Bachelor of Medicine Degree Programmes

Primary Care
Year 3, BM4 Year 2 & Year 5

PRIMARY CARE TEACHERS' HANDBOOK

Contents

Introduction

Thank you for agreeing to teach undergraduate medical students from the University of Southampton. We hope you will find it enjoyable, stimulating and rewarding. We also know that sometimes it can be time consuming and challenging so hope this handbook gives you all the information you need to help make the student placement with you a success.

We have tried to make the information in the handbook easily accessible. Thereafter the handbook is subdivided into the specific placement/teaching groups so that you should be able to quickly find any information you are looking for.

If there is anything you are unsure about or want further help or advice, please contact us at fmed-placements@southampton.ac.uk.

Each year the handbook will be updated and is available for you to access via online.

We hope you enjoy your teaching.

The Primary Care Team at University of Southampton

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Summary of the Curriculum

The aims and learning outcomes of all our courses are influenced by the guidance given in the GMC's *Tomorrow's Doctors, (2009):*

http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp

BM5

The majority of medical students (230 yearly intake) undertake the 5-year Bachelor of Medicine course. Most of the students are school leavers although some graduates choose this course over the 4-year graduate entry programme (see BM4 below).

BM4

This is a 4-year graduate entry course which admits 48 students in October each year. It has been designed to enable graduates, in any subject and with the requisite qualifications, to achieve a BM degree in 4 years.

Key features of the BM4

All the learning is structured around clinical topics in the first two years. Students undertake clinical placements, group work (Graduate Groups), lectures and independent learning which relate to a set of learning outcomes based on the clinical topics. The learning outcomes are categorized by levels into populations and society, individuals and those close to them, organs and systems and cells and molecules.

There are 2-3 sessions of clinical experience weekly in a dedicated clinical base at Winchester Education Centre and in Primary Care (PC) in the first year and a half, linked with the science and social science learning. The clinical work allows students to observe what they are learning about in practice and to begin to develop their clinical skills.

BM4 students have their first PC, Medicine and Surgery Placements in the second half of their 2nd year and then join the BM5 students for the fourth and fifth years.

BM6

Widening Access to Medicine

The 30 students entering this programme undertake an additional year, Year 0, which providing they pass, enables them to enter Year 1 of the BM5 programme described above. BM6 is part of the Faculty of Medicine's widening access initiative to encourage students from a range of backgrounds to study medicine. The BM6 programme specifically targets students from low socioeconomic backgrounds and students must meet specific socioeconomic screening criteria before being considered. Selection is also on the basis of interview performance and actual or predicted academic qualifications. The academic requirements are lower for BM6 entry than for direct entry to BM5 as the former will be undertaking an additional year. The Year 0 provides students with the time to gain the skills to be successful in BM5.

Students study physiology, biochemistry, numeracy, IT, health sociology & psychology and gain work experience in a range of health care environments. Students gain experience of university life including teaching, learning and assessment methods used within the Faculty of Medicine. Students are required to pass 8 elements to proceed to BM5 Year 1, i.e., 4

coursework elements and 4 examination elements. Progression rates, year-on-year are approximately 82%.

