School of Medicine

Year 6

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Department of Primary Care
and Public Health

## General Practice Student Assistantship

Course Guide

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**Year 6**

**General Practice Student Assistantship**

**Course Guide**

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# SOLE Questions

The following pages provide you with the templates on which you can record your thoughts as the course proceeds. At the end of the course you can enter your views on to SOLE.

# GP attachment

Please answer the questions for the GP Attachment. There is an opportunity to comment on any aspects about which you feel strongly at the end of this section.

*Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree / No Response*

* I have developed an understanding of the roles and responsibilities of the primary health care team.
* I progressed from observing consultations to undertaking consultations alone during the attachment.
* Consultation skills were well taught.
* Examination skills were well taught.
* Teaching was pitched at the right level.
* I received sufficient guidance and feedback.
* I had the opportunity to carry out all the clinical procedures listed on the clinical log sheet.
* Overall I am satisfied with this attachment.

If you wish to make further comments about this attachment, in particular if there are any ways you feel that your experience could have been improved, please use the space below.

## GP Teacher

Please answer the questions for the GP Teacher. There is an opportunity to comment on any aspects about which you feel strongly at the end of this section.

**Overall, I am satisfied with this GP teacher.**

*Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree / No Response*

If you wish to make further comments about your GP teacher, please use the space below

## GP Departmental Teaching

Please answer the questions for the GP Departmental Teaching. There is an opportunity to comment on any aspects about which you feel strongly at the end of this section.

*Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree / No Response*

* The introductory session was an appropriate preparation for the attachment.
* I received sufficient guidance and feedback in the consultation skills session.
* The facilitated discussion of the significant event analysis was a valuable learning experience.
* Overall, I am satisfied with the departmental teaching sessions.

If you wish to make further comments about the departmental teaching and learning opportunities for this attachment (e.g. Introduction, consultation skills teaching and SEA debrief), please use the space below.

# General Practice Student Assistantship

INTRODUCTION

The General Practice Student Assistantship involves a two-and-a-half week attachment to an out-of-London General Practice and a day and a half in the Department of Primary Care and Public Health. It has been designed as part of an integrated Year 6 programme for Imperial students. Whilst the courses you undertake in this important academic year will contain material specific to each individual discipline they will also all contain, to a greater or lesser extent, themes which aim to prepare you better for your work as a Foundation Year 1 doctor. This General Practice attachment offers you, as *senior students*, many opportunities to develop skills in a number of areas that will prove invaluable to you.

General Practice is by its very nature somewhat unpredictable. However, we hope you will be exposed to a full variety of patients in clinical settings and have the opportunity to meet and talk to other members of the primary health care team. This is a good opportunity for you to have some one-to-one teaching with an experienced doctor, so feel free to ask questions and get involved with the life of the practice as much as is feasible.

COURSE STRUCTURE

**Introduction**

The brief time in the Department will provide an opportunity both to review your Year 5 general practice experience and look specifically at the General Practice Student Assistantship programme. The nature of your assessment will be defined and you will start to look at different ways of consulting, as well as identify some personal learning objectives for the attachment. You will also have an introduction to audit and the written requirements of the course.

During this attachment we ask you to focus on six specific objectives:

1. The consultation (page 12)

2. The clinical portfolio, reflecting the range and scope of your clinical work (page 15)

3. Primary–secondary care communication (page 17)

4. Audit (page18)

5. Challenging aspects of general practice and Communication (page 21)

6. Practical skills (page 22)

This guide is available on the intranet, so you can print off any forms from it.

**Debrief**

The last morning of the attachment will be spent in the Department. This will allow you to share the varied experiences you have had in your different practices across the country. You will be asked to present some of your work to your peers in a small group. This might be your audit or SEA.

Learning outcomes

**Please read these carefully and remember that you may be examined on any of these outcomes**

**Community perspective**

Describe and assess the complex interplay of physical, social and psychological factors in the presentation and management of illness in the community.

Assess the impact of family/personal relationships on the presentation, course and management of disease in a primary care setting

Explain the impact of local demography on disease prevalence, patient’s use of services, the General Practice workload, and the primary health care team structure.

Describe, in broad terms, the responsibilities of a Primary Care Trust (PCT) and its relationship with an individual general practice.

Explain the general practitioner’s joint responsibilities to both the individual patient and the community as a whole and describe possible tensions between these roles

**Chronic disease management and Evidence Based Medicine (EBM)**

Describe and apply up to date evidence based guidelines in the management of common chronic medical conditions seen in the community (e.g. Coronary heart disease, Diabetes, Hypertension, Asthma, COPD, Depression, Atrial fibrillation and others), including both pharmacological and non pharmacological interventions

List the prevalence of the major chronic medical illnesses seen and managed in the community

Describe the division of responsibilities for chronic disease management within the primary health care team as a whole.

**Consultation skills**

Perform a number of GP surgeries (from start to finish) under supervision , applying a patient centred approach which respects the patient’s right to be involved in decisions about their care.

Demonstrate an ability to take a focused history, assess and manage a variety of patients in a variety of clinical settings (including both surgery attendances and home visits) using appropriate language and communication skills to seek patients understanding and engagement

Demonstrate skills in listening, the use of open, closed, reflective questions and summarising to achieve a shared understanding and partnership with patients when consulting.

Clearly explain your examination findings, the working diagnosis and management plan to the patient

Clearly explain any medication prescribed for patients (how to take it and what it is for)

Demonstrate an understanding of the impact of psychosocial, cultural, behavioural and familial factors in the presentation of, and choices made by, patients in health care

Describe the terms “doctor’s agenda and patient’s agenda”. Outline possible tensions between these two and explain how these might be overcome.

**Clinical skills**

Confidently perform a clinical examination appropriate to the clinical presentation

Recognise the acutely unwell patient and commence initial management

Distinguish between benign self limiting illness and potentially more serious presentations

Establish the availability of in-house services (investigative and therapeutic) and use the appropriately when consulting

Demonstrate an ability to take blood, check inhaler technique, give injections (s/c, IM)

Demonstrate the use of common primary care diagnostic tools (e.g. PHQ9, cardiovascular 10yr risk assessments)

**Teams and team working**

List the members of the primary health-care team, describing their training, roles, responsibilities and management structure (including GP, practice nurse, district nurse, Health Visitor, Social worker, Practice manager, Health Care assistants and others)

Describe the constituent elements of good team work and critique the effectiveness of teamwork in a specific General Practice.

