary Care Attachment on the Nottingham Undergraduate Course. The students will have completed basic medicine and surgery, called Clinical Phase 1, and then their specials rotations in Clinical Phase 2. During Clinical Phase 2 students will also have completed the four-week Community Based Medicine attachment in Primary Care. As a result they should be able to start using their clinical knowledge and skills to solve some of the problems presented by patients. The aim of the final year, which is referred to as Clinical Phase 3 or Advanced Clinical Experience (ACE), is to prepare the students for their junior doctor years. You are probably aware that on qualification all doctors will spend two years on a foundation programme rotating through six posts of 4 months.

Summary of the final year Primary Care attachment

<table>
<thead>
<tr>
<th>Practice Based Tasks</th>
<th>Divisional Based Teaching</th>
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<tbody>
<tr>
<td>22 dedicated clinical sessions at the practice - sit in with GP, discuss cases, practice clinical skills opportunistically</td>
<td>Introductory e-learning modules covering topics relevant to primary and Clinical Governance.</td>
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<tr>
<td>Up to 7 Quality Initiatives in Practice sessions; this will involve time spent working on the clinical governance project or reinforcing clinical and seminar experience with relevant reading.</td>
<td>Consultation skills lecture provided as a resource on Moodle - to be completed by students before their CSE sessions</td>
</tr>
<tr>
<td>Interview AT LEAST 20 patients on their own and complete management plans using the patient consultation record sheet. Discuss one of the patient interviews and receive feedback in the case based discussion (CBD) task</td>
<td>4 advanced consultation skills sessions with Actors</td>
</tr>
<tr>
<td>Identify 2 ethical issues for small group session</td>
<td>1 small group teaching session – covering careers and ethics.</td>
</tr>
<tr>
<td>3 Mandatory Assessments of Core Clinical Skills (MACCS)</td>
<td>Central teaching; Fridays</td>
</tr>
<tr>
<td>Up to 3 optional sessions with Primary Health Care Team members, complete one task sheet</td>
<td>Public health lecture, which will now take place once a year during the core Friday teaching</td>
</tr>
<tr>
<td>Complete pain chart for Palliative Care day</td>
<td>Palliative Care Day</td>
</tr>
<tr>
<td>Complete clinical governance project</td>
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I hope you find this guide useful – whether you are a new tutor or one who has been teaching for many years. It contains lots of practical advice, much of which has been suggested by lecturers and GP tutors at Teaching Away Days. It also contains guidance on important issues such as assessment, patient consent and how to handle student complaints.
Assessment
The student is assessed by the practice based GP tutor at the end of that attachment. The end of attachment sign off and MACCS are to be signed off electronically. Other assessments (e.g. Clinical Governance Project, Case-Based Discussion, Public Health template) will continue to be signed off using paper forms that can be found in the student ACE logbook.

Students should be rated on their professional attitude, reflective practice, attendance, initiative and enthusiasm. Knowledge and skills are rated independently of this attachment in their final years OSCE and summative knowledge test.

Indicative grade criteria are given in the assessment section of this guide.

In addition, students are required to complete the set tasks for the course. There are simple tick boxes and signatures for satisfactory completion. The exception is the Clinical Governance project which is marked.

Student Feedback
We ask all students to give feedback about the attachment. We will send you your practice feedback at the end of the academic year.

Patient complaints
If you receive a patient complaint about an attached student, we have a complaints procedure in place. Please contact the Course Convenor if this situation arises.

Course organisers
Dr Jaspal Taggar is the Course Convenor based at Nottingham, and covers student and GP tutor problems for Nottinghamshire and Derbyshire.

We have three Community Sub-deans who each have their own area of responsibility:

Dr Christine Johnson - GP tutor recruitment and training in Nottinghamshire
Dr Marcus Wilkinson - GP placements in Nottinghamshire and Derbyshire
Dr Runa Saha - GP placements in Lincolnshire

I hope that you continue to find teaching Final Year students a rewarding experience despite the increasing pressure of work and pace of change in general practice!

Dr Jaspal Taggar
Primary Care Attachment Course Convenor
jaspal.taggar@nottingham.ac.uk
**DIVISIONAL CONTACTS**

If you have any problems or queries, please contact the following:

<table>
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<tr>
<th>Teaching issues</th>
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<tr>
<td><strong>Nottinghamshire/Derbyshire</strong></td>
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</tbody>
</table>
| **GP Practices:** | **Tel:** (0115) 8230462  
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| Dr Runa Saha  
c/o Lindsey Rowlinson  
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<table>
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<th>Administration issues</th>
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<td><strong>All locations:</strong></td>
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<table>
<thead>
<tr>
<th>SIFT Payment, Service Level Agreement (SLA) or EPPA queries</th>
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<td><strong>All locations:</strong></td>
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AIMS OF THE ATTACHMENT

Student as a scholar and a scientist

1. To develop knowledge and understanding of the prevention, presentation, assessment and management of illness in primary care - this will include the psychosocial and physical aspects

2. To develop knowledge and understanding of palliative care

3. To develop knowledge and understanding of the organisation of primary care in the NHS and the practical constraints within which services are delivered

Student as a practitioner

1. To develop clinical problem solving skills including the ability to formulate management plans with patients within the consultation

2. Further develop effective communication skills especially when dealing with more challenging consultations

3. Safely carry out some clinical tasks relevant to primary care

Student as a professional

1. To develop knowledge, understanding and appreciation of the role of the different members of the primary health care team

2. To apply an ethical decision making framework in a primary care setting

3. To develop knowledge of principles and demonstrate the practice of clinical governance

4. To develop knowledge and understanding of the career opportunities in general practice

5. To further develop professional attitudes consistent with the GMC’s Good Medical Practice
LEARNING OUTCOMES OF THE ATTACHMENT

The learning outcomes listed below are linked to the aims of the attachment listed on the previous page.

Student as a scholar and a scientist

By the end of the attachment the student should be able to:

- Describe the main health promotion and disease prevention activities in primary care
- Formulate an appropriate management plan for the common conditions seen in primary care
- Discuss the main requirements for effective palliative care in primary care
- State and apply the principles of chronic disease management to one of the following:
  - Coronary Heart Disease
  - Congestive Cardiac Failure
  - Hypertension
  - Stroke/TIA
  - Asthma/COPD
  - Epilepsy
  - Mental health (recurrent depression)
  - Neurodegenerative diseases such as Parkinson’s and Alzheimer’s disease
- Understand the structure of NHS and the different methods in which primary care is delivered
- Understand and apply the principles of public health in primary care

Student as a practitioner

By the end of the attachment the student should be able to:

- Carry out a consultation with a patient and formulate a management plan using a consultation model:
  - Taking an appropriate history and examination
  - Identifying why the patient attended
  - Identifying the most likely diagnosis
  - Formulating a relevant primary care management plan
  - Providing an understandable explanation to the patients
  - Making an adequate record and completing the administration associated with the consultation (e.g. referral letters, prescription)
- Communicate effectively with patients and colleagues, especially in challenging circumstances, such as breaking bad news, dealing with aggressive patients
- Support patients in caring for themselves in the context of minor and chronic illness
- Contribute to care of patients and their families at the end of life
- Use information effectively in a medical context, including effective written communication and effective use of computer and other information systems
- Carry out practical procedures appropriate to primary care safely and effectively
**Student as a professional**

*By the end of the attachment the student should be able to:*

- Analyse ethical problems that present in primary care and justify the decisions that are made in terms of the ethical principles and Good Medical Practice

- Apply principles of continuing professional development:
  - Devise your own learning outcomes for the attachment, based on your current learning needs and previous knowledge and experience
  - Analyse and reflect on their own and others consultation skills

- Understand and respect the roles and relationships between members of the Primary health care team e.g. the practice nurse, health visitor, district nurse, midwife and practice administrative staff in the context of working and learning as a multi-professional team

- Understand and apply the principle of clinical governance to improve patient care

- Respond constructively to the outcomes of appraisals and assessments

- Outline the training required to become a GP and the range of possible career options in general practice

The student should continue to behave according to ethical and legal principles. *By the end of the attachment the student should be able to demonstrate:*

- A caring and responsible professional attitude
- Respect for patients and health care staff
- Integrity and honesty (probity)
- Interest and enthusiasm
GUIDELINES FOR TEACHING IN THE PRACTICE

Practice Tutor’s Role

The practice tutor’s role is to enable students to make the best use of their time in general practice during the attachment. Even if several partners in the practice provide final year students with teaching, each student should have one identified GP tutor who will:

- Be familiar with the aims and learning outcomes of the attachment, the content of the Student ACE Log Book and its appropriate use
- Welcome and orientate students on the first morning of their attachment
- Negotiate and prepare an explicitly timetabled teaching program
- Ensure that the learning outcomes of the attachment are met
- Ensure that teaching occurs at designated times and that cancelled sessions are repeated if necessary
- Ensure patient consent is obtained for students to be present when patients consult
- Manage other members of the practice team for teaching purposes and ensure that they are properly briefed concerning the learning outcomes of the attachment
- Enable students to identify their own strengths and weaknesses and their own learning outcomes for the attachment
- Ensure student safety on home visits is considered if visits are done by the student alone
- Check student’s progress regularly and provide feedback
- Ensure that teaching is carried out sensitively and with due consideration for the student’s abilities, avoiding teaching by humiliation
- Assess students using the criteria in the student ACE Log Book and provide feedback on progress and achievement
- Liaise with the course convenor if there are concerns about a student’s progress
- Attend at least one training session per year relevant to Final Year teaching organised by the Division of Primary Care
- Respond to information provided by student feedback and other teaching monitoring processes to improve the organisation and delivery of practice based final year teaching
- Complete, as appropriate, a request for support form and send to: studentconcerns@nottingham.ac.uk or discuss this with the Primary Care course convenor if your student has an attitudinal or health problem.

Revalidation as a medical educator

Performance review of any extended roles as a GP, e.g. as a GP Teacher, will be considered alongside other clinical and non-clinical activities at annual NHS GP appraisal and will be part of the revalidation process conducted by your NHS GP appraiser. GPs should keep supporting information of keeping up to date and their performance both in their role as NHS GPs and any extended roles. In relation to teaching it is good practice to keep a record of any teaching activities e.g. dates you have a student in your practice, annual tutor meetings you have attended at the University, teaching preparation, assessments undertaken, feedback that has been sent to you and a short annual reflection of your role as a GP teacher. An annual entry should be added to your PDP that relates to your teaching activity.

As recommended by the School of Medicine, all GP Tutors are required to take part in an online training package available via the RCGP website called “MedWise”. Depending on how many topics are taken, we envisage that it should take approximately 3 hours of learning time to complete the package, after which you will have the option to download a certificate of satisfactory completion for your appraisal portfolio.
Preparation before the Student Arrives

The amount of time that is required for preparation will depend on your experience, but may include:

- ensuring familiarity with the Student ACE Log Book
- checking the student’s timetable
- altering surgery bookings to allow time for teaching
- flagging the appointment system so receptionists can inform patients that a student will be with you
- having a notice in the waiting room to inform patients that a medical student may be present in their consultations
- ensuring all the practice staff are aware that a student will be coming
- arranging a few sessions with other GPs and up to 3 members of the primary health care team (this is optional)
- planning methods of teaching
- ensuring the supplied student medical kit bag is replenished of disposable items and all kit is present and in good working order

The students should telephone/email you or your practice manager a couple of weeks before their attachment starts and provide you with their smart card details. Please explain what time they need to arrive, where the practice is and what they need to bring with them.

For any Smart card issues that cannot be dealt with at the Practice, for example, the certificate has expired or the student has lost their card, please contact PCA-enquiries@nottingham.ac.uk for further advice.

University provided Medical Kit Bag

Practices have been provided with medical bags that final year medical students can use to help with clinical consultations during the attachment. Please ensure this bag is mentioned as part of the student induction and made available to the student at all times during the attachment. It is the practice and student’s responsibility to look after the equipment and any faulty equipment should be reported to the practice manager as soon as possible.

It is expected that the practice will use a proportion of the SIFT payment to replenish the disposable items. Should the Practice cease to teach medical students, the medical kit bag and all equipment must be returned to the Division of Primary Care at the Medical School.

Medical bag equipment list (*makes/models may vary):

- Babinski hammer-10 handle 1.5 diameter
- New m6 blood pressure monitor-upper arm
- Omron hem large soft cuff -32-42cm
- Quality pen torch + batteries - blue
- M-pulse lite finger pulse oximeter
- WMS tongue depressor (x100)
- Braun irt 4520 tympanic thermometer
- Thermoscan probe covers x 200
- Std otoscope 2.8v + slim line handle
- Neureopen only
- Neurtips 100 sterile pins
- Replacement monofilaments 10g x 5
Patient Consent

The issue of patient consent is important and the Medical School has reviewed recommendations regarding patient consent, especially for intimate examinations e.g. rectal and vaginal examinations and examinations of the breasts or external genitalia.

In general,

- patients should be informed that a student doctor may be present when they consult their GP.
- the patient should be told the gender of the student doctor.
- the patient should be allowed to choose whether or not a student doctor is present in their consultation, and should be aware that refusing to have a student doctor present will not affect their care.
- the patient should have time to decide whether or not they want a student doctor present in the consultation - preferably by informing them when they book an appointment otherwise when they arrive for their appointment.
- it is usually appropriate to ask consent again if you want to examine the patient with a student present.
- students should also ask for verbal consent if they wish to examine a patient

Some patients may also be concerned about student doctors seeing their notes and their GP discussing them with the student when they are not present.