BM(IT) International Transfer students from Malaysia & Brunei

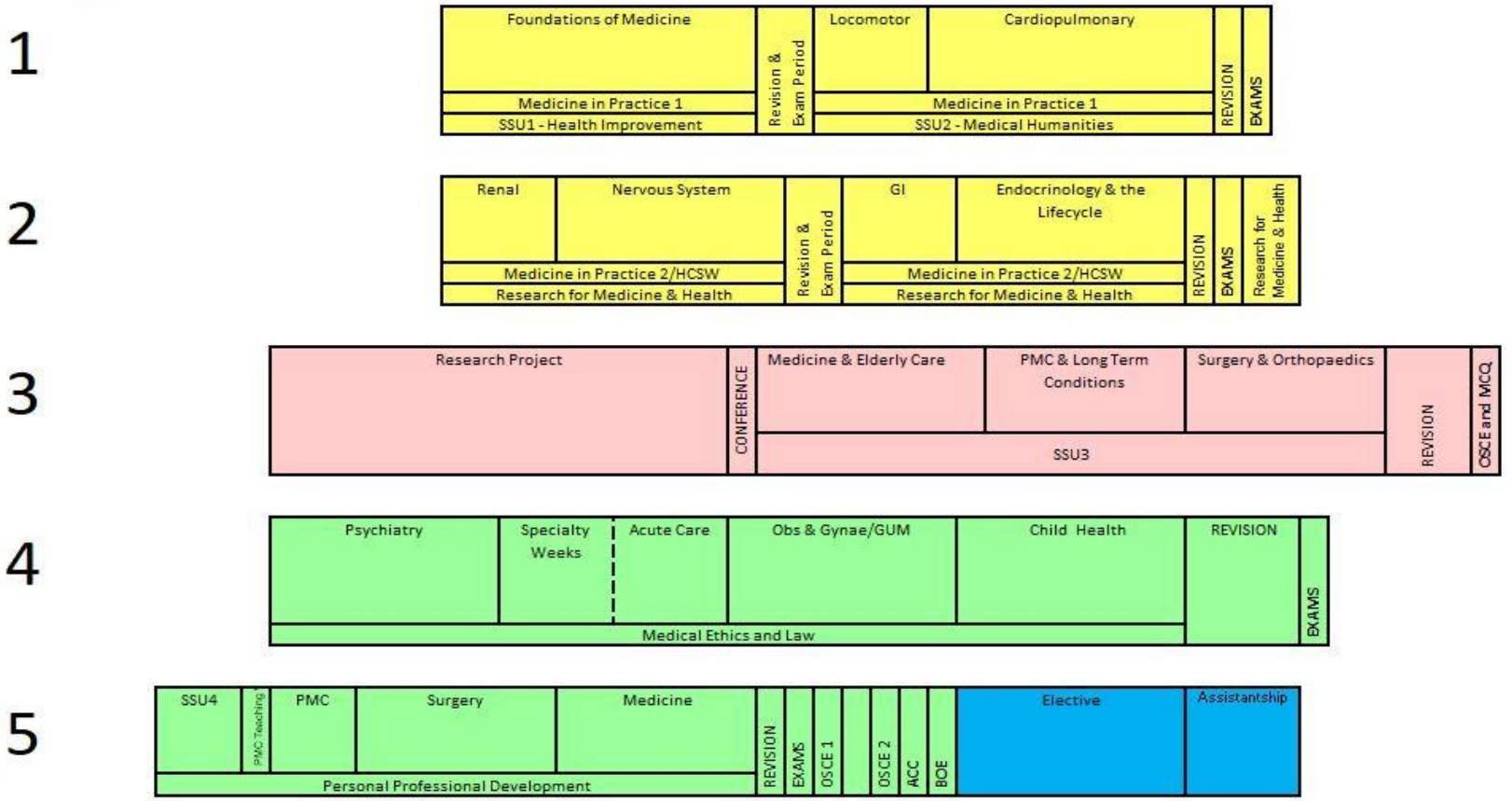
These students enter Year 3 of the BM5 after doing their preclinical studies in Malaysia or Brunei. Up to 18 students enter the BM5 programme each year. They are provided with an initial 12- week induction course to help them acclimatise to the UK healthcare system and cultural differences, which includes placement in PC.

BM(EU)