Attend and contribute to a PHCT meeting

Evaluate the effectiveness of communication between primary and secondary care,

Explain obstructions to more effective communication between primary and secondary care and outline strategies to overcome these.

**Audit and clinical governance**

Define the term “clinical governance”

Describe briefly the agencies involved in the setting, monitoring and evaluation of standards in the NHS.

Describe the audit cycle process and how audit differs from research

Define what is meant by an audit criterion and audit standard

Design, perform and write up an audit on an aspect of the Primary Health Care Team’s work, demonstrating an understanding of the process and its contribution towards clinical governance

Evaluate the audit’s findings, making appropriate proposals for systematic improvements
(if necessary)

**Prescribing**

Demonstrate a familiarity with each of the major drug groups in the BNF

Apply this knowledge when consulting by being able to prescribe (under supervision) at least one drug at the correct dose from the following groups: antibiotics, antihypertensives (ACE, calcium channel anatagonist, B blocker, Alpha blocker, thiazides) NSAIDS, SSRI antidepressants, analgesics, oral diabetes medication.

**Professionalism**

Recognise a doctor’s professional obligations to patients, society and self, paying particular attention to their impact on clinical governance

Evaluate strategies to offset the various stressors encountered in the day to day work of a general practitioner

**Health Promotion and Screening**

Describe the impact of culture, diet and lifestyle on the health of a general practice population

List the various national and local health promotion and screening programmes

Define the difference between screening and case finding

Explain the “inverse care law”.

## ASSESSMENT

You will be assessed by:

**1. your GP Teacher, using explicit criteria**

It is *your* responsibility to ensure your GP Teacher completes your assessment form.

**2. the Department**

Your written work will be marked again by your Course Tutor who will then award an overall grade for the attachment (A–E).

**Summary of requirements to pass this course**

# By the end of this course you must have:

* fully attended the Department and ­practice-based sessions
* completed your Personal Learning Objectives
* completed ***all*** the set tasks:

**In the practice**

**The consultation**

 Perform three surgeries of your own (with appropriate supervision and feedback)

 We would also like you to gain experience of being ’on-call’ at least once.

 **Challenging aspects of a career in General Practice**

 Interview GP Teacher and other team members

**Communication tasks**

 Draft a referral letter

 Bring forward an appointment

 Chase up a laboratory result/x-ray

**The clinical portfolio** (to be submitted on the final Friday)

**Six brief reports on consultations** (see page 15)

**Case-Based Discussion (CBD)**

 **Three** CBDs based on the reports above

**Clinical Observation Tool (COT)**

 **One** COT completed by your GP teacher

**An audit**

 *Either* a mini-audit *or* a prize audit

**Significant Event Analysis**

 Complete **one** SEA

 **Professionalism**

 An assessment by your GP teacher

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You must submit your completed written work and completed GP Teacher Assessment to the Department on the last Friday.

**Prizes**

**Charing Cross and Westminster Alumni Prize**

This prize of £500 will be awarded to the student with a combination of the best marks in the Year 5 GP attachment and the Year 5 PACES, and in the Year 6 GP attachment and the GP written finals questions. The prize was established in 2005 by the Alumni Association.

**Photography competition – book token prize**

Submit a photograph that you feel captures the essence of your attachment – people, place, patients. Remember to ask permission from anyone you photograph. It is optional, send your submission to Steve Platt, s.platt@imperial.ac.uk. We shall put the pictures on the department website.

**Adam Snape Audit Prize** (see page 20 for details)

SUGGESTED TIMETABLE

Week 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **am** | **9.15am** Introduction 9.30am Consultation skills role plays | Travel if distant | Sitting-in + completion of demography and team membership form | Initial audit work  | Own surgery(with feedback) + first brief case write up | ?Surgery |
| **pm** | 2.00pmIntroduction to course | InductionOrientation | Sitting-in | Practice Nurse | Portfolio based Case based discussion (CBD) with Teacher |  |

### Week 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** | Audit and or portfolio write up time | Sitting in | Own surgery(with feedback) | Clinic | Video Consultation + Portfolio based Case based discussion (CBD) with Teacher |
| **pm** | Sitting in | Clinic | Mid-point tutorial | Practice Nurse | SEA / Portfolio research or reading |

### Week 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** | Own surgery (with feedback) | Community visit? | Writing-up time+ Portfolio based Case based discussion (CBD) with Teacher | Sitting in/travel if distant | 9.15am Departmental debrief session  |
| **pm** | Writing up Audit or Portfolio/ Sitting in | Writing up | Final tutorial and assessment | Travel |  |

We are sure we do not need to remind you of the effort and organisation that your teaching practices put in to ensure that you have an interesting and productive attachment. It can be frustrating and embarrassing for the doctors if you do not attend sessions they have especially arranged!

We very much hope you enjoy your attachment and look forward to discussing it with you back at the department.

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# Recommended websites

GP on line <http://www.gpnotebook.co.uk/homepage.cfm>

NICE <http://www.nice.org.uk/>

Royal College of General Practitioners <http://www.rcgp.org.uk/>

SIGN <http://www.sign.ac.uk/>

## Recommended books

Neighbour, R. [*The Inner Consultation: how to develop an effective and intuitive consulting style*](http://www.amazon.co.uk/exec/obidos/ASIN/1900603675/qid%3D1089887996/br%3D3-1/br_lfncs_b_1/202-0887004-5167004) Petroc Press, 2nd edn, 2006.

Tate, P.*The* *Doctor’s Communication Handbook*. Oxford: Radcliffe Medical Press, 2009.

Fraser RC, Mayur K Lakhami, Richard H Baker, *Evidence-based audit in General Practice*,Oxford:Butterworth Heinemann.

Pendleton D et al.,*The Consultation: an approach to learning and teaching*, Oxford: Oxford University Press, 2003.