Specific written consent is required for audio or video recording consultations (see Primary Care Student Guidebook for consent form – Appendix A). Some practices prefer to video student consultations in preference to audiotapes - BUT THIS IS NOW AN OPTIONAL PART OF THE ATTACHMENT

If a student performs an intimate examination on a patient, they should be supervised by a suitably trained health care professional, verbal consent should be obtained from the patient and patient consent should be recorded in the patient's medical records.

Coldicott, Y Pope, C Roberts C. “The ethics of intimate examinations - teaching tomorrow’s doctors” BMJ 2003 ; 326 :97-101
Induction for Students

Induction of students in workplace

All Students should receive an induction at the placement site. The following information should be included or signposted to as part of the induction. The list is not exhaustive and placement staff should include additional topics as they deem appropriate.

Personnel (who they are, how they can be contacted)

- Practice team and administrative staff
- Clinical Placement Supervisor
- Teaching staff

Practice Information

- Useful Phone Numbers
  - Practice contact number and relevant contact to notify any absence
  - Emergency numbers (i.e. fire, cardiac call, security)
- Available Facilities
  - Coffee room / staff room / common room
  - Car-parking
  - Computer access and photocopying facilities
- Learning Resources and Access
  - IT authentication/authorisation
  - IT training
  - Policy relating to internet use
  - Location of the student medical kit bag

Working Practices

- Patient Safety
  - Working within limitations – specification of work that may be undertaken and supervisory arrangements to be followed
  - Policies related to Exposure Prone Procedures
- Health & Safety (See overleaf for further detailed information)
  - Local Fire Safety information – details of alarm sounds and required actions.
  - Infection Control
- Policies and Protocols
  - Own health and responsibility to avoid placement if ill with certain conditions
  - Child Protection Policy
  - Sharps Injuries
  - Disposal of Clinical and Non-Clinical Waste
  - Smoking Policy
  - Data Protection and Information Governance
  - Management of Violent and Aggressive Patients
  - Incident Reporting Policy
  - Gifts from patients, lost property
- Working Hours and Time-Keeping
  - Normal working day and timetable
  - Procedure regarding informing staff of absences or in case of sickness
  - Indication of when and where clinical assessments (MACCS) are most likely to be undertaken
- Dress
  - Dress code – local version
- Identity Badges
  - To be worn at all times
Health and safety in a GP practice

Please ensure students are aware of the following information as part of their induction (a laminated sheet of this has been provided to practices so students can simply read it):

Environment
On arrival at the Practice, familiarise yourself with your workspace, the location of toilets, restrooms and car parking. Remember, all GP Practices are non-smoking environments.

Fire safety
Make certain you are aware of the locations of the fire exits, alarms and extinguishers and ask the Practice Manager for details of the evacuation procedure and assembly points.

Accident or incident reporting
All accidents/incidents must be reported immediately and entered into the accident book.

First Aid kit/Emergency Resuscitation kit
Ask the Practice Manager where these are located.

Manual handling/Safe lifting
Avoid hazardous manual handling so far as is reasonably practicable, if it cannot be avoided, assess the risks to reduce the chance of injury. There are several steps to safe lifting, first, assess the load, can you lift it safely? If the answer is yes, get a firm grip, keep your feet apart, bend your knees, keep the back straight and upright, keep your chin up and the load close to your body. Seek assistance before moving heavy or unusually shaped large objects.

Stacking and storage
No object must obscure an emergency exit. Heavy objects should not be placed above head height if possible. If they must be stored high up they should be clearly labelled ‘heavy object, careful handling’.

Electrical equipment
All electrical equipment should be checked annually by a qualified Electrician. Any faults should be reported immediately. Extension leads should be used in such a way that trailing lines do not represent a tripping hazard.

Personal Protective Equipment (PPE)
Where there is a risk of personal contamination, use equipment or protective clothing provided in accordance with training received.

Waste disposal
Clinical waste i.e. soiled dressings, blood stained material etc must be disposed of in the yellow clinical waste bins provided. Glass and sharp objects should be disposed of in the bins provided so as to prevent harm to collection staff. All sharps should be disposed of in the sharps bin.

Hazardous substances
Always follow manufacturer’s instructions and wear PPE as advised. Open windows if possible to allow for ventilation. If you spill a hazardous substance seek advice. For more information refer to the Practice’s, Control of Substances Hazardous to Health (COSHH) Risk Assessments.

Bodily fluids
The Practice may have a specialised spill kit to clear up bodily fluids, ensure you follow the instructions supplied with the kit. If there is no spill kit, clear the spillage immediately but always wear PPE and dispose of contaminated materials in a yellow clinical waste bin.

Needle stick injury
Report the incident to the Practice and seek immediate medical attention. All Practices should have a policy to follow to guarantee that all risk-reducing steps are addressed.

Infection control
To stop the spread of infection, make sure you follow good hand hygiene techniques e.g. washing your hands before and after a clinical examination, always use PPE when needed and ensure the safe use and disposal of sharps.
The Introductory Phase

This may spread over the first couple of days that the student spends in the practice.

Practicalities

Introductions:
- tutor to student
- the primary health care team; the student should be shown around the practice and introduced to the members of the practice

Ensure your student knows:
- what to call you
- the times they are expected to be in the practice
- the importance of confidentiality
- where to go when they are not needed
- what to do about lunch

Structure of Learning: setting the scene- 1st Appraisal meeting

Students need to know how they are expected to learn during the attachment, so it is helpful to discuss the following points.

a) Student’s previous learning
- what attachments they have already done
- how they have been getting on
- what they have enjoyed
- have there been any gaps in their learning which they would like to address
- has the student been out with members of the primary health care team in previous clinical attachments

b) Overview of the attachment
- brief explanation of the timetable and discussion of the balance between clinical sessions, Quality Initiatives in Practice, project work and Divisional teaching.

c) Expectations
- find out your student’s expectations
- explain your expectations and those of the Division
- discuss aims of the attachment
- discuss the Student ACE Log Book

d) Teaching methods
- 1:1 observation (joint consultations)
- informal discussion
- debriefing student consultations
- opportunistic clinical skills practice
- discuss the clinical governance project and give a time and deadline to decide on an appropriate subject (the student may choose their own topic for the project)

e) Student’s responsibility for learning
- ensure the student understands that it is up to them to make the most of the learning opportunities you provide
- discuss the student’s personal learning outcomes for the month, and ask them to record these in the Student ACE Log Book.
- Help the student to do a SWOT analysis if they are finding it difficult to identify personal learning outcomes
f) Assessment
- explain the overall approach
- identify set times to discuss progress, e.g. half way through the attachment and complete second appraisal meeting
- GP tutors agree that 20 minutes of protected time is needed for the end of attachment feedback session and completing the sign offs

The Tutor-Student Relationship

This attachment is one of the few occasions when students have a one-to-one relationship with a clinical teacher. If possible, the student should spend half of their clinical sessions in the practice supervised by you to enable this relationship to develop and to allow you to provide them with appropriate feedback. You can help students by getting to know something about them as a person and by letting them get to know you as a person, not just as a GP. Students value this attachment because of the opportunity they have for personal feedback and the attention they receive from their GP tutor in the one-to-one relationship with them.
What to Teach

The Division’s learning outcomes

A number of core learning activities are listed in the Primary Care Student Guidebook. These are directly linked to the aims and learning outcomes of the attachment. They were developed by GP lecturers and tutors after much deliberation and are designed to provide a minimum experience that all students should have during their practice attachment. However, general practice is extremely varied and each student has their own particular learning needs. Therefore each student should have a unique experience of general practice during the attachment, and the teaching content will vary depending on the student’s needs and what happens during the attachment.

You should help each student to complete all the core learning activities in the Primary Care Student Guidebook. In particular, students should see at least 20 patients on their own to enable them to take histories, consider possible diagnoses and develop management plans appropriate to primary care. Of these 20 consultations, 10 are required to be documented in the detailed student log (see later) from which one can be used as a Case Based Discussion. The number of patients that are seen independently by medical students is likely to increase in forthcoming years and we will keep you informed on any changes as they arise.

Student’s own learning outcomes

Time spent discussing your student’s own particular interests, reviewing their progress during the attachment and assessing what they have learned at the end, will be extremely valuable. Students should identify their own learning outcomes, discuss them with you and list them in their Primary Care Student Guidebook.

Examples of student learning outcomes are:

- Improve and satisfactorily examine the peripheral pulses of the lower limbs
- Describe the issues involved in safe prescribing of two areas. For example: NSAIDs and Antibiotics
- Reflect and Improve communication skills when seeing teenagers

Consultation skills

Students and tutors agree that students learn most from seeing patients alone. Consider allowing students to see “extras” first, as patients with a new problem may be more challenging than patients just coming for a review. Having a spare consulting room that students can use is probably the most effective means of enabling them to see patients alone. However, if you do not have a spare room that students can use, you could let them use your room while you do something else, e.g. paperwork, elsewhere. You may also wish to consider whether or not the student requires a chaperone with them. It is important for you to debrief the students after they have seen patients alone to help them develop their consultation skills.

Students also value an opportunity to be observed by you while seeing patients. The students can then receive immediate feedback on their history taking, examination and management plan.

There are 4 Consultation skills teaching sessions in the Division, these will be covered using simulated patients in the Medical school. Some students may ask to audio record consultations for their own professional development but this is no longer mandatory.

The Primary Care Student Guidebook continues to include two self-assessment forms for the student to use at the beginning and end of the attachment. We have included the Disease Illness Model (Stewart and Roter 1995), and Calgary/Cambridge checklist for analysing consultations (Calgary Cambridge Guidelines 1998).
Audio recording

The use of audio recording by students allows them to reflect on the content and process of the consultation. It can also be used as a record of consultations to provide positive feedback on the student’s own development. Audio recording enables you to discuss the students’ consultation skills with them and provide specific examples of what they are good at and where they can improve. Below are a few points for consideration:

- Use appropriate equipment
- Warn patients of the possibility of audio recording
- Students must obtain written consent before consultation (a consent form is in the Primary Care Student Guidebook)
- Debrief immediately on problem consultations
- Students should be encouraged to use the consultation skills aids to help them reflect privately on their recorded consultations
- At one-to-one sessions with you, allow the student to present their “best” consultation first, then use other consultations to identify areas for development
- Patients’ feedback may also be helpful

Management of clinical problems

It is important for the students to gain an understanding of the variety of clinical problems seen, and how the common acute minor and chronic conditions are managed in primary care. We also emphasise in the student study guide that they will practice clinical problem solving in general practice. There are many chronic diseases that are largely managed by the Primary Health Care Team and students have limited experience of them in hospital.

Formulating appropriate management plans is often a new challenge for students. It shows up gaps in their knowledge and whether they can apply their knowledge to “real patients”. They also frequently have little knowledge of common drugs and their doses.

Students may lack confidence in some examination skills and will value the opportunity to practise them and have some “revision” teaching during the attachment.

Other experiences students may value

These include:

- clinics, e.g. smoking cessation, baby, asthma, diabetic
- practice meetings
- spending a day at another practice
- seeing any other work GPs do outside the practice e.g. police surgeon, occupational health
- spending half an hour in the waiting room on a Monday morning

Although students value having on-call experience, NEMS are not allowing doctors to have students with them when doing sessions. They have made this decision because the presence of a student slows the doctor down and as a result patients have to wait longer.

The Out of Hours Providers in Derby and Mansfield have not been contacted by the Division to see if they will use a different approach.
Example Patient Consultation Record Sheets

The students are expected to interview patients during the attachment and draw up 20 Primary Care management plans as well as completing the resulting administrative tasks for these cases. The students can then use these record sheets for Case-based Discussion (see below).

An example of a record sheet is provided so that you have some idea of the standard of a good student

| **Summary of the case** (demographics; presenting complaint, any relevant past medical, drug and social history) | Mrs. B., 70 y.o. woman presenting with increasing pain in both knees – she has known osteoarthritis. PMH: Right hip replacement 2006; hypothyroidism for 35 years; stomach ulcer 5 years ago Drug hx: levothyroxine 100mcg daily SH: Retired school teacher lives alone in a house with an upstairs bathroom. Drives a car to do her shopping. Her daughter visits weekly |
| **Clinical assessment** (likely diagnosis or diagnoses) | Mrs. B is now struggling to get in and out of the car and up the stairs. She is not sleeping well as the pain is worse at night. She is not taking any analgesia for her pain as she is worried it might interact with her levothyroxine On physical examination, there is some oedema of the knee joint, it is tender to palpation and there is some deformity. There is crepitus on passive flexion. There are no skin changes consistent with an infection. She was clearly limping while walking and all knee movements are restricted by stiffness and swelling. Her hip and ankle joints examined normally The most likely diagnosis is progression of osteoarthritis with poor pain control and impact on the activities of daily living |
| **Investigation and referrals** | X ray of the knee – to look for osteoarthritic changes such as joint space narrowing and osteophytes. Refer to a physiotherapist to strengthen her knee muscles and improve her mobility and confidence. She may also benefit from a walking aid such as a stick Refer to an occupational therapist who may help with home adjustments such as hand rails |
| **Treatment** | Start with simple analgesia such as paracetamol, then something stronger such as co-codamol. Need to try to avoid NSAIDs in view of history of stomach ulcer Physiotherapy as part of the treatment plan In the longer term, Mrs. B may need a knee replacement – but Mrs B. seemed alarmed when I mentioned the possibility in the future Need to discuss her safety when driving such as doing an emergency stop |
| **Follow-up and future planning** | Arrange to review in 4 weeks – after starting regular analgesia and hopefully physiotherapy assessment. Will need to assess pain control. May need to look into meals on wheels if still not able to drive – would be helpful to see with her daughter next time |
| **Professional Development – reflection on the case; student’s learning needs** | Learnt the importance of assessing the longer-term impact of the condition on the daily living – not just the drug treatment Importance of patient’s autonomy – if the knee surgery was needed, would need to fully inform about pros and cons of surgery and let her make the choice Need to improve my ability to recognise patient’s cues (did not pick up on Mrs B’s anxiety about knee surgery). Did well to recognise her worry about drug interactions Need to look WHO analgesia ladder and the local referral pathway for knee replacement |

Date:
Case-based Discussion

Cased-based discussion (CBD) is a FORMATIVE assessment and is a retrospective review of a patient’s management using one of the patient consultation record sheets from the Primary Care Student Guidebook. CBD has been introduced for several reasons:

- To assess students’ clinical decision-making and the application of medical knowledge in relation to patient care
- To bridge the assessment in the final year to that used throughout the foundation program. CBD mirrors the workplace-based assessments used in the foundation training which have higher validity and reliability than the more traditional forms of assessment
- To encourage discussion of the ethical and legal frameworks and personal learning needs

GP tutors who also train F2 doctors will recognise that our student version of CBD template is slightly different to that used in e-portfolio (An example of the foundation CBD form can be found in the Appendices). The student CBD design was informed by in-depth discussions with the students, GP tutors and GP Registrars. Unlike the Foundation Program CBD, the student CBD is a purely formative assessment with no grading, pass or fail. The main aim is to stimulate a discussion and provide student with a constructive feedback.