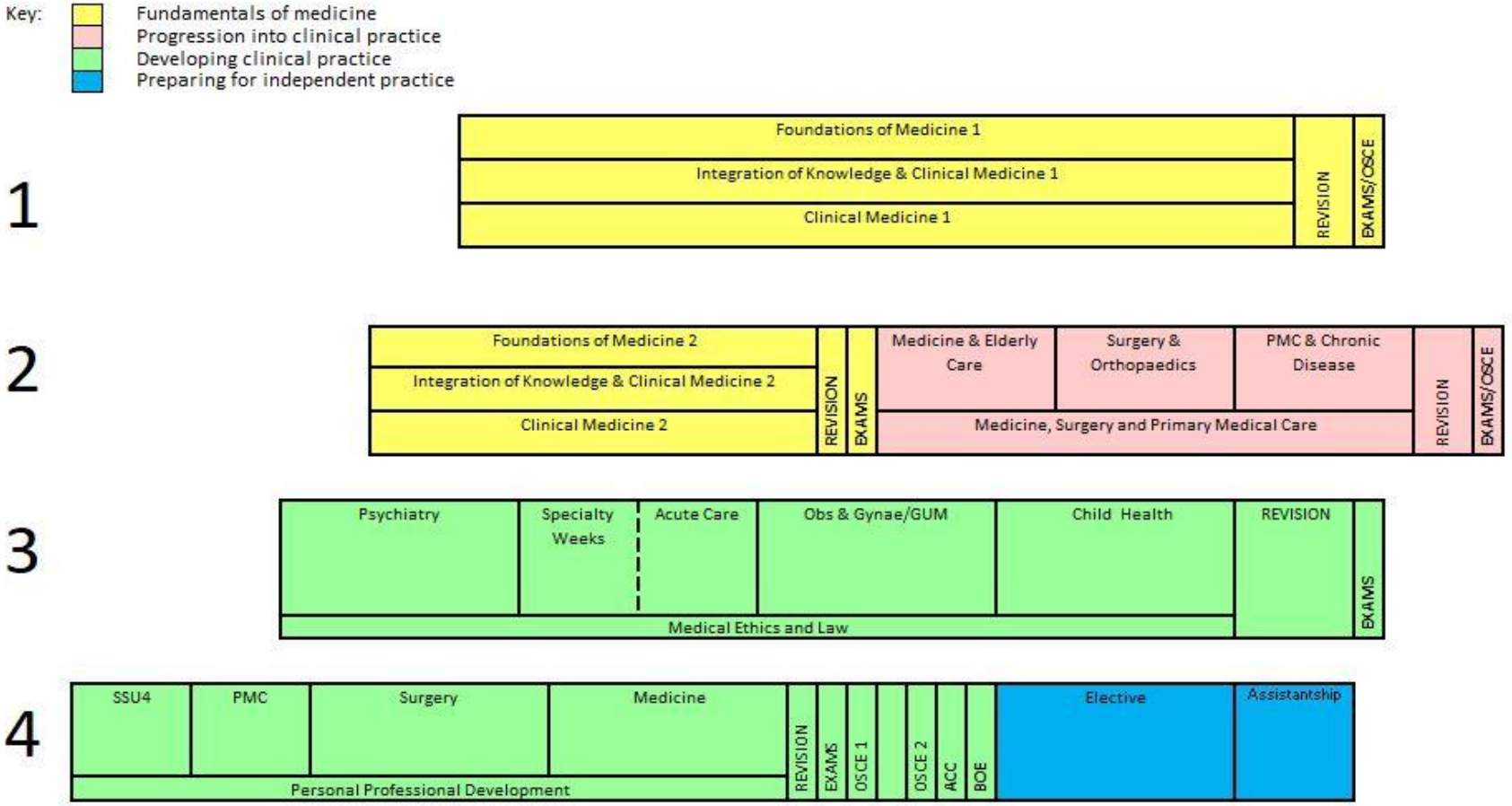
These students are bilingual in German and English. We have an intake of 24 students entering the BM5 programme each year. They will be doing years 1 & 2 in Southampton, then the remaining years in Kassel, Germany. These students will be sitting Southampton assessments and will graduate with a Southampton University degree.

BM5 Curriculum Plan 2024-25

Key:
- Fundamentals of medicine
- Progression into clinical practice
- Developing clinical practice
- Preparing for independent practice



BM4 Curriculum Plan 2024-25



Primary Care in Undergraduate Education

Primary Care (PC) is the only speciality represented in all but year 4 of the curriculum. Primary Care teachers can have a significant influence on how students develop and feel about themselves as doctors and Southampton University Faculty of Medicine are very grateful to their extensive network of Primary care teachers for the hard work and dedication they contribute to the development of tomorrow's doctors.

In the first two years of the BM5 curriculum students are taught in groups; basic history taking and examination and they get the opportunity to have early patient contact. A summary of these courses is given below.

Clinical Practice 1 (CP1) Thursday afternoons

Students visit a GP surgery for three hours every three weeks, in groups of 6.
They learn how to take a medical history using excellent communication skills, by meeting patients. They will also be having facilitated primary care sessions on campus with simulated patients to practise key skills to support their GP placements. There is a big emphasis on giving and receiving constructive feedback.
The remaining Thursday they will be learning key clinical skills e.g. blood pressure taking, using peak flows etc that will also support their GP placement activities.

Outside the CP1 module, our students will also have an experience of spending time either in the emergency or maternity departments, and engage in the "Time for Dementia" programme, where they visit someone with dementia and their carer(s) over two years.

Medicine in Practice 2 (MiP2) Monday afternoons

In this course, students work in groups of 6 or 7 and attend a GP surgery, seminars in Highfield and hospital on alternate weeks. They learn further history taking and physical examination skills for all the major systems. They re-visit the systems taught in MIP1 and also cover the gastrointestinal and neurological system. They have a total of 8 PC sessions, 2 Highfield seminars and 2 hospital sessions. In addition, students are placed on hospital wards to work 4 shifts as a Healthcare Support Worker.