Abusin, S The way I see it: Everyone can benefit from the GP foundation year programme, BMJ, 2006, 332, 7533. <http://careerfocus.bmjjournals.com/cgi/reprint/332/7533/15>

Henderson E, Berlin A, Freeman GK and Fuller J. Twelve tips for promoting significant event analysis to enhance reflection in undergraduate medical students: Medical Teacher, 2002, 24, 121-124.
[http://dandini.ingentaselect.com/vl=871600/cl=42/nw=1/rpsv/cw/tandf/0142159x/v24n2/s3/p121](http://dandini.ingentaselect.com/vl%3D871600/cl%3D42/nw%3D1/rpsv/cw/tandf/0142159x/v24n2/s3/p121)[http://juno.ingentaselect.com/vl=9484809/cl=118/nw=1/fm=docpdf/rpsv/cw/tandf/0142159x/v24n2/s3/p121http://juno.ingentaselect.com/vl=9484809/cl=118/nw=1/fm=docpdf/rpsv/cw/tandf/0142159x/v24n2/s3/p121](http://juno.ingentaselect.com/vl%3D9484809/cl%3D118/nw%3D1/fm%3Ddocpdf/rpsv/cw/tandf/0142159x/v24n2/s3/p121)

Edwards N, Kornacki MJ and Silversin J, Unhappy doctors: what are the causes and what can be done?, British Medical Journal, 2002, 835-838.  <http://bmj.bmjjournals.com/cgi/reprint/324/7341/835>

Velamoor VR, Kazarian S, Persad E, Silcox JA, Work-related sources of physician stress, Canadian Journal of Psychiatry Bulletin, 2000.

<http://www.cpa-apc.org/Publications/Archives/Bulletin/2000/Oct/Oct2000.asp>

Simon, C, Everitt,H and van Dorp, F. Oxford Handbook of General Practice, Oxford University Press 978-0-19-923610-7, 2009

Greenhalgh, T, Primary Health Care: theory and practice, Trisha Greenhalgh, Wiley, 978-0-7279-1785-0, 2007

## CONTACT DETAILS

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If you have a concern or query during the rotation please contact any of the people listed above.

## HEALTH AND SAFETY GUIDELINES FOR STUDENTS IN PRACTICES

While you are in general practice there are issues of health and safety to think about in the same way that there are during your hospital attachments. You will come in contact with patients and may be involved in procedures, such as taking blood and minor operations. The same rules apply as in hospital. If you are injured in any way during your attachment, you must inform a responsible person. This will usually be your GP teacher, but the practice may have someone else, such as a practice nurse, designated as the health and safety person. If there are protocols that you need to follow, or treatment is required, you should be guided by the person you have informed wherever possible. You are also required to inform the College’s Safety Unit of any accident (See the Intranet under Policies/Safety at <http://education.med.imperial.ac.uk/Policies/Policies.htm>).

You should be aware of the potential problems that can arise from seeing patients alone in an office or in their homes. If at any time you feel unsafe you should either not go into the situation or extract yourself from the situation as safely as possible. You should tell your teacher what has happened. Your teacher should take care not to put your safety at risk at any time with respect to patient care or learning about medicine.

If you have doubts about health and safety that are not satisfactorily answered by a member of the practice team, you should contact a member of the Department as soon as possible.

# Course Guide

This course guide contains six sections:

1. The consultation
2. The clinical portfolio
3. Primary–secondary care communication
4. Audit
5. Challenging aspects of general practice and Communication with colleagues
6. Practical skills

## 1. The consultation

 **Objectives**

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

* Conduct some consultations from beginning to end with minimal prompting
* Demonstrate an ability to **integrate** good communication with sound clinical method and intelligent decision-making
* Attend appropriately to both the patient’s and the doctor’s agendas i.e.
	+ - establish a rapport
		- enable the patient to describe her/his problem(s)
		- explore patient’s expectations and health beliefs
* use appropriate questioning of clarify the problem
* focus the physical examination as indicated by the history
* define the problem and if appropriate offer a differential diagnosis
* explain this to the patient
* list management options including further investigation, treatment & referral
* discuss options with the patient
* arrange appropriate follow-up and use time well
* Take into account the ethical and moral dimensions of each consultation and discuss these, if relevant with your GP teacher
* Show insight into your own strengths, weaknesses and limits

# Seek and accept feedback

* Identify gaps in your knowledge and skills and begin to address these

You will know from your Medical Sociology, Patient Contact and Year 5 GP attachment that patients consult in Primary Care for a wide variety of reasons and to access a number of different services. Some of these are obvious and some more complex. In general, the obvious ones have simple medical content, e.g. sore throat. In these cases, the clinical interest often lies in why the patient has consulted at that particular time. What has occurred to make the person become a ‘patient’? There may be social reasons (‘exams next week’ ‘holiday in a few days’) and/or psychological reason (‘mother has just been diagnosed with throat cancer’) for the consultation. Try to uncover the *patient’s ideas* about their illness, their major *concerns* and their *expectations* of how the doctor can help. Sharing this information will allow the doctor and patient to work more closely together.

Sometimes apparently trivial presenting symptoms may not be the real reason for the patient’s attendance and may mask a ‘hidden agenda’. Why do some patients behave in this way? How did the doctor go about detecting the most important problems? What skills do you need to develop to help you manage these consultations? You might like to focus on some diagnoses, which did not relate to the presenting symptoms in the consultations you observe.

Some patients attend for administrative reasons e.g. sickness certificates, housing letters, insurance reports. These often require the GP to act as a ‘judge’ and may introduce an element of conflict into the consultation. How many other roles do you notice your GP is adopting with his/her patients e.g. keeper of the public purse, friend, advocate, referee, witness, etc? Reflect on situations where these roles may affect the doctor–patient relationship, particularly in your own consultations.

##### An integrated approach

Experience to date, including exam results and a study of recently qualified doctors, shows that students can have difficulty integrating their clinical knowledge (*the disease framework*) with the patient’s perspective (*the illness framework*), the tendency being to stick doggedly to the former. In addition you may have had little experience of making sensible and acceptable management plans. This attachment provides the ideal opportunity to develop these skills.