We ask you to facilitate one CBD per attachment. The student can select any one of the patient consultation record sheets – an example of a high-standard record is given on the previous page.

We do not expect the CBD to be challenging for GP tutors, as this is something that is already done routinely and more informally by the majority of the tutors. However, we have included some teaching tips and resources based on the feedback from the ex-foundation trainees and resources available from www.foundationprogramme.nhs.uk.

CBD teaching tips:

- Encourage the student to choose a challenging case to maximise the educational value of CBD
- Try to discuss the case history of a patient known to you (but not essential)
- Give the student an option of handing in the case notes in advance
- Try to allow some protected time – 15 to 20 minutes
- If necessary, use the suggested prompt questions overleaf
- Feedback should be:
  o Descriptive, i.e. specific and non-judgemental
  o Student-led
  o Balanced
Prompt questions for assessors of CBD

Medical record keeping

- How could the documentation/ recording of this case be improved?
- Looking at the patient notes do you think everything is documented accurately/ adequately?
- Did you or colleagues use any online resources (e.g. patient information leaflet, online pictures etc)

Clinical assessment

- How was the X examination performed?
- What aspects of the history most helped you formulate the diagnosis?
- Was there any further history you would have liked to ask?
- What type of question did you ask to learn about X?
- Where there any features of X that the patient didn’t have?
- Have you spoken to any other professionals involved in this patients care?

Investigation and referrals

- Did you refer to any previous investigations?
- Did you use any guidelines?
- How was the referral performed?
- What does X investigation entail?

Treatment

- What are the treatment options?
- How did the patient feel about the treatment?
- What are the side effects of this treatment?
- How did you choose between treatment options?
- Was your treatment recommended by a guideline?

Follow-up and future planning

- When will the patient be reviewed?
- How quickly will the treatment work?
- What was the patient told about coming back/ follow up?

Reflection/ ethical aspects

- How did you feel about this case?
- Were there any legal issues?
- Were there any ethical issues?
- What do you think will be the impact on the patient/ relative/ society of this illness?
- Were there questions that you couldn’t answer during the consultation?
Case-based Discussion Record

The template below is an extract from the Primary Care Student Guidebook. The Case-based Discussion Record sheet will form the outcome of the discussion, which should include some written feedback in the appropriate categories, in addition to the verbal feedback given to the student.

### Summary of the case (to be completed by the student):

<table>
<thead>
<tr>
<th>Please give feedback on the following:</th>
<th>Positive Indicators</th>
<th>Needs further development</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Record Keeping (demographics; presenting complaint, relevant past medical, drug and social history)</td>
<td>Legible, signed, dated, appropriate to the problem; helps the next clinician give effective and appropriate care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical assessment (likely diagnosis or diagnoses)</td>
<td>Understood the patient's story, made a clinical assessment and diagnosis (or working diagnosis) based on appropriate questioning and examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation and referrals</td>
<td>Discusses the rationale for the investigations and necessary referrals, including the risks and benefits in relation to the differential diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>Discusses the rationale for the proposed treatment, including the risks and benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up and future planning</td>
<td>Discusses the rationale for the formation of the management plan including follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Development – reflection on the case including any ethical and legal dilemmas; learning needs</td>
<td>Discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks. Has insight into own limitations including reflection on the personal learning needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall case performance</td>
<td>A global judgement based on the above question area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anything especially good?  
Suggestions for development:
CLINICAL GOVERNANCE PROJECT

The knowledge and application of Clinical Governance principles are one of the essential learning outcomes described in Outcomes for Graduates (GMC, 2015). The majority of the students would not have had a chance to do a Clinical Governance project elsewhere in the medical course. We therefore ask all students to carry out a project and hand in a written report about it to their GP tutor, we also require the students to submit an electronic copy via Moodle Assignment (the University Plagiarism software). Students should try to present their findings to the practice team for discussion of their implications.

Aims of the project

- to demonstrate the principle of clinical governance
- to reinforce students’ experience in applying scientific method
- to enable students to experience clinical governance in a real clinical setting
- to demonstrate the information systems available in general practice, including their strengths and weaknesses
- to encourage a life-long professional commitment to quality assurance

Methods

To achieve these aims it is not necessary for students to do a major project. The project should be short and simple so that it does not detract from the rest of the attachment. For example, for audits involving reviewing patients’ records, 30 records should normally be regarded as a maximum. The students should spend no more than 10-12 hours working on their project and the written report should be concise, i.e. approx. 2000 words.

It should include:

- **Plan**
  - Clear objectives including criteria and standards if an audit project
  - Suitable topic and justification for choice

- **Do**
  - Appropriate methodology

- **Study**
  - Findings clearly presented
  - Conclusions clearly stated

- **Act**
  - Recommendations made for the practice /PHCT

It does not need to include a literature review but statements requiring evidence should be referenced.

A suggested timetable for the project is as follows, although some students will need longer to choose and set up their projects:

**Week 1:** Discuss ideas and decide project to be undertaken with practice tutor  
**Week 2:** Gather data  
**Week 3:** Pull data together and analyse  
**Week 4:** Write report, present to practice, and submit copy to Division and practice tutor

**Supervision of students**

It is vital that appropriate supervision is provided to students to enable satisfactory completion of the Clinical Governance Project. It is advised that students should be expected to undertake projects that the respective GP tutor is also able to complete themselves. This ensures that any problems that may arise can be quickly acted upon and rectified. It is also important to discuss the Clinical Governance project at the three scheduled review points of
the attachment (start, middle and end) to ensure good progress is being made, and to identify and act upon any problems that are identified.

**Topics**
In the past most students submitted an audit project. However, we encourage the students to consider other, non-audit projects (see table below), which can be more stimulating and original than an audit. There are deliberately no guidelines on the topic chosen. It is important for students to choose their own topic, although they may need guidance from you about what is practical. For your information, a list of project titles done by the students in previous academic years can be found in the appendices.

**Types of clinical governance projects**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Example of project title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical audit</strong></td>
<td>A clinical team approach to reviewing and improving patient care.</td>
<td>An audit of the monitoring of liver function tests for patients on statin medication.</td>
</tr>
<tr>
<td><strong>Clinical risk assessment</strong></td>
<td>Learning through clinical 'significant events' that have occurred in practice. Learning from patients’ concerns and comments highlighted through the practice complaints and risk management procedures.</td>
<td>A significant event analysis following a diagnosis of rectal cancer in a patient.</td>
</tr>
<tr>
<td><strong>Evidence-based practice</strong></td>
<td>Ensuring that the care provided in practice is based on good up-to-date research evidence. This will involve the dissemination and action on key reviews and guidelines.</td>
<td>Investigation into the awareness of clinical staff of the new evidence and concerns surrounding the use of COX-2 inhibitors.</td>
</tr>
<tr>
<td><strong>Quality improvement</strong></td>
<td>Projects which may use a number of ways to improve clinical and non-clinical services. This may include issues surrounding communication between practice members and clinical record-keeping.</td>
<td>Analysis and reflection on the process of and response to the practice’s annual PCT prescribing review.</td>
</tr>
<tr>
<td><strong>Continuing professional development</strong></td>
<td>Issues involved in the lifelong learning, education and training of practice members. This may involve the identification of individual and team needs, planning of personal development programmes and reflection of the methods used for learning.</td>
<td>A project describing how to plan and deliver a practice based training event on child protection issues</td>
</tr>
<tr>
<td><strong>User/patient involvement</strong></td>
<td>Approaches to obtaining patient views and incorporation of these into future practice. This can involve reviewing the activities of patient participation groups</td>
<td>Patient satisfaction survey regarding access to the practice nurses for telephone advice and appointments</td>
</tr>
</tbody>
</table>

**Data confidentiality**
Please remind students to protect the **confidentiality of any data** that they use for their project and ensure that data-sticks are encrypted and that they use practice based ID numbers and not names/DOB etc.
Ideas for Helping Students with their Clinical Governance Project

The project is not always popular with students, but if well supervised most students recognise that they have learned a lot from doing it.

Motivating students

- Encourage them to choose a topic that will be useful to the practice, which will alter practice behaviour, and which they are interested in.
- Emphasise the main aims of the project
- Emphasise the opportunity to learn about principles of clinical governance and the practicalities of reviewing an aspect of care
- It can also help them learn about their personal time management
- Show you are willing to alter what you and your practice do

How much help do students need with their projects?

- Most need a lot of help in the first week or so, i.e. in setting up their projects, but then relatively little
- This planning stage is crucial to their learning
- A balance needs to be struck between letting students get on by themselves, being available to help, and keeping an eye on their progress.
- Consider encouraging them to read the pages on clinical audit in “A textbook of General Practice” (Stephenson A, Arnold, 3rd edition 2011) or on Clinical Governance in Primary Care (Van Zwanenberg et al, Radcliffe Medical Press, 2nd edition 2004)

Choosing a project

- Encourage them to choose their own topic, or at least do one that they are interested in
- Ask them to consult other members of the team about possible topics
- Base topic on patient(s) they see in first week
- Consider a re-audit of a previously audited topic, providing the index audit is appropriately acknowledged and referenced
- Consider a significant event audit

Carrying it out, keeping it short and simple

- Emphasise differences between this project and the dissertation they wrote in their 3rd year.
- Suggest they set realistic standards
- Focus on easily retrievable information
- Set limits to the number of records examined (maximum 30, fewer may be sufficient to learn principles and provide useful information)
- Set limits to amount of time spent on project (maximum 10-12 hours)
- Emphasise the word limit (2000 words) for their written report

Assessment

- Be clear to students that satisfactory completion of the project is part of their final assessment.
Definition of Clinical Governance Audit

The students are given the following background information about audit work:

"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish."¹

Clinical governance involves “action to ensure that risks are avoided, adverse effects are rapidly detected; openly investigated and lessons learnt, good practice is rapidly disseminated and systems are in place to ensure continuous improvements in clinical care”¹. The Government’s aim is to ensure that the care provided for patients is of the highest quality. All doctors are required to participate in clinical governance by regularly assessing performance and considering their own professional development. Doctors are expected to work with colleagues in auditing their care.

Medical care can be divided into structure, process and outcome and each of these can be subjected to clinical audit. Structure includes the physical features of care e.g. premises, equipment and records. Process involves assessing the clinical interactions between health care staff and patients. Outcomes are broadly defined as a change in the patient’s health as a result of an intervention.

There are different methods of assessing quality of care. The traditional audit cycle involves the setting of realistic criteria and standards of care against which current practice can be assessed. A criterion should be discrete and measurable e.g. a patient with stable hypertension should have their blood pressure measured every six months. A standard is a numerical level of care attached to the criterion e.g. 95% of patients with hypertension should have their blood pressure measured every six months.

Audit Cycle

¹ Scally and Donaldson, 1998
Marking Criteria for Clinical Governance Project

Your student has written a project that is:

- relevant to improving patient care
- has clearly defined objectives and states why they chose the project
- uses appropriate methodology
- has clearly presented results
- has practical conclusions and made realistic recommendations
- concise i.e. approx. 2,000 words
- well written and presented, with originality and flare taken into consideration

The Clinical Governance marking schedule is in the Student ACE Log Book and a copy of this is on the following page. We ask that you compare the standard of the project with those that were judged highly in previous years. Every year the practice would have received an electronic copy of the winning project which was awarded the Clinical Governance Project prize.

To pass the project the student should have demonstrated the application of the principles of clinical governance to improve patient care by completing a written project, and have satisfactory marks in all columns. Projects with one or more fail columns and projects with two or more borderline columns will be second marked by the course convenor.

Turnitin (Plagiarism Detection Programme)
The University regulations state that it is an academic offence for students to use another person’s work and submit it with the intent that it should be taken as their own. To support this statement, all students must submit their Clinical Governance Project to Moodle Assignment which includes a Turnitin check, this allows us to check projects for plagiarism.