BM4 small group teaching Thursday afternoons

In year 1 and year 2 semester 1 BM4 Graduate group students attend a GP surgery 2-5pm on a Thursday afternoon to experience hands on clinical teaching with patients appropriate to the weekly content area. They attend in groups of 4-5 and greatly appreciate this hands-on experience and the intimacy of small informal group learning as an opportunity to ask questions. In the second semester of year 2 the students are on their PC long term conditions attachments in Primary care and our GP teachers then facilitate for them a series of seminars held at a local venue/online.

BM5 year 3 PC Placement

Students complete a research project in the first semester of the third year which contributes to their BMedSci degree. The second semester of third year is the time when

the students experience their first real clinical placements and represents, therefore, an important (and potentially anxiety-inducing) transition from mainly classroom-based teaching to intense clinical exposure. Students have three 7-week clinical placements in Primary Care, General Medicine and Elderly Care, and Surgery with Trauma/Orthopaedics. In Primary Care this is often their first opportunity to experience one to one teaching and feedback.

Summary of BM5 Year 3 Student Placement

Students on the new year 3 Primary Care and Long-Term Conditions (LTCs) course are encouraged to learn a holistic approach to patients and their care from the whole primary care team.

- Students will be usually placed in pairs.
- 7-week placement, 3 whole days per week (Mondays, Tuesdays, Thursdays) and Friday mornings.
- We suggest 1 member of the team to be a point of contact for the student.
- Time tabling will require;
    - Induction,
    - One to one GP surgeries sit in
    - Student surgery towards end of attachment
    - Joint teaching
    - Home visiting (if possible, of course this has changed post-covid)
    - Adjustment of GP surgery to accommodate at least one practice assessment of clinical competence (ACC)
    - Exposure to extended primary health care team
- We suggest one or two clinicians take lead responsibility but that there is shared teaching, supervision and administration by a number of members of your Primary Health Care Team. Nursing colleagues, for example, may be particularly valuable at addressing aspects of LTCs.
- Students will have a personal learning logbook to record anonymised cases, medications and templates for reflections. Please encourage your student to use this, the completion of the log will form part of their end of placement evaluation.
- Full attendance is compulsory.
- Students will carry out a clinical audit within the surgery and may need guidance from a member of staff who may be able to assist. They will have guidelines and a template to assist them with this in their logbook.
- Students will be required to have an end of placement PC evaluation by the Teacher, which needs to be returned to placements for payment.
- In addition to the third year PC placement is a day with South Central Ambulance Service (SCAS). All students will have an allocated day with SCAS, giving them the opportunity to experience community healthcare on the frontline. This is a mandatory, not optional part of the PC course.

Summary of BM5 Year 3 Student Seminars

To support students in their clinical placement, students will attend each Wednesday morning a plenary session (various topics pertinent to PC and LTCs) followed by GP facilitated group work. These sessions should allow the development and discussion of the plenary topics, opportunities for discussion and reflection, including case-based

discussion, review and sharing of experiences. Each student will be required to present a case for discussion with their peers and demonstrate engagement with their learning logbook.

- Students will be encouraged to use and review their learning logbook in these sessions.
- Full attendance is compulsory, please inform placements team if one of your students does not attend.
- Students will be assessed by the GP facilitator on aspects of their group work engagement.

BM4 year 2 semester 2

Summary of BM4 Year 2 Student Placement

This Placement occurs in the second semester of the second year during which students will spend 6 weeks rotating through full-time clinical attachments in Primary Care, Medicine and Surgery. The PC placement consists of:

- 6-week Practice attachment either singly or in pairs
- 7 sessions per week in a General Practice (Monday, Tuesday, Wednesday and Thursday am)
- Thursday 2pm, a facilitated small group session each week with a different GP.
- Fridays; self-study to enable them to undertake additional community-based health care learning experiences to suit their individual needs as well as to work on other aspects of their logbooks and personal study.
- Time tabling will require;
  - Induction,
  - One to one surgeries sit in
  - Student surgery from mid attachment onwards
  - Joint teaching
  - Home visiting
  - Adjustment of GP surgery to accommodate at least one practice assessment of clinical competence (ACC)
  - Exposure to extended primary health care team
- We suggest one or two clinicians take lead responsibility but that there is shared teaching, supervision and administration by a number of members of your Primary Health Care Team. Nursing colleagues, for example, may be particularly valuable at addressing aspects of LTCs.
- Students will have a personal learning logbook to record anonymised cases, medications and templates for reflections. Please encourage your student to use this, the completion of the log will form part of their end of placement evaluation.
- In addition to the PC placement is a day with South Central Ambulance Service (SCAS). All students will have a day with SCAS, giving them the opportunity to experience community healthcare on the frontline. This is a mandatory, not optional part of the PC course. The BM4 cohort base will be Basingstoke hospital or Otterbourne. Students will attend in pairs
- Full attendance is compulsory