Figure 1 displays the various elements of the consultation, highlighting the importance of going beyond*‘getting the history’.*

**Patient presents problems**

**Gathering information**

Parallel processes

Illness framework:

**patient’s agenda**

1. ideas
2. concerns
3. expectations
4. feelings
5. thoughts
6. effects

Understanding the patient’s unique experience of illness

Disease framework:

**Doctor’s agenda**

symptoms

signs

investigations

underlying pathology

###### Problem definition

Differential diagnosis

**Integration of the two frameworks**

Explanation and planning: shared understanding and decision-making

Figure 1: Integrating the medical and patient-specific aspects of the consultation
(based on *The Patient-Centred Clinical Method*: Stewart & Roter, 1988)

Consulting with patients is the core activity of medicine as a whole and general practice in particular. Note the variety of techniques your teacher uses to establish rapport, gather information, make a diagnosis, explain and share management options with the patient in each consultation. Look particularly for the use of silence, the use of time, non-verbal cues (eye contact, posture, touch, etc.) the physical set-up of the room (where do the patients sit in relation to the doctor), how consultations are initiated and finished. Are there ever times when a doctor-centred approach is appropriate? Try to develop your expertise when you consult alone.

During the induction period in the department you will have an opportunity to reflect on your Year 5 consultations. You will identify and record some specific learning objectives for your forthcoming consultation work.

Clinical cases task

You are required to:

* discuss your specific learning objectives for your consultation work with your teacher at the start of the attachment
	+ - do three surgeries of your own during the attachment

Your teacher will be aware of this requirement and may sit in with you / video some or all of the consultations. They will of course be available in case you get stuck! You will receive invaluable feedback on your performance.

* + - maintain a clinical portfolio to record the range and scope of your clinical work. You will be required to record a minimum of 6 *brief* case reports over your three-week attachment, and to discuss one each week in detail with your GP Teacher (Case-Based Discussion – CBD), see the portfolio section for more detail.
* be assessed on a sample of directly observed and/or videoed consultations. Your GP teacher will complete at least one Clinical Observation Tool (COT) (ideally one COT for each observed session).

**Further reading**

Tate P. *The Doctor’s Communication Handbook,* London:Radcliffe Medical Press, 2009.

Pendleton D, et al, *The New Consultation: Developing doctor–patient communication*, Oxford: Oxford University Press, 2003.

Neighbour R,*The Inner Consultation:**How to develop an effective and intuitive consulting style,* London:Radcliffe Medical Press, 2006.

## 2. The Clinical Portfolio

Portfolios are increasingly being used in both undergraduate and postgraduate education. They fulfill a number of objectives, the most basic being to provide you with a structure with which to log your work, experiences and achievements. In addition, when used creatively they can provide a framework for professional reflection. We hope you will use the GPSA portfolio for both these important functions. Personal reflection is both an essential aspect of our professional development and a GMC obligation. A doctor who doesn’t reflect on his/her practice will not develop and ultimately puts their patients at risk. Students at medical school have a lot of clinical exposure and experiences, but the experiences themselves are not enough for real learning. It is only when one reflects on an experience that one can learn from it. This theory was famously expounded by the educationalist David Kolb:

Kolb cycle:

It is no coincidence that the GMC is planning to use portfolios as the basis for revalidation of all doctors in all specialties, and being able to show evidence of reflection (in terms of audits, SEAs and case reports) will be essential.

Your portfolio will have a few fixed elements. On page 24 there is a simple sheet for you to record basic aspects of your practice’s team and demography. We suggest you complete this early on in your attachment as it will allow you to put what you are seeing into context.

**Recording consultations**

You are required to write a *brief* report on at least six of your own consultations during your attachment. Without wishing to be too prescriptive we would like you to try to include some of the following topics:

* + - Diabetes
		- Cardiovascular disease
		- Hypertension
		- COPD
		- Asthma
		- Chronic rheumatological condition
		- Chronic neurological condition
		- Polypharmacy or co-morbidity

To save you time, you may chose to copy and paste from your clinical system (making sure you do NOT copy names ensuring patient confidentiality)

You should record

* + - * what happened
			* what you did
			* any decisions made
			* whether the patient’s current plan / therapy is in line with best practice / national guidance

Your submissions should be:

* *brief*, but thoughtful
* usually less than 1 side of A4 (*never* more than 2)

There are examples of a brief report on the intranet.

Each week your GP Teacher will choose *one* of your submissions for the basis of a case-based discussion (CBD). The results of this discussion will be recorded in your portfolio using the form on page 25. Your GP should also complete a Clinical Observation Tool (COT) of one of your consultation sessions, using the form on page 26. These forms are also on the intranet.

**Significant event analysis**

You are required to produce **one** SEA during your attachment.

The GMC anticipate the SEA will be an important tool in the revalidation process. All doctors, in all disciplines, will be obliged to write SEAs on a regular basis. A well-constructed SEA shows you are a student/doctor who is capable of reflecting on your day-to-day experiences and identifying your learning needs. With the constant pressure of work and patient contact it is often surprisingly difficult to find the time to reflect on our work experiences in sufficient detail. The formal structure of the SEA helps you achieve this. Despite medical students’ traditional reluctance, there is significant educational research evidence to show SEAs are a very effective way of learning! The evidence also suggests that the scope of the learning is broadened by discussing it with another person. It is for these reasons we are asking you to undertake one SEA and discuss it with your teacher.

A Significant Event is *any* incident that:

* makes you think... ‘this is what Medicine is all about’
* causes you distress or anxiety
* makes you feel proud of your achievements
* exposes a gap in your understanding
* arouses other important thoughts or feelings

This event may arise out of a patient interaction, an interaction with your GP teacher or another member of the Primary Care Team. Equally, it might be something you have observed in a non-clinical setting during your attachment.

Depending on the nature of the event, headings might include:

* Patient details (age, sex, ethnic origin etc…)
* What happened?
* Patient description – how did the patient appear to you?
* GP, other health professional or your own approach – what was said or done?
* What skills, knowledge and attitudes might be useful with this type of problem?
* Your thoughts and feelings about the event?
* Conclusion and learning plan
* Notes after discussion with GP teacher including plans to address any outstanding issues

Please remember that your conclusion and learning plan are essential, irrespective of the event described.