Clinical Governance Project Prize
There is an annual prize for the best project. The course assessment asks you to mark the clinical governance project against the criteria. All projects that receive full marks for each criterion and have the prize nomination box ticked on the clinical governance mark sheet will be automatically reviewed at the end of the academic year by lecturers in the Division as part of selecting the winning project. We therefore ask you to allocate full marks to the projects of the highest standard.
Clinical Governance Project Marking Schedule 2017/2018

Student Name: ………………………………………………………………………………………………..

Project Title: ………………………………………………………………………………………………..

Please place tick in ONE column only for each criterion

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mark Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fail</td>
</tr>
</tbody>
</table>

**PLAN**
- Clear objectives (including standards and criteria chosen if appropriate)
- Suitable topic and justification as clinical governance project

**DO**
- Appropriate methodology

**STUDY**
- Findings clearly presented
- Conclusions clearly stated

**ACT**
- Recommendations made for practice/PHCT

**ADDITIONAL**
- Overall presentation, spelling and grammar, originality and flair

**Totals in each column**

Additional Comments (feedback to be given to student)

Please tick this box if the student has received full marks for each criterion AND you would like to nominate their project for the Clinical Governance Project Prize. ❆

Signed: …………………………………………………………………… Date: ……………………………..
MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS (MACCS)

Students will need to complete three MACCS during the attachment – Completing an electronic prescription, giving an intramuscular injection, and giving a nebulised drug.

The latter MACCS (nebulised drug) may not be achievable during the placement as some practices no longer use nebulisers and/or the opportunity to do this may not arise. Therefore students may undertake this MACCS during other placements (e.g. Medicine).

Further information and training materials for MACCS, and how these can be signed off using Myprogress, can be accessed at the website: www.nottingham.ac.uk/medicine/study/medicine/gptutors/index.aspx
ASSESSMENT

The assessment process for the Final Year attachment is recorded mainly in the Student Advanced Clinical Experience (ACE) Log Book. Only the end of placement assessment and MACCS are signed off electronically. Assessments include:

- 1st and mid attachment appraisal (paper sign off)
- Case based Discussion (paper sign off)
- Public Health reflective template (paper sign off)
- Completion of written project (paper sign off)
- Satisfactory attendance (electronic sign off)
- Completion of MACCS (electronic sign off)
- End of attachment assessment to be signed by GP practice tutor (electronic sign off)

At the end of the attachment the student should do the following:

1. Submit an electronic copy of your Clinical Governance project to Moodle Assignment via the Primary Care Moodle page and then hand in a hard copy of the following documents to Lindsey Rowlinson (C39, Medical School, QMC) or the QMC Service Centre:
   - Signed Coversheet
   - Clinical Governance mark sheet

2. Log signed off skills (MACCS) using Myprogress

Please contact the Course Convenor if you feel the student may fail the attachment based on the following:

- they are “fail” on attitudinal issues as described in the Student ACE Log Book
- they are absent for more than five Clinical sessions (1 session = half a day)
- they do not achieve 100% of the mandatory tasks to be achieved during the attachment

If the student fails the attachment, they will be required to repeat the attachment during their elective period. If a student fails to attend due to illness, we try to be as flexible as possible and will consider each case individually. Please discuss such students with the course convenor. It may be possible for the individual to complete extra sessions in their own time, if you and the student are able to make such an arrangement.

As their practice tutor, you will have the major responsibility for assessing students attached to your practice and providing them with feedback on their progress and performance. You should involve the student in the assessment process, help them to identify their own strengths and weaknesses and help them set their own learning outcomes for the attachment. I would recommend that you document evidence for issues relating to assessment, especially if a student is not doing well.

Please remember that the Primary Care Student Guidebook is a record of assessment and is not itself assessed. The student’s attendance at Divisional small group and consultation skills sessions will be recorded in the Student ACE Log Book. Please consider the comments lecturers make about the student’s performance at these sessions in the final assessment of the attachment.

It is helpful to assess the student’s initial knowledge, skills and attitudes at the beginning of the attachment. You will then be better able to judge how much progress they make during the attachment.
About half way through you should discuss the student’s progress with them and warn them if they are not making satisfactory progress. There is a page in the Student ACE Log Book to be completed at the mid-point appraisal.

At the end of the attachment you must assess the student and complete the assessment using Myprogress and sign off sheets in the Student ACE Log Book – you must use the criteria they refer to. At least twenty minutes of protected time should be allowed for this assessment/feedback session.

Your written and verbal comments to the student may be the part of the assessment process that the student remembers most. The one-to-one GP/student relationship can provide a special opportunity for students to receive personal feedback and develop significantly. It can also reveal previously unknown difficulties that students have. If you have concerns about your student that you wish to discuss confidentially please contact the course convenors. It may also be helpful to discuss the student with their small group tutor.

Assessment can be based on the use of opportunistic questioning, problem solving and observed management of the consultation. There should be feedback from other primary health care team members and patients’ feedback may also be helpful. Feedback should be constructive and not destroy the student’s confidence.

Examples of sign off sheets (on Myprogress or in the ACE log book) to be used during the student assessment process are detailed at the back of this guide as appendices.
## STRUCTURE OF THE MEDICAL CURRICULUM

### The Nottingham Doctor (ie medical graduate)

<table>
<thead>
<tr>
<th>What the doctor should know (knowledge and understanding)</th>
<th>What the doctor should be able to do (skills)</th>
<th>How the doctor should behave (attitudes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The scientific basis of practice</td>
<td>General, generic graduate skills</td>
<td>Medico-legal and ethical issues</td>
</tr>
<tr>
<td>Treatment</td>
<td>Intellectual attributes</td>
<td>Disability and rehabilitation</td>
</tr>
<tr>
<td>The working environment</td>
<td>Clinical and practical skills</td>
<td></td>
</tr>
<tr>
<td>The health of the public</td>
<td>Communication skills</td>
<td></td>
</tr>
<tr>
<td>The individual in society</td>
<td>Teaching skills</td>
<td>Professional attitudes And competencies</td>
</tr>
</tbody>
</table>

### Structure of the medical curriculum

#### 6-year undergraduate course (A108)

**Year 0**
- Biological Molecules
- Body Structure
- Health, Behaviour and Society

### 5-year undergraduate course (A100)

**Years 1 and 2 – semesters 1–4**
- Basic Medical Sciences
- Clinical and Professional Development
- Some advanced biomedical science options in semester 4

**Year 3 – semester 5**
- Research Project
- Research Methodology
- Advanced biomedical science options

### 4-year graduate entry medicine (GEM) course (A101)

**First 18 months**
- Problem-based learning (PBL) course
- Clinical and Professional Development

**Year 3 – semester 6 (5-year course) and year 2 (4-year GEM course)**
- Clinical Phase I
  - Clinical Practice (Medicine and Surgery) and Community Follow-up Project, Infection, Therapeutics

**Year 4 (5-year course) and year 3 (4-year GEM course)**
- Clinical Phase II
  - Child Health, Obstetrics and Gynaecology, Psychiatry, Health Care of Later Life, Dermatology, Ophthalmology, Otorhinolaryngology, Community Based Medicine, Special Study Module

**Year 5 (5-year course) and year 4 (4-year GEM course)**
- Clinical Phase III
  - Advanced Clinical Experience (Medicine, Surgery, Musculoskeletal Disorders and Disability, Primary Care, Critical Illness) and Transition to Practice (Medical Assistantship, Elective, Preparation for New Doctors)
TEACHING IN THE MEDICAL SCHOOL

a) Small group tutorials

Each group of 8 to 10 students will have one small group teaching sessions led by one lecturer during their attachment. Students will discuss two core topics:

- Careers and primary care
- Ethical issues (see example overleaf)

The students may wish to discuss these topics with you or another member of the primary care team.

b) Consultation skills experience (CSE)

Each student will attend four CSEs. In the CSE actors play the role of patients and students take it in turns to interview them. They are recorded and observed by the rest of their group. They receive feedback from other members of the group, a GP lecturer and the actors. Although some students are anxious before the sessions, they are highly rated in student evaluation.

c) E-learning modules

There are six e-learning modules available on Moodle that the students are asked to completed prior to their first clinical session, these modules cover the following topics:

- Introduction to Primary Care
- Infrastructure of the NHS
- Minor Illness
- Management of long term conditions
- Clinical governance project
- Consultation skills

d) Central teaching

Core teaching for the Advanced Clinical Experience Course occurs on Fridays throughout the academic year, incorporated within this teaching is an annual lecture on Public Health in Primary Care.

d) Palliative Care

One day will be spent in palliative care. In the morning, students visit a local hospice to enable them to spend time with a terminally ill patient and see how a palliative care team work. In the afternoon they are taught by palliative care staff at Hayward House, Nottingham City Hospital, the Macmillan Nightingale Unit, Royal Derby Hospital or St Barnabas Hospice in Lincolnshire. The students will explore their own feelings about dealing with terminal illness and discuss pain control.

Discussion of how terminal care is provided in the community will balance the teaching that the students receive on their visit to a hospice. If possible, it is helpful for them to visit a terminally ill patient with you. We recognise that this is not always achievable.

It would be beneficial for the students to practise using a pain chart during their general practice clinical sessions with a patient who has pain (they do not have to be terminally ill).

Ethics and Law in Primary Care
The students will have a small group session looking at this area and are asked to select one patient and focus on these issues. An example is given so you have some idea of what is involved.

**Ethical issue**

A 25 year old female presents with a sore throat of 12 hours duration and requests some antibiotics. She is due to fly to Spain on holiday.

**Ethical Principles**

- Autonomy - patient’s choice of treatment
- Justice - resource allocation, antibiotic resistance within society
- Non-maleficence- adverse reaction to an antibiotic

**Factors influencing**

- Health beliefs
- Past experiences/ Medical history
- Antibiotic resistance

**Options available**

- Script
- Symptomatic advice
- Refuse

**Strategies used**

- Explore health beliefs
- Seek GP advice in Spain if worse
- Delayed antibiotics if judged appropriate

**Any emotions**

- Anxiety from patient
- Doctor feels pressure from saying ‘NO’ to script request
## Example Timetable for the Primary Care Attachment

**Attachment dates:** 7.11.16 to 2.12.16

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Morning Session</th>
<th>Tutor</th>
<th>Afternoon Session</th>
<th>Tutor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Mon 7</td>
<td>Clinical Session – GP Practice</td>
<td></td>
<td>Clinical Session – GP Practice</td>
<td></td>
</tr>
<tr>
<td>07.11.16</td>
<td>Tue 8</td>
<td>Clinical Session – GP Practice</td>
<td></td>
<td>Clinical Session – GP Practice</td>
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<tr>
<td>Wed 9</td>
<td></td>
<td>Small Group Teaching Room B1, B Floor, Medical School, QMC 9:30am</td>
<td>DC</td>
<td>Consultation Skills Teaching Room A6, A Floor, Medical School, QMC 1:30pm</td>
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<td></td>
<td></td>
<td>Actor: Rhiannon</td>
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<tr>
<td>Thu 10</td>
<td></td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>Fri 11</td>
<td></td>
<td>Quality Initiatives in Practice</td>
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<td>Quality Initiatives in Practice</td>
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<tr>
<td>Week 2</td>
<td>Mon 14</td>
<td>Clinical Session – GP Practice</td>
<td></td>
<td>Clinical Session – GP Practice</td>
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<tr>
<td>14.11.16</td>
<td>Tue 15</td>
<td>Palliative Care Hospice Visit</td>
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<td>Palliative Care Hospice Visit</td>
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<tr>
<td>Wed 16</td>
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<td>Quality Initiatives in Practice</td>
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<td>Quality Initiatives in Practice</td>
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<tr>
<td>Thu 17</td>
<td></td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>Fri 18</td>
<td></td>
<td>Central Teaching - ‘Friday Core Topics’ (see Moodle)</td>
<td></td>
<td>Central Teaching - ‘Friday Core Topics’ (see Moodle)</td>
<td></td>
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<tr>
<td>Week 3</td>
<td>Mon 21</td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>21.11.16</td>
<td>Tue 22</td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>Wed 23</td>
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<td>Quality Initiatives in Practice</td>
<td></td>
<td>Consultation Skills Teaching Clinical Skills Facility, Zone 1b, D Floor, QMC 1:30pm</td>
<td>DC</td>
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<td></td>
<td>Actor: Mike</td>
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<tr>
<td>Thu 24</td>
<td></td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>Fri 25</td>
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<td>Quality Initiatives in Practice</td>
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<td>Quality Initiatives in Practice</td>
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<tr>
<td>Week 4</td>
<td>Mon 28</td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<td>28.11.16</td>
<td>Tue 29</td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>Wed 30</td>
<td></td>
<td>Small Group Teaching Room B133, B Floor, Medical School, QMC 9:30am</td>
<td>DC</td>
<td>Consultation Skills Teaching Clinical Skills Facility, Zone 1b, D Floor, QMC 1:30pm</td>
<td>DC</td>
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<td></td>
<td>Actor: Penny</td>
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<tr>
<td>Thu 1</td>
<td></td>
<td>Clinical Session – GP Practice</td>
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<td>Clinical Session – GP Practice</td>
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<tr>
<td>Fri 2</td>
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<td>Quality Initiatives in Practice</td>
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<td>Quality Initiatives in Practice</td>
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</table>
TEACHING WITHIN A GP PRACTICE

Ideas for teaching during Surgery

The aim is to keep students awake and interested! Actively involved students will learn more.