Summary of BM4 year 2 student seminars

To support students in their clinical placement students will have facilitated group work Thursday afternoon (1400-1700) facilitated by a GP. These sessions will include the themes of:

- Communication
- Self-care
- Vulnerable patients
- Uncertainty/ complexity and Medically Unexplained Symptoms
- Unconscious Bias

This will be an opportunity to discuss and reflect on their experiences and learning. The students will be asked to present one short case or topic area of interest to their peers

Year 5 PC Placement

In year 5 students area attached to a GP practice full time for a 3-week period in order to gain further insight into primary care and to hone their skills in history taking, examination and forming management plans in readiness for becoming junior doctors. They also have a community experience which gives them an opportunity to see a range of different ways of working in the community. They sit their final examinations in the January of their 5th and final year

Certification of Practical Procedures:

1. Measuring body temperature, pulse rate and blood pressure
2. Measuring blood glucose
3. Urinalysis, Urine Pregnancy test and advice on collecting an MSU.
4. Taking nose, throat and skin swabs
5. Male and female catheterisation
6. Use of local anaesthetics & skin suturing
7. Wound care and basic wound dressing
8. Correct technique for 'moving and handling'.
9. Handwashing (including surgical 'scrubbing up')
10. Use of personal protective equipment (gloves, gowns, masks) & infection control in relation to procedures
11. Transcutaneous monitoring of oxygen saturation
12. Venepuncture, managing blood samples correctly & safe disposal of clinical waste, needles and other 'sharps'
13. Taking blood cultures
14. Managing an ECG monitor & performing and interpreting an ECG.
15. Certification of Competency: Basic respiratory function tests
16. Nutritional assessment
17. Administering oxygen
18. Establishing peripheral intravenous access and setting up an infusion & use of infusion devices. Giving information about the procedure, obtaining and recording consent, and ensuring appropriate aftercare.
19. Making up drugs for parenteral administration
20. Dosage and administration of insulin
21. Subcutaneous and intramuscular injections
22. Blood transfusion
23. Instructing patients in the use of inhalers
24. Arterial Blood Sampling

Each year's aims and learning outcomes follow a progression, building on and consolidating what has been covered previously.

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Absence Guidance for BM students in clinical placements in years 3, 4 and 5

The course is full time so 100% attendance is the expected norm in the same way as for a F1 doctor. However the faculty also encourages students to pursue academic excellence, for example presenting their own research at conferences, and therefore it may be necessary to consider being absent for up to 2 days for this purpose. We also encourage students to take responsibility for their own health and that of their patients and colleagues, and therefore it may be necessary to have short (e.g. half day) absences for medical appointments. We realise of course that unanticipated absence may also occur, whether absence due to illness or due to bereavement or family crisis.

This is on the background that some parts of the course are relatively easy to catch up on, whereas at the other end of the spectrum some structured parts of the course cannot be replicated on another date.

If leave can be anticipated such as a hospital appointment then please give as much warning as possible to the placement in case there are any adjustments in the timetable that can be made in order to help enable you to achieve the learning outcomes.

Ultimately a student can only pass a module if they have achieved the learning outcomes within the time period of the module. There may be situations where this is not possible and a student understands that they may have to complete some supplementary work. An example of this is the need to schedule an elective operation, although these should be scheduled in holiday periods whenever possible. Students are encouraged to seek advice from disability senior tutor.

Please note that absence of 4 continuous weeks or more will result in suspension from the year.

It is impossible to cover all potential reasons for a student to be absent so some more complicated requests need to be considered more centrally in the faculty. Additionally if there is a recurrent pattern of missing single days then this will also be referred up centrally to the faculty.