There are examples of good SEAs on the intranet.

## 3 Primary–secondary care communication

**Objectives**

By the end of this attachment you should have:

* reflected on communication within the primary health care team
* understood the critical place of communication between primary and secondary care

**Communication within the primary health care team**

What do other members of the Primary Health Care Team find stressful in their work? Ask a receptionist how she/he copes with an angry patient and the practice manager who has to deal with patient’s complaints. To what extent are the practice nurses concerns different from the doctors?

How do these work, e.g. verbal/written, formal/informal, regular/ad hoc. Do the team use first names?

How well is the Primary Health Care Team functioning?

How might you assess this?

Ascertain the frequency and composition of team meetings. Take the opportunity to attend a team meeting if possible. Ask your teacher and at least one other member of the team for their impressions of the last meeting. What was its purpose? Was it successful? Jot down a list of factors that make meetings in general more useful.

How might teamwork in your practice be improved?

**Communication between primary and secondary care**

Over the past few years there has been a significant shift of care from the hospitals to the community. Political initiatives and technological advances have led to shorter admissions and earlier discharges for patients, with more complex packages of care being delivered in the community. Good communication between primary and secondary care is essential.

As a Foundation Year 1 doctor you will, very soon, be an essential link in the chain of primary/secondary communication. By undertaking your communication tasks and audit you will have an opportunity to reflect on the importance of good communication *from a General Practice perspective.*

When a patient is discharged from hospital it is essential that his/her GP and any other members of the primary health care team be given the following information on the day of discharge:

* The reason for the admission
* What medication the patient is to take on discharge, and how long they should continue it
* When and by whom the patient is to be reviewed
* Any further admissions or treatment planned

Many patients and/or their families will contact their GP within a day or two of discharge from hospital. Without the above information the GP’s ability to help will be significantly compromised.

Prompt and full correspondence should also follow any **outpatient attendance**, including a diagnosis (or differential) and details of any planned investigations or procedures; medication; review date.

**When a patient dies** their family and/or carers (who may also be patients of the practice) will often contact the surgery very soon. It is highly desirable that the GP is aware of the circumstances of the patient’s death *before* the family makes contact.

Take advantage of opportunities as they arise and aim to have completed each of the following tasks by the end of your attachment:

* Draft a **referral letter** for a patient you or your teacher has seen
* Bring forward an **outpatient appointment** for a patient who needs to be seen earlier
* Chase up a **laboratory result** or **x-ray** required by the practice

## 4. Audit

By the end of the attachment you should:

* Demonstrate an understanding of audit

**Clinical audit**

This is the only time in your undergraduate career that you are formally taught how to perform an audit. In addition, you will be required to submit an audit for your F2 application, and many young doctors use their Year 6 audit for this purpose.

Clinical audit examines an individual/team’s performance at a particular activity. It is increasingly important in all branches of medicine. Clinical governance makes it essential for GPs to be actively involved in audit. As well as improving clinical standards, audit can actively promote teamwork. Team members who have played a part in clinical audit are more likely to identify with its findings and be more committed to achieving its aims.

**Audit cycle**

Select topic

Collect data

Agree and implement change

Collect data

Analyse data

Set standards

Agree criteria

Identify specific aims

 **Select topic**

It is vital to choose a topic that interests you *and* improves services to patients.

**Identify specific aims**

You should clearly identify what you want to see gained by the exercise. The desired outcome might, for example, be improved patient attendance at a practice-run diabetic clinic.

**Agree target criteria and standards**

*Target Criteria* are the modalities being assessed e.g. discharge medication stated clearly on the discharge letter. Wherever possible, criteria should be evidence-based.

*Standards* are a measure of the frequency with which the target criteria should be met e.g. discharge medication should be stated clearly on discharge letters *in 90% of cases*.

**Devise method for collecting data / Collect data**

A little time spent planning exactly what data you need to collect and how you will collect it can save a massive amount of time and make your analysis much easier!

**Analyse and compare with target criteria and standards**

This is the moment of truth! You will see how well performance matches up to standards.

**Agree and implement changes**

Where performance falls short of the standard you need to suggest ways it could be improved.

**Collect further data to evaluate change**

If you had longer you should, after a defined period, allow the changes time to work, and collect data again in exactly the same way as before. This will allow comparison with the original data to see if the changes have been effective. Only when this has been done successfully has the audit cycle been completed. This is often referred to as 'closing the audit cycle’.

Clearly you will not have enough time to complete *all* these stages during your attachment. You should however be able to select a topic, agree criteria and standards, collect and analyse your data and make suggestions on how performance can be brought up to your standard.

**Clinical audit: the essential steps**

* Select topic
* Identify specific aims
* Agree target criteria and standards
* Devise method for collecting data
* Collect data
* Analyse and compare with target criteria and standards
* Agree and implement changes
* Collect further data at a later date to evaluate changes

**Mini audit**

When selecting a topic, choose something that interests you. Your GP Teacher may well have ideas on topics you might choose. Patient notes will be held electronically, allowing data to be collected easily. This exercise should take no more than 3–4 hours maximum.

No matter how modest the topic, your write-up should show a good understanding of the *process* of audit, with clearly defined *criteria* and *standards.* Your write-up need not be more than two sides of A4.

Example:

You may choose to look at an aspect of communication between primary and secondary care. How satisfactory is communication between your practice and the local hospital? You might choose *one* aspect of communication for closer examination (e.g. discharge notes, referral letters to hospital, telephone calls, laboratory results). You would need to draft some minimum standards for effective communication by this method and then audit this activity within the practice to see if your standards are achieved. For example, your minimum criteria for a discharge note might include name, address, date of discharge, diagnosis. You might then choose to look at ten discharge notes and see how they compare with your standards for each criterion.

We are well aware of your limited time in the practice and so we encourage you to **keep it short and simple** (see example on the intranet).

**Suggested reading**

Fraser RC, Lakhami MK, Baker RH, *Evidence-based Audit in General Practice.*1998, Butterworth Heinemann, Oxford ISBN 0 75063104 X.