- get students to write up a record after a consultation
- get them to write a prescription
- look at annual prescribing report from PCT pharmacy adviser
- how many consultations involve a prescription?
- discuss fit notes and get the student to write one
- discuss death certificates
- ask lots of questions
- involve them in the consultation
- ask “what are you thinking now?”
- opportunistic teaching using lab reports or letters
- teach with patient present
- teach between consultations
- get the students to read the patients’ notes before visits
- get the students to write down three things during a surgery that they want to discuss with you later
- have a topic for the morning, e.g. why patients attend
- discuss three or four consultations in depth

These are all ideas that GP tutors have used and found successful. It may help you to try something new, but we don’t expect anyone to use all the ideas!

Inevitably teaching takes time and we all have to balance looking after patients with teaching students. We will all have busy on-call days when it feels impossible to teach constructively. Perhaps the most important factor is developing a relationship with the student so that they feel relaxed, able to ask questions and learn from your experience.
**Teaching about Clinical Management**

Some ideas for teaching about clinical management include:

- seeing nurse run clinics, e.g. asthma
- students seeing “selected” patients on their own whether at home or in the practice (remember to consider the safety of the student if they are doing home visits alone)
- looking at practice protocols
- comparing primary and secondary care management
- ask the student to “read up” a topic and present it to you
- look things up together
- ask the student to look up drugs in the BNF/Mims
- discuss dealing with uncertainty
- discuss using time as a diagnostic tool
- discuss when to refer
- get the student to write a referral letter
- ask the student to do a follow-up visit of a patient you have seen at home
- discuss why some patients re-attend and what underlying factors there may be

**List of Procedures**

Students may want to practice taking blood or giving adult immunisations. Please note that although a minority of students will already have their own indemnity cover, the medico-legal cover for any student actions is provided by the insurance cover of the supervising clinician, who should be present and supervising any of the above.
Assessing Knowledge

There is no longer a requirement to assess the student’s knowledge during the attachment. However the following list of ideas may help you during your student teaching sessions:

1. **Demonstrates awareness of patients’ physical, psychological and social needs and how these may be met in primary care**
   - When the student takes a history do they consider all aspects of the patient’s needs?
   - When developing management plans does the student take all three aspects into account and are they aware of how other members of the primary health care team or voluntary organisations might help?
   - If the student has a session with the district nurse, ask the district nurse if the student was able to identify all the patients’ needs and how they might be met.

2. **Identifies causes of the common acute symptoms seen in Primary care**
   - Does the student ask appropriate questions when taking a history?
   - Is the student aware that conditions present differently in differing ages of patient?
   - Does the student recognise important but rare, as well as common differential diagnoses?
   - Is the student aware of simple, practical, effective treatments?
   - Does the student know when to treat in primary care and when to refer?
   - Is the student able to suggest appropriate investigations?

3. **Identifies the roles of members of the primary health care team and identifies key features of effective teamwork**
   - Is the student able to explain the roles and inter-relationships of primary health care team members?
   - Is the student aware of what can help teams to work well e.g. communication, meeting regularly, respecting each other’s skills?

4. **Identifies the relationship and differences between primary and secondary care**
   - Can the student write an appropriate referral letter?
   - Is the student able to critique discharge forms/letters?
   - Does the student demonstrate an appreciation of the longitudinal nature of care in the community?
   - Is the student aware of the early presentation of illness in primary care?
   - Is the student aware of what investigations are available to GPs?
   - Does the student understand the value of time as a diagnostic tool?
   - Is the student aware of the gate-keeping role of GPs?
   - Is the student able to identify when patients need to be referred?
   - Does the student understand the importance of screening/health promotion?

5. **Demonstrates awareness of current developments in the organisation of primary care**
   - Ask the student what they have learned in the small group teaching?
   - Suggest the student reads BMJ, Pulse, GP or the RCGP journals and discuss their reading with them?
   - Do the questions the student asks, show that they are aware of current issues?
6. **Demonstrates awareness of the principles of clinical audit and importance of clinical governance**

- Can the student explain each stage of the audit cycle
- Can the student apply the results of audit in a realistic/practical way that will improve clinical care
- Is the student aware of different types of audit e.g. internal and external to the primary care team, significant events
- Does the student have an understanding of what clinical governance is about and its implications for practice
Teaching Consultation Skills

Some ideas for consultation skills teaching include:

- ask student to complete the self assessment sheet at the beginning of the attachment
- does this identify any areas they want to develop?
- are there any consultations they find difficult?
- ask the student what they have been taught in the Divisional sessions
- focus on phases of the consultation e.g. openings
- consider non-verbal communication
- get the students to practice explaining things to patients, e.g. a high fibre diet or stress
- discuss different consultation styles, e.g. differences between partners or different practice team members
- discuss how often a diagnosis is made
- if a diagnosis is made, at what stage in the consultation is it made
- what does the patient understand?
- what does the patient want?
- observe and discuss the doctor/patient relationship
- ask the student how consultations in hospital and general practice differ
- you could allow students to complete the checklist for analysing the consultation whilst observing your consultations and then discuss these afterwards

When giving feedback on a student’s consultation skills:

- start by asking the student how they thought the consultation went
- ask the student if there are any particular aspects of the consultation they want to discuss
- ask the student what they thought the patient’s concerns were
- ask the student how they thought the patient felt at the end of the consultation
- focus on one or two issues at a time
- if you identify a problem try and suggest a specific way the student can improve their consultation skills

When audio debriefing or observing consultations:

- use the Calgary Cambridge model
- note down some phrases during the consultation for discussion
- use these for teaching points
Consultation Skills Learning Resources

The learning resources below are provided for use with your students and are included in the Primary Care Student Guidebook.

Consultation Skills - Background Theory

Introduction

During this attachment you have the opportunity to improve your consultation skills which will be assessed in a final year OSCE.

The opportunities are:

1. Seeing patients on your own and assessing your own consultation skills at the beginning and the end of the attachment.
2. Having your GP tutor sit in and watch you talking to the patients
3. Observing your GP tutor’s consultation skills and if possible, other GPs in the practice
4. Attending and participating in departmental consultation skills sessions where actors will play the roles of patients in consultation scenarios.

The Consultation model which the Division of Primary Care uses is the Calgary – Cambridge model, and the following information is taken from Skills for Communication with Patients, by Silverman, Kurtz and Draper, 2nd Edition 2005 Radcliffe Publishing Ltd.

Consultation skills involve the framework which provides a structure to the consultation and the process skills required to follow the structure accurately, efficiently and in a supportive manner to the patient.

There is evidence that good consultation skills increase patient and doctor satisfaction, compliance and prognosis.

The Framework of the Consultation

The framework of the consultation can be found on the checklist for analysing consultation skills and includes;

1) Initiating the session
2) Gathering information
3) Physical examination
4) Explanation and planning
5) Closing the session

Whilst travelling through these stages of the consultation;

6) Building the relationship with the patient
7) Providing structure to the consultation

This framework can be used as a method of analysing your consultation skills with your tutor.

Process skills of the Consultation

These are the skills which help us to move through the consultation in an efficient and supportive manner. Understanding these skills and practising them will improve your consultations.
Skills required for initiating the session

1) **Introductions.** Greets and obtains patient’s name and introduces self and role. Obtains consent if necessary.

2) **Demonstrates respect** and interest and attends to patient’s physical comfort.

3) **Identifies** the patient’s problems or issues with an appropriate opening question.

4) **Listens** attentively to the patient’s opening statement without interrupting or directing the patient’s response. Encourages the patient to tell whole story and clarifying reason for attending now.

5) **Confirms list and screens for further problems** e.g. “So that is headaches and tiredness, is there anything else?”

6) **Negotiates agenda.** Taking both patient’s and physician’s needs into account.

Skills required in gathering information/physical examination

1) **Attentive listening.** Not just to the words the patient is saying, but to their unsaid words and feelings with our full attention. Not interrupting and allowing the patient space to think before answering or go on after a pause.

2) **Facilitating.** Encouraging the patient’s response verbally or non verbally e.g. by use of encouragement, silence, repetition, paraphrasing, interpretation.

3) **Picking up clues.** Verbal and non verbal clues (body language, speech, facial expression). Checking and acknowledging these as appropriate.

4) **Questioning style.** Moving appropriately from open to closed questions.

5) **Clarifying.** Checking out any of the patient’s statements which are unclear, e.g. “Can you explain what you mean by light headedness?”

6) Establishing dates and sequence of events.

7) **Explains reasons for questions and examination.** Particularly if may not appear logical to the patient or potentially embarrassing.

8) **Examination consent.** Explains [process and asks permission.

Skills in providing structure to the consultations

1) **Signposting.** Moving from one section of the consultation to another by explaining to the patient what you want to ask about or do next and why, e.g. “I would like to ask you a few questions about yourself so I can understand your symptoms a bit better”.

2) **Summarising.** Periodically verifying own understanding of the problems to ensure correct interpretation or provide further information before moving into another section.

3) **Parking.** Deciding with the patient when an issue or question needs to be left for a defined period, e.g. “Can I just leave that issue until after I have finished asking a few more questions?”

4) **Time-framing.** Attends to timing and keeps the interview on task and structured in a logical sequence.

Skills required in building the relationship
Handbook for Teachers of Primary Care Attachment

1) **Accepts** legitimacy of patient’s views and feelings and is non judgmental.

2) Demonstrates appropriate non verbal communication. Eye contact, position, movement and posture.

3) **Deals sensitively** with embarrassing and disturbing topics including physical pain.

4) **Uses empathy and support.** Communicates understanding and appreciation of the patient's feelings or predicament and expresses willingness to help and offer partnership.

5) **Appropriate use of confidence and reassurance.** Does not reassure too early or inappropriately.

6) **Shares thinking.** Shares thoughts with patient in an attempt to encourage patient involvement, e.g. "What I am now thinking is.”

7) **Use of computer and notes.** Does so in a manner that does not interfere with rapport or dialogue.

**Skills required in explanations**

1) **Assess patient’s starting point.** Asks for patient’s prior knowledge early when giving information; discovers extent of patient’s wish for information.

2) Asks the patient what other information would be helpful, e.g. cause of illness, prognosis.

3) **Organises explanation and uses explicit categorisation or signposting,** e.g. “There are three important things I would like to discuss. First.”

4) **Chunks and Checks.** Gives information in assimilable chunks; checks for understanding; uses patient’s response as a guide as to how to proceed.

5) **Relates explanation to patient’s perspectives.** To their previously elicited ideas, concerns and expectations.

6) Uses repetition and summarising. To reinforce information.

7) Uses concise, easily understood information. Avoids or explains jargon.

8) **Uses visual methods of conveying information.** Diagrams. Models, written information and instructions.

9) **Checks patient’s understanding.** e.g. by asking patient to restate in own words what they understand, clarify as necessary.

10) **Provides opportunities for patient to contribute.** Allows time for patient to express doubts, seek clarification, and express their feelings and beliefs about the information given.

11) **Elicits patient’s beliefs, reactions and feelings** to the information given and acknowledges these and addresses where necessary.
Skills required in planning or shared decision making

1) **Involves patient.** Offers suggestions and choices rather than directives and encourages the patient to contribute their own ideas and suggestions. Encourages patient to take responsibility and be self reliant. Considers patient’s support systems and discusses other support available if appropriate.

2) **Takes patient’s lifestyle, beliefs, cultural background and abilities into consideration.**

3) **Explores management options with the patient.** Shares own thought processes and dilemmas.

4) **Ascertains the level of involvement the patient wishes.**

5) **Negotiates a mutually acceptable plan.** Indicates own position of preference regarding available options. Determines patient’s preference.

6) **Checks with the patient.** Ensures that patient has accepted plan and that concerns have been addressed.

Skills required in closing the consultation

1) **Contracts with the patient.** Checks on the next steps for the patient and doctor.

2) **Safety netting.** Explaining possible unexpected outcomes and what to do if plan is not working, when and how to seek help.

3) **Summarises.** Briefly summarises session and clarifies plan of care.

4) **Final check.** Last check that patient agrees and is comfortable with plans and asks if any corrections, issues or other questions.
The Disease – Illness Model

Another way of looking at what happens in a consultation is to consider both the doctor’s agenda or perspective and the patient’s agenda or perspective. For a satisfactory outcome both of these agendas need to be understood and met.

The Patient’s Narrative

Doctor’s perspective

- symptoms
- signs
- investigations
- differential diagnosis

Patient’s perspective

- ideas
- concerns
- feelings, thoughts
- effect on life

Integration of the two frameworks

Explanation and planning

*The disease-illness model adapted from Stewart and Roter 1995*
The Patient’s Narrative

Discovering both by weaving between

Doctor’s perspective

- listening
- facilitation
- picking up cues
- open and close questions

Patient’s perspective

- ideas
- time framing
- checking
- clarifying
- supporting

symptoms

- signs
  - empathising
  - developing rapport
  - negotiating
  - sharing control

investigations

- investigations
  - finding the common ground
  - summarising
  - signposting
  - sequencing
  - examining,
    hypothesis making
    analytical thinking

Differential diagnosis

- differential diagnosis

Integration of the two frameworks

Explanation and planning

- explanation and planning

*The disease-illness model adapted from Stewart and Roter 1995*
Self-Assessment of Consultation Skills

This Self-Assessment form is to help you reflect on your own consultation skills. Please complete the form at the beginning and end of your 4-week attachment. It should be used to enable you to reflect on your strengths and weaknesses. Try and answer the questions as honestly as possible.

Read every statement carefully and indicate the degree to which it applies to you.