We have here now subdivided the handbook into the specific sections relating specifically to the teaching areas outlined above:

Section 1
BM5 Year 3 and BM4 Year 2 Handbook

Section 2
BM5 Year 5 Handbook

BM5 Year 3

Students complete a research project in the first semester of the third year which contributes to their BMedSci degree. The second semester of third year is the time when the students experience their first real clinical placements and represents, therefore, an important (and potentially anxiety-inducing) transition from mainly classroom-based teaching to intense clinical exposure. Students have three 7-week clinical placements in Primary Care, General Medicine and Elderly Care, and Surgery with Trauma / Orthopaedics. In Primary Care this is often their first opportunity to experience one to one teaching and feedback.

Summary of BM5 Year 3 Student Placement

Students on the new year 3 Primary Care and Long-Term Conditions (LTCs) course are encouraged to learn a holistic approach to patients and their care from the whole primary care team.

- Students will be usually placed in pairs.
- 7-week placement, 3 whole days per week (Mondays, Tuesdays, Thursdays and Friday mornings).
- We suggest 1 member of the team to be a point of contact for the student.
- Time tabling will require;
    - Induction,
    - One to one surgeries sit in
    - Student surgery towards end of attachment
    - Joint teaching
    - Home visiting (if possible, of course this has changed post-covid)
    - Adjustment of GP surgery to accommodate at least one practice assessment of clinical competence (ACC)
    - Exposure to extended primary health care team
- We suggest one or two clinicians take lead responsibility but that there is shared teaching, supervision and administration by a of members of your Primary Health Care Team. Nursing colleagues, for example, may be particularly valuable at addressing aspects of LTCs.
- Students will have a personal learning logbook to record anonymised cases, medications and templates for reflections. Please encourage your student to use this, the completion of the log will form part of their end of placement evaluation.
- Full attendance is compulsory
- Students will carry out a clinical audit within the surgery and may need guidance to a member of staff who may be able to assist. They will have guidelines and a template to assist them with this in their logbook.
- In addition to the third year PC placement is a day with South Central Ambulance Service (SCAS). All students will have an allocated day with SCAS, giving them the opportunity to experience community healthcare on the frontline. This is a mandatory, not optional part of the PC course.

Summary of BM5 Year 3 Student Seminars

To support students in their clinical placement students each Wednesday morning for a plenary session (various topics pertinent to PC and LTCs) followed by GP facilitated group

work. These sessions should allow the development and discussion of the plenary topics, opportunities for discussion and reflection, including case-based discussion, review of work and sharing of experiences. Each student will be required to present a case for discussion with their peers and demonstrate engagement with their learning logbook. Students will be encouraged to use and review their learning logbook in these sessions.

- Full attendance is compulsory
- Students will be assessed by the GP facilitator on aspects of their group work engagement

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Aims and Learning Outcomes BM5 Year 3

The **aims** of this module are to:

- Give students experience and insight into working in the primary care environment
- Continue to develop students' history taking and examination skills and adapt them to a primary care context
- Gain insight and awareness of the roles of members of the primary care team and how they interact with each other and with secondary care
- Continue to develop an understanding of the impact of illness on patients and their families and how this affects the way they present in primary care
- Improve students' communication skills with patients and colleagues
- Look at some common long-term conditions or disabilities and consider, holistically, the effect these have on individual patients and those close to them.

The **learning outcomes** below map directly to one or more of the Programme learning outcomes [as indicated in square brackets] which in turn are taken from the GMC's *Tomorrow's Doctors* (2009).

On successful completion of the module the student will be able to:

LO1. *Recognise symptoms and signs of common diseases seen in primary care*

LO2. *Demonstrate understanding of the diversity and complexity of presentations in primary care and the factors that influence how patients present*

LO3. *Have gained understanding regarding the presentation and impact of some common long-term conditions/ disabilities which are often managed in primary care*

LO4. *Demonstrate that you can establish a relationship with a patient, explore and acknowledge their concerns*

LO5. *Take a focused history in order to reach a differential diagnosis*

LO6. *Take a medication history, including details of any complementary or alternative*

therapies the patient is using, and begin to consider the role of medication on the presentation and management of patients

LO7. *Conduct an appropriate examination and communicate with the patient including patients and relatives of those who have a cognitive or sensory impairment.*

LO8. *Understand the use of time as a diagnostic tool*

LO9. *Demonstrate competency in the clinical skills as per the student portfolio requirements*

LO10. *Assess and recognise the severity of a clinical presentation and a need to immediate emergency care*

LO11. *Explain the use of clinical investigations and their impact on the patient and health services*

LO12. *Understand the concept of the primary care team and have an awareness of the roles of its members*