**Prize audit**

Should you find the ‘mini-audit’ too restrictive, we would be delighted to encourage you to consider the Prize Audit option! If you decide to submit an entry for the prize you are not required to do a ‘mini-audit’.

The North & West London Faculty of the Royal College of General Practitioners have very kindly funded an annual prize to be awarded to the best supplementary audit submitted by a Year 6 student (the Adam Snape Audit Prize). This is entirely optional. It might be on any aspect of general practice that has caught your attention during your attachment, e.g. prescribing, an aspect of practice administration (e.g. time spent in the waiting room), some aspect of chronic disease management. Choose something that will be (a) interesting and (b) practicable within the two-week period.

Headings in the report should include:

* Why you chose this particular topic
* How you set about answering your question
* Data you collected
* Conclusions from that data and implications for further action

When assessing submissions the examiners will be using the following criteria:

1. The submission shows a clear understanding of audit as a process e.g. determining standards, cycle of audit, etc.

2. There is discussion of the implications of the audit for the practice in terms of change.

3. The submission should be clear and easy to follow.

4. The project should be manageable given the two-week attachment i.e. be an appropriate size and complexity.

5. The submission should be interesting

The entries will be marked by the Department and the £100 prize awarded during the spring. The prize winner will be invited to make a brief presentation at a meeting of the North & West London Faculty of the Royal College of General Practitioners. The winning entry for 2010/11 is on the intranet.

*Please note that submissions for the special audit prize must be submitted to Kate Woodhouse in the Department* ***within 8 weeks of the end of your rotation****.*

**In summary, your portfolio will include**

* + - GP teacher’s assessment form (page 28)
		- your practice demography and team membership sheet (page 24)
		- minimum of 6 case reports
		- review of your 3 CBDs (page 25)
		- a minimum of 1 COT assessment (page 26)
		- your SEA (see p.16)
		- your Audit (see p.18)
		- your GP’s assessment of your professionalism (p.27)

## Please bring these with you to the final Friday session at the end of the attachment.

## 5. Challenging aspects of general practice and  Communication with colleagues

**Objectives**

By the end of the attachment you should have:

* reflected on the particular challenges and rewards of a career in General Practice
* interviewed your GP teacher and discussed various strategies for coping
* reflected on the extent these stresses and strategies may be extrapolated and applied to any career in medicine
* considered ways of maintaining a work/life balance

**Challenging aspects of general practice**

All jobs have particular rewards and stresses, and General Practice is no exception. Write down some factors which you feel might stress the GP in his/her work. Some of these will also apply to medical students and doctors in all specialities (including Foundation Year doctors). Ask your GP teacher what he/she perceives as rewarding and stressful in his/her job. Do not be embarrassed to ask, as they will be expecting the question. Do your lists tally? What strategies does your GP teacher use to minimise these stresses? How does your GP teacher deal with:

* breaking bad news
* night calls and Out-of-Hours responsibility
* difficult, demanding or aggressive patients
* uncertainty (i.e. not always making a diagnosis)
* the political changes and external constraints of the NHS
* rationing decisions
* dealing with complaints
* ‘near misses’ or critical incidents

**If any of the above occurs during your attachment, write it up as an SEA and discuss it with your teacher.**

## 6. Practical skills

The following is a list of *practical procedures and administrative tasks* with which you should be familiar. You will find a more complete list in your Course Guide for Year 6. Many of the skills listed below are readily explored in General Practice. The practice nurse and /or your teacher doctor will advise you and check your competence. The list is by no means inclusive and if there are other skills in which you may lack confidence, add them to your list and ask your teacher for help. It may not be possible to see or so all of these during your attachment, but bear in mind any omissions when you return to your next firm.

* Blood taking
* Injection

Intramuscular (IM)

Subcutaneous (SC)

Intradermal (ID)

* Urine stick analysis
* BM stick use
* Blood pressure measurement
* Dressings
* Ear examinations/syringing
* How to use a peak flow meter
* MD inhaler technique and other asthma devices
* Use of nebuliser
* Use of sonicaid
* Recording an ECG
* Writing a simple prescription
* Writing a prescription for a controlled drug
* Death Certification and Cremation regulations
* Notification of infectious disease
* Sick Certification

**Practice makes perfect!**

Questionnaire to guide your GP teacher

*Please complete the following ‘mini CV’ prior to your attachment. Give it to your GP Teacher at your induction tutorial on your first day in the practice. It will give your teacher a better idea of your clinical experience and help you get the most from your attachment.*

Clinical education

Please outline the firms to which you have been attached during your first two clinical years, indicating consultants and hospitals involved and their special interests. If possible, say what experience you had e.g. clerking patients, time on ‘take’ etc.

# Student self-assessment prior to this attachment

1. Upon reflection, considering my experience so far, my areas of greatest confidence are:

*(might include listening to people, clinical examinations, therapeutics, being well motivated etc.)*

1. The areas where I feel less confident are:
2. My learning outcomes for this attachment are:

# Portfolio

## Practice demography

Practice list size

% patients<16 yrs

% patients >65 yrs

Rural/suburban/inner city

Dispensing practice Y / N

Social deprivation Y / N

Local employment high / average / low

Regular Teaching practice undergraduate/foundation/specialty postgraduate

Special features space for small amount of free text

**Practice and Primary Health Care Team**

Enter the numbers for each category below

GP Partners full time ….. ; half time ….. ; part time ….. *N°sessions* ….

GP assistants full time ….. ; half time ….. ; part time ….. *N°sessions* ….

GP Registrars full time ….. ; half time ….. ; part time ….. *N°sessions* ….

Practice nurse full time ….. ; half time ….. ; part time ….. *N°sessions* ….

\_

Health Care assistants full time ….. ; half time ….. ; part time ….. *N°sessions* ….

Practice manager Yes / No

Reception staff ……………….

**Attached staff**

District nurses …………..

Health Visitors …………..

Physio …………..

Counsellor …………..

Others …………..

Patient participation group Yes / No

Practice website Y / N http://.......................................................................................

Practice clinical meetings Y / N How often?

Full Primary Health care meetings Y / N How often?

## Case-based discussion (CBD)

Student’s name……………………………………………………… Rotation …………………..