<table>
<thead>
<tr>
<th>Key: 1=Almost never, 2=Rarely, 3=Quite often, 4=Most of the time</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When trying to explain something, I ask my listeners if they are following me.</td>
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<tr>
<td>2. I am a good listener.</td>
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<tr>
<td>3. I manage to explain my ideas clearly.</td>
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<tr>
<td>4. I find it easy to see things from someone else’s point of view.</td>
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<tr>
<td>5. I pretend to listen even if my mind drifts away.</td>
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<tr>
<td>6. I can detect the mood of others when I look at them.</td>
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<tr>
<td>7. When I have the impression that I might have harmed someone’s feelings, I apologise.</td>
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<tr>
<td>8. When I talk to someone, I try to put myself in the other person’s shoes.</td>
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<tr>
<td>9. I am able to resolve problems without losing control of my emotions.</td>
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<tr>
<td>10. I am able to talk to someone who hurts my feelings.</td>
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<tr>
<td>11. I am confident when talking to patients.</td>
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<tr>
<td>12. I like patients to understand their own situation.</td>
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<tr>
<td>13. I don’t understand what other people are getting at.</td>
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<tr>
<td>14. I like a barrier between me and the patient.</td>
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<tr>
<td>15. I find it hard to express my feelings.</td>
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<tr>
<td>16. When I know what the other person is going to say, I don’t wait for them to finish, but rather answer right away.</td>
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<tr>
<td>17. I get so caught up in what I have to say that I am unaware of expressions and reactions of my listeners.</td>
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<tr>
<td>18. When the conversation turns to feelings, I tend to change the subject.</td>
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<tr>
<td>19. I tend to postpone discussing embarrassing topics.</td>
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<tr>
<td>20. I find talking to patients difficult.</td>
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<tr>
<td>21. I don’t like patients asking questions.</td>
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<tr>
<td>22. I find it hard to empathise with patients.</td>
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<tr>
<td>23. I use lots of closed questions.</td>
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</tbody>
</table>

Any issues about your consultation skills you wish to note down:
Checklist for Analysing Consultation Skills

This sheet is one way of analysing consultations. Use it when your consultations are observed or recorded.

<table>
<thead>
<tr>
<th>Record of Consultation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiating the session</strong></td>
<td></td>
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<tr>
<td>- preparation</td>
<td></td>
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<tr>
<td>- establishing initial rapport</td>
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<tr>
<td>- identifying the reason(s) for consultation</td>
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<tr>
<td><strong>Gathering information/physical examination</strong></td>
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<tr>
<td>- exploration of patient's problems</td>
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<tr>
<td>- to discover the biomedical/doctor's perspective</td>
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<tr>
<td>- to understand the patient's perspective</td>
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<tr>
<td>- background information/context</td>
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<tr>
<td><strong>Provide structure to the consultation</strong></td>
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<tr>
<td>- making organisation overt</td>
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<tr>
<td>- attending to flow</td>
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<tr>
<td><strong>Building the relationship</strong></td>
<td></td>
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<tr>
<td>- using appropriate non-verbal behaviour</td>
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<tr>
<td>- developing rapport</td>
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<tr>
<td>- involving the patient</td>
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</tr>
<tr>
<td><strong>Explanation and planning</strong></td>
<td></td>
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<tr>
<td>- providing the correct amount and type of information</td>
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<tr>
<td>- aiding accurate recall and understanding</td>
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<tr>
<td>- achieving a shared understanding</td>
<td></td>
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<tr>
<td>- planning shared decision making</td>
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<tr>
<td><strong>Closing the session</strong></td>
<td></td>
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<tr>
<td>- ensuring appropriate point of closure</td>
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<tr>
<td>- forward planning</td>
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</tbody>
</table>

Calgary Cambridge Guidelines 1998
Useful Books on Teaching

This list was compiled primarily for lecturers and few of the books provide any direct guidance on teaching in the practice setting. However, they provide useful background reading and some ideas on education that can be applied during surgery sessions. Most are available in the Divisional library or the Greenfield Library in the Medical School.

Books on teaching

a) General books on teaching

Brown G, Atkins M. *Effective teaching in higher education*. London: Methuen, 1988. A rather more detailed general introduction, with a particularly good chapter on small group teaching. George Brown was Reader in University Teaching Methods at Nottingham University and ran some sessions in the Division some years ago.

Entwistle N, Thompson S, Tait H. *Guidelines for promoting effective learning in higher education*. Edinburgh: University of Edinburgh; Centre for Research on Learning and Instruction, 1992. A fairly short book which summarises current thinking on learning and applies it to teaching methods, assessment and evaluation. The chapter on teaching methods provides a useful overview, though the section on group work is based largely on Brown and Atkins.

b) Books written specifically for medical teachers

Both the following books are excellent, covering most topics relevant to medical teachers, including small group teaching, teaching practical and clinical skills, using teaching aids, and assessing students. The latest edition of Newble and Cannon has a new chapter on problem-based learning and is the most up-to-date.


Books on Consultation Skills


Excellent but lengthy


Well written, practical and useful advice.


Lots of good ideas


Although over 10 years old it is still full of good advice, relatively short and succinct
Recommended Student Reading List

**General texts for reading**


**For reference**

*Chronic Disease Management*

Wakely G, Chambers R, *Chronic Disease Management in Primary Care* Radcliffe Publishing Limited, 2005


*Consultation Skills*


*Clinical Governance*


*Terminal Care*


Fallon M, and Hanks G, *ABC of Palliative Care* BMJ books 2006


*Careers*


Information on career planning and different career options, including decision-making tools, available at: http://www.medicalcareers.nhs.uk
Ethics and Medical law


Branthwaite M, LAW FOR DOCTORS. Principles and Practicalities RSM Press Ltd 2000


Daniel Sokol and Gillian Bergson, Medical ethics and law: surviving on the wards and passing exams London: Trauma Publishing, 2005

DIVISIONAL PROCEDURES FOR STUDENT COMPLAINTS AND CONFIDENTIALITY

Complaints

The Division of Primary Care has a procedure for handling feedback, issues and complaints raised by students. This details the steps to be followed when students’ reasonable expectations about their educational programme have been disappointed, arrangements have broken down, misunderstandings have occurred, or a student has apparently been treated unfairly. This procedure is in place to ensure that issues of concern are dealt with promptly and appropriately and that both students and staff are treated fairly.

Hopefully, most complaints will be resolved informally by listening and explanation.

If a student makes a complaint, staff should record the content of any discussions even at an informal stage, as this record will be needed if a formal complaint is made.

Staff should, as soon as possible, inform the appropriate course convenor about a substantive complaint and their response to it.

Confidentiality

From time to time a small number of students experience problems connected either with the course or their own personal lives about which they seek help from Divisional staff. In general, the content of such discussions will be kept confidential. However, there may be exceptions to this rule, for example:

- Where the staff member perceives there to be danger to the student or to another person.
- Where action needs to be taken because of the student’s performance or behaviour on the course.
- Where alterations to the student’s teaching programme are necessary.

In these circumstances, the staff member will discuss the problem with the student and after discussion, if appropriate, with the course convenor, the student’s personal tutor, Clinical Sub-Dean or other relevant member of staff. Such communication may be verbal or written as appropriate. This will be undertaken, where possible, with the student’s permission, but always with their knowledge. It may also be appropriate for the member of staff to seek support or advice from another member of staff or from the Student Counselling Service, who would be expected to maintain this confidentiality.

If you have any concerns about students, please contact one of the course convenors as soon as possible. If a student contacts us with a complaint about a GP tutor or lecturer, we will phone the tutor or lecturer concerned to discuss the issues the student has raised, as long as the student gives their consent.
APPENDIX A: GUIDANCE ON USE OF THE MEDICAL STUDENT “REQUEST FOR SUPPORT” FORM

Introduction

1. The development and assessment of professional behaviour is part of the UG medical curriculum, including that related to students being aware of the importance of their own health. It is imperative that inappropriate behaviour is identified so that students can be supported and in serious cases that action is taken so that the safety and care of patients is not jeopardised. The support form is designed to provide an effective means of communicating concerns about medical students to the Medical School so that appropriate action may be taken to address such concerns. It should be remembered that all medical students sign a code of conduct on entry to the medical course which describes fully the attitudes and behaviour which are expected of them.

2. The support form procedure is also intended to help identify medical students experiencing academic, personal or health problems so that support can be put in place.

3. The form may be used by clinical staff responsible for supervising medical students, by other academic staff, by administrative staff, health professionals with whom the student might come in contact or by patients and members of the public.

4. The form may also be used by medical students who have concerns about a fellow medical student. Indeed, medical students have a duty to report dangerous, abusive, discriminatory, dishonest or exploitative behaviour or practise.

5. This procedure accompanies the ‘Whistleblowing’ code of practice which gives guidance on how medical students should raise concerns about behaviour or practice in the University or the NHS which does not involve a medical student. The ‘Whistleblowing’ code of practice and the ‘Concern Form’ are designed to complement each other.

Examples of areas where a request for support form is appropriate

- Poor academic progress
- Poor attendance
- Lack of commitment
- Health concern
- Alcohol/substance misuse
- Rudeness to patients, staff, colleagues
- Inappropriate discrimination
- Inappropriate behaviour, for example dress
- Inappropriate use of language
- Poor/lack of appropriate communication including inappropriate response to email communications from the Faculty
- Bullying or harassment
- Inappropriate conduct in teaching sessions
- Plagiarism or cheating
- Falsifying signoffs, for example attendance records at taught sessions

Note

1. A concern usually results in pastoral care and guidance being provided. Not all concerns are expected to result in a disciplinary outcome.

2. Concerns raised anonymously will not normally be considered.

3. All concerns will be treated in confidence but we cannot guarantee that the identity of the person raising the concern will not be revealed. In the event of a concern about a student proceeding to the fitness to practise committee, only in exceptional circumstances will their identity not be disclosed.
4. Raising concerns maliciously, recklessly or irresponsibly will be considered to contravene the Nottingham University Code of Conduct for Medical Students and may result in a Fitness To Practice (FTP) referral in itself.

Process of raising a concern or submission of a student request for support form

1. Concerns may initially be raised informally, either by email or telephone contact, as it is appreciated that sometimes advice is all that’s required and a support form may not be necessary.

2. If a concern is raised then it is important to communicate this as soon as possible to the course convenor (Dr Jaspal Taggar) or course administrator (Lindsey Rowlinson). This is very important as it enables the course staff to act on the concerns in a timely manner during the attachment. The concern may also be passed to the GP lecturer who is responsible for providing small group teaching to the student at the University as this will enable closer supervision and pastoral support to be provided.

3. **If a support form is submitted then the person submitting the form should notify the student of this action** (this process is not anonymous).

Action

1. Following receipt of a request for support form the Student Support and Development Administrator at Medical Education Centre will, as soon as possible, refer the case to an appropriate Senior Tutor or Clinical Sub-Dean for investigation, or respond directly to the student for defined minor offences, such as non-attendance, using a template response. The student about whom the concern has been expressed will be interviewed if the concern has been referred onwards and their student record reviewed.

2. The Senior Tutor or Clinical Sub-Dean will decide on one the following:
   1) Negate the submission of the support Form, all records destroyed.
   2) Verbal warning, record to be held on student’s file.
   3) Commence an educational approach, record to be held on student’s file. Progress monitored by Clinical Sub Dean or Senior Tutor.
   4) Refer for counselling/support
      - University Counselling Service
      - Occupational Health
      - General Practice
      - Academic Progress Committee
      - Record held on student’s file.
   5) Refer the case to the Associate Dean for Medical Education for investigation under the Fitness to Practise Committee.

   The student will be informed of the outcome of the investigation within 10 working days of the referral.

3. The Associate Dean for Medical Education will decide whether more serious cases should be referred to an appropriate committee or agency for consideration. Depending on the nature of the concern and whether there have been previous expressions of concern, the student may be referred, for example to one or more of the following:
   - The Academic Offences Committee
   - The Senate Disciplinary Committee
   - The Fitness to Practise procedure.
   - Any other appropriate University procedure, for example such as to comply with the Dignity (harassment) Policy.
- An external body such as an NHS Trust or, if criminal activity is suspected, the police.

The Associate Dean for Medical Education will consider all recommendations for a support form to be negated and will discuss each recommendation with either a Senior Tutor or Clinical Sub-Dean different to the one making the initial investigation or the Programme Manager. Upon confirming such a recommendation this will be communicated to the Student Support and Development Administrator who will ensure that the support form is removed from the student file.

The student will be informed of the outcome within 5 working days.

4. Unless the request for support form has been negated, upon closure of the investigation, the student’s Personal Tutor will be advised of their tutee’s involvement in support form, (without specific details being released). The person who submitted the form will also receive notification that the matter has been dealt with and the manner of disposal.

5. Should a student be investigated for a Fitness to Practice committee, the student’s Personal Tutor and the person who submitted the form, will be informed of any stage by stage process, until the matter is closed.

6. Guidance will be provided by the Curriculum Policy Group on the application of these procedures to ensure consistency, fairness and proportionality.

**Support and Follow-Up**

Where appropriate, the Senior Tutor/Clinical Sub Dean or their nominee will agree a support plan to help the student which may involve the Student Support Office, Academic Services, a Senior Tutor or Clinical Sub-Dean and/or medical support. A student may be required to attend remediation.

The staff member should ensure that follow-up continues until both the student and staff member agree that support is no longer needed. This decision will be documented and a record held in the student file.
Support Request for a Medical Student

Student Name: ____________________________  Year of Study: ____________________________
(block capitals)

Gender:       Male     Female

Please state why the reasons you wish to submit a “Support Request for a Medical Student” (Please see guidance notes at end of this document)

Please write an account of why additional support is requested, describing circumstances and any witnessed events – continue on next page if needed

Your Details (block capitals)

Reported by: ____________________________  Address: ____________________________

Telephone number: ____________________________  Email: ____________________________

Position in relation to student, (eg clinical teacher, personal tutor, administrator, student):

Self-referring (please tick if request is for yourself)

Your signature (If sent electronically a paper copy with signature should follow)

Date: ____________________________
(Continuation – account of concern)

Please return to: The Student Support and Development Administrator, Medical Education Centre, B Floor, Medical School, QMC or email studentconcerns@nottingham.ac.uk For GEM students on the preclinical course, please send these to the School Administrative Officer, Division of GEM & Health, The Medical School, Royal Derby Hospital, Derby.