LO13. *Demonstrate respect for patients and colleagues*

LO14. *Show an understanding of the duties of confidentiality in your contact with colleagues and patients*

LO15. *Interact with patients and colleagues whose cultural backgrounds, beliefs and values may differ from your own in a sensitive and non-judgmental manner*

LO16. *Take responsibility for your own learning and your continuing professional development*
LO17. *Demonstrate an ability to reflect and use appropriate resources including IT to support your own learning and aid patients' understanding*

LO18. *Develop insight into your learning needs in the professional workplace and recognise the need for support and guidance in managing challenging situations; and reflect on your own learning style and how it may need to be adapted to the clinical environment*

LO19. *Show awareness of a wide variety of ways in which you learn in the workplace, often not defined by the curriculum, and which includes role models*

LO20. *Demonstrate awareness of professional responsibility both to patients and to members of the multi-professional team and to student colleagues and reflect on how poor performance or poor professional behaviour should be addressed*

LO21. *Understand and have experience of the principles and methods of improvement including audit, and how to use the results of audit to improve practice*

BM4 Year 2

Summary of BM4 Year 2 Student Placement

This Placement occurs in the second semester of the second year during which students will spend 6 weeks rotating through full-time clinical attachments in Primary Care, Medicine and Surgery. The PC placement consists of:

- 6-week Practice attachment either singly or in pairs
- 7 sessions per week in a General Practice (Monday, Tuesdays, Wednesday and Thursdays am)
- Thursday afternoons, a facilitated small group session each week with a GP.
- Fridays; self-study to enable them to undertake additional community-based health care learning experiences to suit their individual needs as well as to work on other aspects of their logbooks and personal study.
- Time tabling will require;
    - Induction,
    - One to one surgeries sit in
    - Student surgery towards end of attachment
    - Joint teaching
    - Home visiting
    - Adjustment of GP surgery to accommodate at least one practice assessment of clinical competence (ACC)
    - Exposure to extended primary health care team
- We suggest one or two clinicians take lead responsibility but that there is shared teaching, supervision and administration by a number of members of your Primary Health Care Team. Nursing colleagues, for example, may be particularly valuable at addressing aspects of LTCs.
- Students will have a personal learning logbook to record anonymised cases, medications and templates for reflections. Please encourage your student to use this, the completion of the log will form part of their end of placement evaluation.
- Full attendance is compulsory.
- In addition to the PC placement is a day with South Central Ambulance Service (SCAS). All students will have an allocated day with SCAS, giving them the opportunity to experience community healthcare on the frontline. This is a mandatory, not optional part of the PC course.

Summary of BM4 year 2 student seminars

To support students in their clinical placement students will have facilitate group work on Thursday afternoon (1400-1700) facilitated by a GP. These sessions will include the themes of:

- Communication
- Unconscious Bias

This will be an opportunity to discuss and reflect on their experiences and learning. The students will be asked to present one short case or topic area of interest to their peers

Aims and learning outcomes of BM4 Year 2

On successful completion of the module the student will be able to:

LO1. *Recognise symptoms and signs of common diseases seen in primary care*

LO2. *Demonstrate understanding of the diversity and complexity of presentations in primary care and the factors that influence how patients present*

LO3. *Have gained understanding regarding the presentation and impact of some common long-term conditions/ disabilities which are often managed in primary care*

LO4. *Demonstrate that you can establish a relationship with a patient, explore and acknowledge their concerns*

LO5. *Take a focused history in order to reach a differential diagnosis*

LO6. *Take a medication history, including details of any complementary or alternative therapies the patient is using, and begin to consider the role of medication on the presentation and management of patients*

LO7. *Conduct an appropriate examination and communicate with the patient including patients and relatives of those who have a cognitive or sensory impairment.*

LO8. *Understand the use of time as a diagnostic tool*

LO9. *Demonstrate competency in the clinical skills as per the student portfolio requirements*

LO10. *Assess and recognise the severity of a clinical presentation and a need to immediate emergency care*

LO11. *Explain the use of clinical investigations and their impact on the patient and health services*

LO12. *Understand the concept of the primary care team and have an awareness of the roles of its members*

LO13. *Demonstrate respect for patients and colleagues*

LO14. *Show an understanding of the duties of confidentiality in your contact with colleagues and patients*

LO15. *Interact with patients and colleagues whose cultural backgrounds, beliefs and values may differ from your own in a sensitive and non-judgmental manner*