GP’s name …………………………………………………………. Date ……………………….

Brief description of case

**Focus of clinical encounter** *(please circle)*

Medical record keeping Clinical assessment Management Professionalism

**Complexity of case** *(please circle)*: Low Average High

*Please grade the following:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Better than expected** | **Expected** | **Room for improvement** | **Unclassified** |
| Medical record keeping |  |  |  |  |
| Clinical assessment |  |  |  |  |
| Investigation and referrals |  |  |  |  |
| Treatment |  |  |  |  |
| Follow-up and future planning |  |  |  |  |
| Professionalism |  |  |  |  |
| Overall clinical judgement  |  |  |  |  |
| Holism |  |  |  |  |

*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:**

Time taken for observation (in minutes): ……… Time taken for feedback (in minutes): ………

Signature of GP ………………………………………

## Consultation observation tool (COT)

Patient’s initials \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Male / female

Main problem(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Better** | **Expected** | **Room for improvement** | **n/a** | **Notes, comments queries** |
| **Process of communication** |  |  |  |  |  |
| Introduction, rapport |  |  |  |  |  |
| Active listening to patient account of problem |  |  |  |  |  |
| Clarification/summarising |  |  |  |  |  |
| Use of silence |  |  |  |  |  |
| Good explanations/lack of jargon/use of analogy |  |  |  |  |  |
| Responds to patient cues, esp. psychosocial |  |  |  |  |  |
| Explores patient’s expectations, motives, beliefs |  |  |  |  |  |
| **Clinical history** |  |  |  |  |  |
| Appropriate direct questioning |  |  |  |  |  |
| Explores possible additional/serious pathology |  |  |  |  |  |
| **Clinical examination** |  |  |  |  |  |
| Timing of exam appropriate |  |  |  |  |  |
| Focused intelligently based on history |  |  |  |  |  |
| Competent use of clinical skills *(specify)* |  |  |  |  |  |
| **Diagnosis and management plan** |  |  |  |  |  |
| Explains exam findings to patient |  |  |  |  |  |
| Offers diagnosis or explanation of problem  |  |  |  |  |  |
| Refers to patient’s expectations and beliefs |  |  |  |  |  |
| Proposes sensible plan (tests, referral, review) |  |  |  |  |  |
| Negotiates the next step with the patient |  |  |  |  |  |
| Chooses correct Rx *(if required)* |  |  |  |  |  |
| Ensures safety net i.e. follow up, getting results |  |  |  |  |  |
| **Other areas to be discussed ethical, emotional, evidence-based, social, financial, political, etc.** |  |  |  |  |  |
| These aspects may link with a student SEA |  |  |  |  |  |

Student’s name ……………………………………………………… Rotation ……….

## GP’s signature …………………………………………………………….. Date ………………

## Professionalism

Student’s name……………………………………………………… Rotation …………………..

GP’s name …………………………………………………………. Date ……………………….

|  |  |  |
| --- | --- | --- |
|  | **No concerns** | **Room for improvement** |
| Respect for patients |  |  |
| Time keeping |  |  |
| Team working |  |  |
| Probity |  |  |
| Presentation / dress code |  |  |
| Motivation, enthusiasm, reflection |  |  |

1 Respect for patients

* making the needs of your patients a priority at all times
* patient centred in approach
* seeking to involve patients in discussion and decisions

2 Time keeping

* attending clinical sessions and teaching sessions on time
* if there is a problem with attendance, notifying supervisors (and relevant others) as soon as possible

3 Team working

* willingness to work and learn in a team
* respect for all colleagues (clinical and otherwise)

4 Probity

* honesty in issues clinical and educational

5 Presentation / dress code

* appropriate and sensitive to the setting

6 Motivation, enthusiasm, reflection

* real active engagement with the practice, patients and team
* self motivation to learn
* taking time to reflect



**Department of Primary Care and Public Health**

**General Practice Student Assistantship**

## Student assessment for completion by GP teacher

We would be grateful if you would complete this assessment form at the end of the student’s attachment. This should be done with the student present. We anticipate most students will receive the ‘expected’ grade for most tasks. As you will see from the attached grading criteria form, this would confirm satisfactory completion of the task.

* Any grade other than ‘expected’ (or ‘satisfactory’ for the Case Report) will require you to justify your grade in writing in the ‘comment’ box, again with reference to the explicit grading criteria.
* Any tasks graded ‘referral’ will be taken up with the student back in the Medical School.
* If at any time you have serious concerns about the student please contact either
Dr Grant Blair, Dr Jenny Lebus or Kate Woodhouse at the Department (020 7594 3352).

|  |  |  |
| --- | --- | --- |
| **Student Name** |  |  |
| **GP Teacher** |  |
| **Dates of attachment** |  |

*Please grade by placing a tick in the appropriate box (see above for explanation of grades and also page 17)*

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical portfolio | Better | Expected | Referral |
| Comment (*Essential* for any grade other than expected) |

|  |  |  |  |
| --- | --- | --- | --- |
| Mini-audit/Prize Audit | Better | Expected | Referral |
| Comment (*Essential* for any grade other than expected) |

|  |  |  |  |
| --- | --- | --- | --- |
| Significant Event Analysis | Better | Expected | Referral |
| Comment (*Essential* for any grade other than expected) |

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical Skills | Better | Expected | Referral |
| Comment (*Essential* for any grade other than expected) |

|  |  |  |  |
| --- | --- | --- | --- |
| Challenging aspects of General Practice | Better | Expected | Referral |
| Comment (*Essential* for any grade other than expected) |

|  |  |  |  |
| --- | --- | --- | --- |
| Practical Skills | Better | Expected | Referral |
| Comment (*Essential* for any grade other than expected) |

|  |  |
| --- | --- |
| Attendance |  |
| Possible number of sessions | 24/25 |
| Number of sessions attended (this doesn’t affect your payment) |  |