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
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<tbody>
<tr>
<td>Student ID</td>
</tr>
<tr>
<td>Year of Entry</td>
</tr>
<tr>
<td>Personal Tutor</td>
</tr>
<tr>
<td>Knowledge, skills and performance</td>
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</table>
APPENDIX B: WHISTLEBLOWING PROCEDURE

Voicing ‘serious’ concerns and ‘whistleblowing’ in a Primary Care attachment at the University of Nottingham School of Medicine

During the course of your placement in primary care, you will take part in many patient interactions, observe different healthcare professionals, and communicate with patients at different stages in their healthcare journey. We rigorously inspect teaching practices, and we are pleased that our GP tutors routinely receive excellent feedback from students. However, it is always possible that you may observe unprofessional behaviour, or are concerned that, for some reason, patients are not receiving the high standard of care that they deserve. The Francis Report, which concluded the investigation into malpractice at Mid Staffordshire hospital, referred to trainees as ‘the valuable eyes and ears’ in a clinical setting. As medical students, you are expected to follow GMC guidance, and to make the care of the patient your first concern.

What sorts of concerns might I have?

- A clinician has made serious or repeated mistakes in diagnosing or treating a patient’s condition.
- A clinician has not examined patients properly or not responded to reasonable requests for treatment.
- Information about patients, students or staff has been misused.
- Patients have been treated without obtaining their consent or other valid authority.
- An individual has behaved dishonestly in financial matters, in dealing with patients, or in research.
- An individual has made sexual advances towards patients, students or staff.
- An individual has misused alcohol or drugs.
- Patients, staff or students have been harassed or bullied.
- An individual has behaved in a racist, sexist or other discriminatory manner.

What should I do if I am concerned about something I have seen?

We understand that all clinical placements can be challenging, and behaviours observed can sometimes be difficult to interpret. We recommend that your first course of action should be to discuss your concerns with someone who you trust. This could be your personal tutor, GP small group tutor, or a member of staff within the practice you are attached to. You may also find it useful to discuss your concern with a trusted fellow student, or peer mentor.

The General Medical Council has some useful guidance, and an interactive quiz, which may help you to think further about raising concerns. (‘medical students: professional values in action’ http://www.gmc-uk.org/static/media/Medical_Students/)

The Division of Primary Care is committed to high standards of openness and accountability and conducts its affairs with due regard to probity. If you have any genuine concern(s) about malpractice you have witnessed, either in practice or at the University during your primary care attachment, you can raise this/these using the whistleblowing procedure (below).

1. Use the on-line reporting form https://nottingham.onlinesurveys.ac.uk/primary-care-whistle-blowing
2. Contact the Primary Care teaching office (0115 823 0212) and ask to speak with one of the senior teaching staff (If you are concerned that urgent action is required to prevent harm to patients, students or staff).

What will happen once my concern has been submitted?
Your concern will in the first instance be passed to a senior member within the Division of Primary Care for initial investigation. This will normally be one of the Primary Care community subdeans (these staff members are different to the clinical subdeans who are based in the Medical Education Centre to provide you with pastoral support). Primary Care subdeans have responsibility for quality assuring student placements within general practices and are responsible for recruiting and retaining community general practice tutors; they do not have responsibility for assessing students on placement.

Depending on the nature of the concern you have raised, the investigating officer may also be Dr Richard Knox, Deputy Director of the Primary Care Unit and Academic lead for professionalism. If your concern is of a more serious nature then it will be flagged immediately to the appropriate body for investigation e.g. if it related to a potential criminal act it will be referred to the police, concerns about a doctors competency for example will be referred initially to the senior partner at the practice in question. You will be informed of your allocated investigating officer within five working days. Your investigating officer will also communicate with you if further information is required, and will also provide you with the outcomes of the investigation. Potential outcomes include referral of the matter for appropriate action through university or practice disciplinary procedures, referral to a professional body or referral to the police (in the case of alleged criminal activities). Some investigations may result in the need for on-going monitoring, and some may conclude that no further action should be taken. In all cases, you will be given the opportunity to meet with your investigating officer to discuss the outcome of the investigation. If you are not satisfied with the outcome of the investigation, further reports can be made to the Dean for Medical Education.

Individuals who raise genuinely-held concerns under this procedure will not be dismissed or subjected to any detriment as a result of such action. Detriment includes unwarranted disciplinary action and victimisation. If you believe that you are being subjected to a detriment as a result of raising concerns under this procedure, you should raise the matter under the student complaints procedure. Any staff member or student who victimises or retaliates against those who have raised concerns under this policy will be subject to disciplinary action.

Can I raise my concerns anonymously?

All concerns will be treated in the strictest of confidence. Although we do not routinely disclose your information, we cannot guarantee that your identity would not be revealed as part of an investigation (if this was vital for the investigation process). The on-line reporting form has the facility for you to raise concerns anonymously. School of Medicine policy dictates that we are not usually able to investigate anonymous concerns. In exceptional circumstances the Director of the Primary Care Education unit may decide that an anonymous concern is of such a serious nature that it must be investigated.

Where can I get further information?

The GMC has produced a useful interactive guidance which includes scenarios relating to student whistle-blowing ('medical students: professional values in action' http://www.gmc-uk.org/static/media/Medical_Students/). You may also like to refer to the GMC document, Medical students: professional values and fitness to practice (http://www.medschools.ac.uk/Publications/Documents/GMC_MedicalStudents.pdf). The
APPENDIX C: SIFT, SLA AND EPPA

Please note that Service Increment for Teaching (SIFT) for student placements is paid in arrears approximately every 5 weeks. In addition to the automatic email remittance from the University Finance Department we will send you a detailed breakdown of the students placed with you, the dates and the SIFT paid for each. This is addressed to the Practice Manager; if your Practice Manager does not deal with SIFT could they please pass on the remittance to the relevant member of the practice team.

In order to make a SIFT payment we must have in place an up to date signed Service Level Agreement (SLA) and Education and Practice Placement Agreement (EPPA) from your practice. This will be sent for review and signature every three years. In return we will send you a practice plaque to display in your reception area.

Should your practice change bank details you must notify us as soon as possible so that we can update the university finance records against your supplier ID.

It is important that you keep the remittances as we cannot supply these again at the end of the financial year.

If you have any queries regarding your SIFT payments please e-mail paula.hopwood-carr@nottingham.ac.uk including your query and your practice supplier ID (found on the top left of your remittance advice sheet).
**APPENDIX D: CASE-BASED DISCUSSION FOR FOUNDATION PROGRAMME TRAINEES**

**Case-based Discussion (CbD)**

Assessor: have you been trained in assessment methodology and feedback?
- Yes
- No

Please complete the questions using a cross Please use black ink and CAPITAL LETTERS

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<thead>
<tr>
<th>Doctor’s Surname:</th>
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<table>
<thead>
<tr>
<th>GMC number:</th>
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**YOUR GMC NUMBER MUST BE COMPLETED**

### Clinical setting:
- A&E
- OPD
- In-patient
- Acute Admissions
- GP Surgery
- Other (please specify)

### Clinical problem category:
- Airway/Breathing
- CVS/Circulation
- Gastro
- Neuro & Visual
- Pain
- Psychiatric/Psychological
- Other (please specify)

### Focus of clinical encounter:
- Medical record keeping
- Clinical Assessment
- Management
- Professionalism

### Assessor’s rating of complexity of case: (F1)
- Low
- Average
- High
- Assessor’s position:
  - Consultant/GP
  - ST3 or above/SpR
  - Specialty Doctor/SASG

### Please grade the following

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical record keeping</strong></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Clinical assessment</strong></td>
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<tr>
<td><strong>Investigation and referrals</strong></td>
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<tr>
<td><strong>Treatment</strong></td>
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</tr>
<tr>
<td><strong>Follow-up and future planning</strong></td>
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<tr>
<td><strong>Professionalism</strong></td>
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<tr>
<td><strong>Overall clinical judgement</strong></td>
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</tbody>
</table>

* U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

### Anything especially good?

### Suggestions for development:

### Agreed action:

Would you like to link this assessment as evidence to the foundation doctors PDP? (If yes; drop down menu will appear; you can select up to 10 outcomes)
- Yes
- No

<table>
<thead>
<tr>
<th>Date (mm/yy)</th>
<th>Time taken for observation: (in minutes)</th>
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<tbody>
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<table>
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<tr>
<th>Time taken for feedback (in minutes)</th>
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</table>

### Assessor’s signature:

### Assessor’s surname:

### Assessor’s registration number:

*If appropriate*
APPENDIX E: EXAMPLES OF CLINICAL GOVERNANCE PROJECT TITLES

A&E attendances in June 2011 by patients registered at practice
Assessing the management of dementia in primary care
Assessing the monitoring of DMARDS in general practice
Audit of use of ciprofloxacin in treatment of uncomplicated UTIs
Audit of UTI antimicrobial prescribing with ref. To co-amoxiclav, cephalosporins and ciprofloxacin
Audit on the association of glyceryl trinitrate prescriptions and uncontrolled stable angina
Audit on the uptake of the MMR vaccination
Audit to assess number of patients on repeat prescriptions of diclofenac
Audit to assess proportion of Type II diabetics who are taking metformin
Baby checks and immunisations - an audit to see if they are carried out on time and documented
CHADS2 and warfarinisation
CKD patients prescribed NSAIDs
Clinical audit of management of fibromyalgia in diagnosed patients
Diagnosis of childhood obesity in primary care setting
Diagnostic coding of asthma
Evaluation of emergency contraception consultations
Gabapentin as a possible drug of abuse
Gaviscon liquid prescribing
High risk patients on NSAIDs without a PPI
Hypertension - clinical management of primary hypertension in adults - educating GPs on new clinical guidelines and examining current practice
Identification and management of Vitamin D deficiency in adults
Influenza vaccination uptake in COPD patients
Investigating patients taking PPIs with late stage CKD
Investigating the prescribing practice of contraception in females below the age of 16
LFT monitoring in statins
Management of HRT patients in previous 12 months
MSU sampling for uncomplicated UTIs in <65yo females
Multiple benzodiazepine therapy in Primary Care
NHS health checks
Orlistat prescribing
Osteoporosis prophylaxis in long term steroid therapy
Outcomes of dermatology "two week wait" referrals over a one year period
PAD: antiplatelet therapy use
Patient questionnaire assessing the opinions of patients on opening times
Prevention of stroke in AF(re-audit)
Psoriasis: an independent risk factor for CVD
Quinolone and cephalosporin prescribing
Rate of inadequate results for cervical cytology screening programme
Reassessment of severity in patients with depression
Re-auditing the use of orlistat
Retrospective audit investigating contraception in patients referred for a termination of pregnancy
Review of mucolytic use in practice
Review of ophthalmology referrals
Safe prescribing of oral NSAIDs in the elderly
Smoking cessation
Statin prescribing: are patients having their liver function tests prior to therapy and at 3 months and 12 months after starting therapy
Telephone triage system: is it effective in managing a febrile illness in children
The contraceptive implant - audit to assess cost-effectiveness
The identification, diagnosis and optimal management of patients with AF to reduce their risk of stroke
Trimethoprim resistance in UTI’s
Two week referrals in General Practice
Two week wait audit
Use of bisphosphonates in patients with established osteoporosis
Use of NSAIDs in practice
Use of simvastatin and atorvastatin
Use of smoking cessation support in patients with COPD
Validating the initial diagnosis of CKD stage 3
Warfarin coding: an "active problem"
Wound infection rate in minor operations
APPENDIX F: EXAMPLE ASSESSMENT DOCUMENTATION

This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

Attendance record of the mandatory Division-based tasks

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>SKILL/TASK</th>
<th>ASSESSOR’S COMMENTS, SIGNATURE &amp; DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divisional based tasks</td>
<td>Small Group and Consultation Skills Teaching</td>
<td></td>
</tr>
<tr>
<td>(to be signed by small group tutor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of sessions attended ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective participation in group discussion of primary care topics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(please feel free to add free text comments to signature area)</td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td>Attendance at hospice visit</td>
<td></td>
</tr>
<tr>
<td>(to be signed by Palliative Care team)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attendance at Hayward House/Nightingale Unit/St Barnabas teaching session.</td>
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</tbody>
</table>
This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

PUBLIC HEALTH

Primary Care - Case

Nature of case:

Public Health implications (use specified headings to structure your response)

Date:
This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

1st GP Tutor Meeting

Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your last attachment. Highlight any areas of weakness or concern expressed about you in previous attachments.

What do you want to get out of this attachment?

Think about what you would most like to learn during this attachment and discuss your ideas with your practice GP tutor. Write your objectives here. It is important that they are relevant, achievable and understandable. Achievement of your objectives will form part of your assessment at the end of the attachment.

a. Your objectives for Clinical sessions in the practice

b. Your objectives for Consultations skills sessions
   (These should be a basis for discussion with your Consultations skills tutor)

This Portfolio Appraisal Meeting took place on _________________________________

Signed: Student ___________________________________________________________  

The student has reflected on their progress so far and has an action plan for the future.