*(One session is at least 3 hours, maximum 2 sessions per day)*

General comments *(Please continue on a separate sheet if you need more space)*

Signature

Date

GP name

**The student is responsible for bringing this completed form back to the Medical School for the debrief session.**

## Marking criteria

**Clinical portfolio**

|  |  |
| --- | --- |
| **Better than expected** | Completes the recommended minimum 6 case summaries (in the recommended categories) Some case summaries may be of a more subtle or complex nature. Completes the practice demography check list and provides substantial other evidence of reflection/achievement for the attachmentCase summaries are clear accurate and easy to follow. Evidence when stated is up to date and cited. There is evidence of personal reflection about the impact of the case on the student.Case based discussions reveal excellent understanding and reflection, with areas for future progress/reading identified |
| **Expected***(Most students will fall into this category)* | Completes the minimum required 6 brief case summaries (in the recommended categories) Completes the practice demography check list and other evidence of reflection/achievement for the attachmentCase summaries are clear and accurate. Case based discussions reveal understanding and reflection |
| **Referral** | Practice demography check list and other evidence of reflection/achievement for the attachment not included. Summaries either not presented at all or not in a way they can be clearly understood. Information included inaccurate .Significant misinterpretation of clinical data.Case based discussions reveal poor understanding of the issues involved, with little evidence of serious reflection |

**Mini audit**

|  |  |
| --- | --- |
| **Overview** | Understanding of the stages of the audit process. Presentation of results. Discussion of results. Presentation of insights gained: a) Into clinical audit b) Into primary/secondary communication. |
| **Better than expected** | Reads like a recipe. Write up could be used to explain the stages of the audit process to someone with no prior knowledge. Clear presentation of results. Thorough discussion of results/process. Insight into any problems uncovered. Insightful recommendations for improvement. Presentation of insights gained.  a) Into clinical audit b) Into primary/secondary communication. |
| **Expected***(Most students will fall into this category)* | Student demonstrates an understanding of the stages of audit, including clear criteria and standards. Results presented. Discussion of results – explanation of implications and suggestions for improvement. |
| **Referral** | Audit has not been completed. Understanding of the stages of audit not demonstrated. Results either not presented at all or not in a way they can be clearly understood. No discussion of the implications of the results or suggestions on how performance can be improved. |

**Clinical skills**

|  |  |
| --- | --- |
| **Better than expected** | Student demonstrates some flair in communicating with patient and establishing rapport, responding to cues and using a variety of consulting techniques. Social and psychological aspects are explored in depth. Student explores the patient’s health beliefs. Student shows skill in refining the questions asked and the examination performance whilst still not missing the possibility of a serious conditions. Student explains problem clearly to patient, tailoring it to their health beliefs. Student deals with the problem with a detailed management plan, including prescribing and referral details when appropriate, or justification for not prescribing. |
| **Expected***(Most students will fall into this category)* | Student demonstrates ability to discover why patient has attended by establishing rapport, and gathering information about complaint and preceding events, including the social and psychological context. Student defines clinical problem by further history and appropriate physical or mental examination to make a diagnosis. Student shows ability to explain the problem to the patient in appropriate language. Student deals with the problem by formulating an outline management plan. |
| **Referral** | Did not consult independently. Does not produce video, audiotape or SEA at debrief, i.e. no basis for assessment. Student shows poor ability to establish rapport and does not discover reason for patient’s attendance. Student does not obtain basic psycho-social history. Does not obtain enough information or perform examination necessary to exclude serious illness i.e. is dangerous: or he is unable to make simple diagnoses. Explains inaccurately or inappropriately e.g. use of medical jargon. Student shows inability to formulate suitable management plan, prescribes or refers inappropriately. |

**Challenging aspects of General Practice**

|  |  |
| --- | --- |
| **Overview** | Interviewing GP Teacher and other member(s) of the PCT. Understanding potential stresses in General Practice. Understanding potential coping strategies. Discussion of their own perceived stresses in General Practice. |
| **Better than expected** | Interviews GP Teacher and more than one other member of the PCT. In discussion demonstrates a thorough understanding of the potential stresses for GPs in general. Demonstrates a good understanding of many coping strategies. In discussion demonstrates/has reflected on what he/she might personally find difficult about a career in General Practice and which coping strategies might be adapted for use in other spheres of medicine. |
| **Expected***(Most students will fall into this category)* | Interviews GP Teacher and one other member of the PHCT. In discussion demonstrates a basic understanding of the potential stresses for GPs in general. Demonstrates an understanding of some coping strategies. In discussion demonstrates/has reflected on what he/she might *personally* find difficult about a career in General Practice. |
| **Referral** | Has not interviewed GP Teacher or any member of the PCT. In discussion shows little interest understanding of potential stresses. Has little insight or understanding of coping strategies. Shows little evidence/has reflected on what he/she might personally find difficult in a career in General Practice. |

**Significant Event Analysis**

|  |  |
| --- | --- |
| **Better than expected** | Demonstrates a high degree of reflection. SEA shows a genuine understanding of general practice. Student shows an understanding of own learning needs. Descriptions are concise but clear and demonstrates excellent powers of observation. Reflection on experiences and feelings show honesty and self-awareness. The evaluation and analysis are balanced, searching and constructively critical/self critical. The student is willing to explore his/her own values and attitudes. The learning plans are realistic and consistent with the analysis of the events. The student has discussed the SEA with their GP Teachers and always includes this and any new insights gained. The SEA is well presented and handed in on time. |
| **Expected***(Most students will fall into this category)* | The significant event selected demonstrates an adequate grasp of general practice. Student shows some insight into his/her own learning need. Some descriptions lack clarity, evidence or observation. Reflection is included but tends to lack details of thoughts and feelings provoked by the event. Attempts at evaluation and analysis are present but may show limited understanding of some events, tending to be excessively critical/self critical. There is little exploration of values and attitudes. The learning plans are vague, inappropriate or absent. Some events have not been discussed with the GP Teacher with no explanation provided. Presentation is adequate with some errors. |
| **Referral** | SEA not completed. Shows lack of commitment to independent learning. The significant event is irrelevant or absent. Unable to demonstrate an understanding of general practice or self. Descriptions are superficial or absent. Reflection is not demonstrated. Evaluation and analysis absent or consistently superficial or misplaced. Unwillingness to explore values and attitudes. No learning plans. Presentation is poor with frequent mistakes. |