Signed: (GP Tutor) ________________________________________________________

Print Name: (GP Tutor) ____________________________________________________
This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

**Mid Attachment Appraisal (2 weeks) – Primary Care**

This will occur half way through your attachment. You will discuss your progress with your GP tutor including an update on your Clinical Governance Project, whether you have completed the MACCS for the attachment and the Public Health Reflections; and assess your strengths and weaknesses. The aim of this is to encourage you and help you work on any weaknesses to ensure you pass the attachment.

**Student’s Comments:**

Signed: ____________________________ Date: ________

**GP Tutor’s Comments:**

Is the student progressing as expected?
If not, please complete an action plan at this meeting.

This meeting took place on ________________________________

Signed: Student ______________________________________

Signed: GP Tutor ______________________________________

PRINT NAME: GP Tutor __________________________________
This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

“My Medical Career Pathway”
Portfolio Page: General Practice

(Medical students are required to complete one for each clinical attachment from CP to shadowing)

Speciality:

Student Name:

GP Tutor:

Practice:

Dates:

Career Pathway Discussion:
I confirm that I have discussed career pathways with a doctor currently in this speciality.

This may be specific or generic, e.g. careers session during attachment or talking to a junior or senior doctor opportunistically about career decisions:

<table>
<thead>
<tr>
<th>Name and Position</th>
<th>Medical Student Signature</th>
<th>Date</th>
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</table>

Topics discussed and Reflections on Career issues,
e.g. what have I learnt about myself/my career aspirations this attachment,
e.g. consider a foundation placement. Why?

My future contacts – email details and websites etc:

Resources for Further Information:
RCGP Website – www.rcgp.org.uk
Local Training Scheme, can put in touch with local GP registrars for advice
www.nottinghamgptraining.co.uk
Nottingham Career Handbook – on the Medical Course Home Page on Moodle
Specialty Local advisors: 7 GPs – (see Specialty Contact List in Careers Handbook, contact details included)
This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

Clinical Experience Record

This is an ACTIVITIES LOG during your ACE attachment. Exposure to the clinical environment forms an important pillar for you to acquire clinical experience.

- You should keep a record of **ALL** of the clinical experience when you attend the ward, clinic and/or operating theatre to see patients.
- Feel free also to write down briefly your reflections on these experiences in the log below (under 'Experience').
- Show this alongside the ‘Checklist for common problems and diseases’ to your Assessor at the Midpoint and Final appraisal meetings.
- If possible it would be good to follow up a patient throughout his/her journey during your attachment

**ACTIVITIES LOG (PRIMARY CARE)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Experience (E.g. ward, clinic, operating theatre)</th>
<th>Certified by (signature)</th>
<th>Name and role of person certified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
### MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

**Skill: Preparing an Electronic Prescription in General Practice**

The prescription should be based on a real or simulated patient requiring a prescription for at least two acute items. The student’s GP tutor should confirm the correct drugs to be issued but the student should identify the correct preparation, dose, frequency and quantity. The student can use the BNF if needed.

<table>
<thead>
<tr>
<th>Step</th>
<th>Detail</th>
<th>Attempt</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common components</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accesses patient record</td>
<td>Identifies correct patient and accesses their electronic medical record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirms details</td>
<td>Confirms patient’s date of birth and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription mode</td>
<td>Selects prescription mode on clinical system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug selection</td>
<td>Selects correct drug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulation</td>
<td>Selects an appropriate dosage and preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructions</td>
<td>Selects or enters correct frequency and mode of administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity</td>
<td>Specifies an appropriate quantity or duration of treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Drugs</td>
<td>Repeats steps above for each item</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions</td>
<td>Notes any computer generated interactions and acts accordingly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>Checks all details and prints prescription</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Examination seen performed in accordance with the above checklist – ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS

Signed: ............................................................. Print: .................................................... Status: ....................................................

Contact No/Email: ............................................................. Reg no.: ....................................................

Signed assessor agreement (once ever) : Y / N Date: .................................................... Please add any comments on the comments sheet
### MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

**Skill: Administering an Intramuscular Injection (patient)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Detail</th>
<th>Attempt</th>
<th>1st</th>
<th>2nd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common components</td>
<td>See page 98. Equipment includes pre-filled syringe, needle, gauze swabs, sharps bin;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Enquires about history of adverse reactions or allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Issues</td>
<td>Confirms correct drug to be administered, correct dosage, route, and expiry date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle</td>
<td>Selects an appropriate size needle if required (21g/23g) and attaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site &amp; Positioning</td>
<td>Selects an appropriate injection site and is able to justify choice from upper arm (deltoid), buttck (gluteus maximus), buttock (ventrogluteal site), side of thigh (vastus lateralis), front of thigh (vastus femoris) – less used; Considering: muscle bulk; position and mobility of patient; age (children &lt; 7 months anterolateral thigh; children &gt; 7 months ventrogluteal/deltoid); volume of injection – max 2 mls in deltoid, up to 4 mls in thigh/buttock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure</td>
<td>Exposes skin and ensures site is clean, avoiding any lesions or infections.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection preparation</td>
<td>Stretches skin (Z-technique) and verbally prepares patient for injection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle insertion</td>
<td>Inserts needle at appropriate angle (approximately 90 degrees) and to correct depth (leaving approximately one-third of needle out of skin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection</td>
<td>Injects at an appropriate speed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle removal</td>
<td>Withdraws needle safely. Closes needle safety device (if present) over needle and disposes of needle and syringe immediately in sharps bin without re-sheathing needle.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemostasis</td>
<td>Applies gauze and checks for bruising or bleeding before removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient welfare</td>
<td>Ensures patient comfort and warn re. adverse reactions, offer appropriate advice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>Documents procedure and drug administration accurately in patient record including batch number and expiry date.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed: ____________________________ Print: ____________________________ Status: ____________________________

Contact No/Email: ____________________________ Reg no: ____________________________

Signed assessor agreement (once ever): Y / N Date: ____________________________ Please add any comments on the comments sheet
# MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

**Skill: Administering a Nebulised Drug**

Can be performed in a clinical situation (general practice, emergency department) or clinical skills centre.

<table>
<thead>
<tr>
<th>Step</th>
<th>Detail</th>
<th>Attempt</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common components</td>
<td>See page 98. Equipment includes compressor or oxygen supply, tubing, nebuliser chamber,</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>mouthpiece or mask, and solution for nebulisation.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Enquires about history of adverse reactions or allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Selection</td>
<td>Checks prescription chart and selects correct solution for nebulisation (normal saline if</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>simulation).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Issues</td>
<td>Checks expiry date and that seal is intact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Assembly</td>
<td>Connects tubing from air/oxygen supply to nebuliser chamber, and mouthpiece/mask to nebuliser.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adding Drug Solution</td>
<td>Unseals the solution container and empties completely into nebuliser reservoir.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Initiates Gas Supply</td>
<td>Switches on compressor or turns on oxygen (to a rate of 6-8 litres per minute unless otherwise instructed)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Aerosol Check</td>
<td>Ensures that aerosol vapour is being produced effectively.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Instruction</td>
<td>Instructs patient to breathe normally and to avoid talking whilst treatment is taking place.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mask Application</td>
<td>Applies mask to patient or gives mouthpiece.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Welfare</td>
<td>Checks on patient welfare periodically during procedure.</td>
<td></td>
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</tr>
<tr>
<td>Duration</td>
<td>Leaves the nebuliser/mask unit in place until the delivery is complete. Ensures that disposable mouthpieces and masks are discarded and other equipment managed according to local guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion</td>
<td>Ensures that disposable mouthpieces and masks are discarded and other equipment managed according to local guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>Makes an appropriate signed record.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examination seen performed in accordance with the above checklist. **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS.**

Signed: __________________________ Print: __________________________ Status: __________________________

Contact No/Email: __________________________ Reg no.: __________________________

Signed assessor agreement (once ever) : Y / N Date: __________________________ Please add any comments on the comments sheet
This is an extract from the Student ACE Log Book for information purposes; only the original forms need completing and signing.

END OF ATTACHMENT ASSESSMENT: PRIMARY CARE (Page 1 of 4)

Student Name

Student ID

Consultant (print name in full)

*PLEASE ENSURE YOU SIGN AND INITIAL ALL 4 PAGES OF THIS ASSESSMENT*

GMC Number

Student

- Ensure that all documentation is up-to-date in your log book.
- Ensure that you have up-dated information on sign-ups, especially MACCS on MOODLE.
- Ensure that your Supervisors SIGNS and INITIALS ALL OF THESE SIGN OFF PAGES

Assessor

You are reviewing the student record and will be making a decision to recommend that the student either progresses on the course or requires additional experience. The decision is based on confirming that the student has met required standards, evidenced in the log book. The student will have gone through a mid-attachment review process. At this stage any aspects requiring attention would normally have been discussed, giving the student opportunity to improve. If this has been the case, you should consider whether the student has made an appreciable improvement.

The GMC requires us to consider three areas in which to evidence that a student has met the specified outcomes for Graduates: Doctor as Scholar, Practitioner and Professional. In making these considerations, please speak with any relevant colleagues involved in interacting with the student on the attachment. Such individuals may have been in more personal contact with the student than you. Please be careful to evidence and be prepared to justify your conclusions.

Any student who fails the ‘student as a professional’ domain will fail this clinical attachment and will only be able to sit the ACE assessments provided that a satisfactory pass in professionalism signoffs is attained in all subsequent ACE attachments. However, if this fail is in the last attachment in ACE, close to the point of graduation, the Board of Examiners will then make a decision whether the student should repeat the whole phase on the basis of not having demonstrated attainment of all outcomes for graduates.

If it is felt that a Fail is a likely recommendation then this MUST FIRST be discussed with an Associate Clinical Sub-Dean in your Trust and also discussed with the Course Lead.

For the implications on taking end of modular assessments please refer to the online current programme specification.

PASS:

- Student has demonstrated evidence of satisfactory attainment on the attachment in all three outcome areas specified for graduates.

FAIL:

- Student has demonstrated an inappropriate professional attitude.
- Student has missed significant elements of the attachment without good reason.
- Student has shown no enthusiasm or initiative and has done less than the minimum required.
- Student has failed one or more of the mandatory core clinical skills assessments.
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END OF ATTACHMENT ASSESSMENT: PRIMARY CARE  (Page 2 of 4)

**Student Name**

<table>
<thead>
<tr>
<th>Doctor as Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion</strong></td>
</tr>
<tr>
<td>Completion of logbook entries as required for attachment</td>
</tr>
<tr>
<td>Completion of Public Health template for attachment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor as Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion</strong></td>
</tr>
<tr>
<td>Completion of proportionate/required number of MACCS during the attachment</td>
</tr>
<tr>
<td>Evidence of good communications skills involving patients and staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor as Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion</strong></td>
</tr>
<tr>
<td>Sign off completed for Professionalism (see separate Professionalism sign off page in green)</td>
</tr>
</tbody>
</table>
### Doctor as professional – Final PRIMARY CARE sign-off

<table>
<thead>
<tr>
<th>Criterion – Has the student satisfied each subcomponent of the professionalism assessment?</th>
<th>Satisfactory (please circle)</th>
<th>Comments (please highlight examples of good practice, or detail any areas for concern)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Integrity</strong> eg. • Honest interactions with colleagues and patients</td>
<td>Yes / No / No Comment</td>
<td></td>
</tr>
<tr>
<td><strong>Reliability and responsibility</strong> eg. • Attending mandatory elements of attachment (unless good reason) • Engagement with learning • Punctual • Completing assigned tasks</td>
<td>Y / N / NC</td>
<td></td>
</tr>
<tr>
<td><strong>Safety</strong> eg. • Always acting in a way that patient safety is not compromised</td>
<td>Y / N / NC</td>
<td></td>
</tr>
<tr>
<td><strong>Teamwork</strong> eg. • Willing to work as part of a team • Demonstrating respect for peers, and multidisciplinary team • Demonstrating appropriate conduct in teaching sessions</td>
<td>Y / N / NC</td>
<td></td>
</tr>
<tr>
<td><strong>Compassion/ empathy</strong> eg. • Listens attentively and responds empathetically to patients and relatives • Demonstrates respects for all patients</td>
<td>Y / N / NC</td>
<td></td>
</tr>
<tr>
<td><strong>Self-awareness</strong> eg. • Responds positively to feedback • Acts appropriately to educational advice proffered • Completion of portfolio appraisal • Completion of careers reflection</td>
<td>Y / N / NC</td>
<td></td>
</tr>
</tbody>
</table>

### Summary

To the best of my knowledge, this student has achieved the professionalism competencies expected of a CP3 student (if no, the case should be discussed with the Associate Clinical Sub dean at the Trust and CP3 phase lead)

Yes

No

Assessor’s name (block capitals):- __________________________________________

Assessor’s signature:- _____________________________________________________

Assessor’s GMC Number: - _________________________________________________

Signature of Trust Academic Lead or Associate sub-dean (if student has not achieved the expected professionalism competencies) who will liaise with medical school support staff (sub-deans) ____________________________________________

---

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This is an extract from the Student ACE Log Book for information purposes; only the original forms in the Student ACE Log Book need completing and signing.

END OF ATTACHMENT ASSESSMENT: PRIMARY CARE (Page 4 of 4)

Student Name

Student's Grade (ring):

PASS     FAIL

Assessors Signature: _____________________________________

Specific constructive feedback must be recorded below.
If graded Fail this must first be discussed with the Associate Clinical Sub Dean and the Phase Lead

GP Tutors comments

Student’s comments