LO16. *Take responsibility for your own learning and your continuing professional development*
LO17. *Demonstrate an ability to reflect and use appropriate resources including IT to support your own learning and aid patients' understanding*

LO18. *Develop insight into your learning needs in the professional workplace and recognise the need for support and guidance in managing challenging situations; and reflect on your own learning style and how it may need to be adapted to the clinical environment*

LO19. *Show awareness of a wide variety of ways in which you learn in the workplace, often not defined by the curriculum, and which includes role models*

LO20. *Demonstrate awareness of professional responsibility both to patients and to*

members of the multi-professional team and to student colleagues and reflect on how poor performance or poor professional behaviour should be addressed

LO21. *Understand and have experience of the principles and methods of improvement including audit, and how to use the results of audit to improve practice*

Build on knowledge and skills and relate to patients in a clinical context.

Assessments for BM5 Year 3 and BM4 Year 2

The Student Logbook

We have introduced a logbook to help the students get the most out of their attachment.

It contains:

- Practice quiz – in preparation for seminar 1
- Learning log sign off (BM5 Year 3 only)
- Audit Guidance
- Prescribing log
- GMC clinical competencies
- End of Placement Student Evaluation Forms including criteria
- Case Templates
- Critical Reflection Tool
- Assessment of Clinical Competence (ACC) form
- Case – Based discussion (BM4 Year 2)
- Learning General Practice resource

Throughout the foundation years newly qualified doctors have to complete an e-portfolio so the hope is we can get the students into the discipline of writing down learning points and reflecting on cases. As with all self-directed learning this will only work if the students start to use it and see value in what they are learning. Please do encourage students to use it. Please ensure that you sign off the learning log each week (BM5).

The students are expected think about what they want to get out of the attachment. During the attachment they are encouraged to fill in a simple log of some of the things they have seen, including a prescribing log and record some learning points or things they need to look up. Students are also enrolled on SCRIPT safe prescriber software and have to complete 16 mandatory modules by the end of the year. They may require gentle reminders in order to complete these modules.

It is also expected that they write up cases using the case templates and a couple of critical reflections, (please see student logbook for details). At the end of the attachment the students are asked to think about what they have learnt and the feedback they have received.

Learning General Practice

This is a resource from the Royal College of General Practitioners (RCGP) and Scientific Academic Primary Care (SAPC) to support the Students Primary Care learning over their whole medical student undergraduate time.
They can access it through blackboard by clicking on the GP (PC & LTC) module, then on the left side bar, click on Learning General Practice, then year 3.
They will then have access to a really informative document that we have broken down for each year group, the sections that are relevant to then and the specific real patient video consultations that will support learning in that cohort. The videos can really help to enliven learning about long-term conditions, especially when thinking about OSCEs at the end of the year.

Clinical skills Teaching

Below is a list of generic skills that the students are expected to have acquired by the end of year 3/BM4 year 2. They are taught in sequential programme through the various years and blocks. The students can practice any of these skills in PC under direct supervision and as their confidence grows supervision as appropriate. This list is not exhaustive and aims to be a simple guide.

We do not expect you to provide 'formal' training on venesection as this will be done in the clinical skills lab, as the students rotate through the blocks. However, we know primary care is a great opportunity for students to practice their venesection skills on patients who are 'relatively well' compared to secondary care inpatients - if the opportunity arises then the students can learn and practice these skills. They may also be able to help a practice out when they are short-staffed which would be a win, win situation for all.

<u>Clinical skills for year 3/BM4 year 2</u>

History Taking, examination & Presentation Skills

Measuring Blood pressure & Pulse

Motivating Behaviour Change

Diabetic Foot Examination

Inhaler Technique & PEFR

Brief Smoking Cessation Advice

Interpretation of Spirometry Obstruction & Restrictive Disease

Interpretation of ABG's

Urinalysis

ECG Placement and interpretation

How to perform a Doppler Exam of Lower Limbs / ABPI

Examination of Peripheral Pulses

BLS Training

Female Catheterisation

Male Catheterisation

Head/Neck & Spinal Stabilisation

Venepuncture

Cannulation

Blood Glucose Monitoring

Explaining PEFR

Breast Examination

Digital Rectal Examination

Intramuscular / Subcutaneous Injections

Nose Throat & Wound Swabs

Simple Dressings

Gowning & Gloving

Fundoscopy

Audit

As all practices carry out regular audits, we have asked the students to identify with your help a suitable and relevant audit project. Suggested topics:

- U and Es in patients on ACE-inhibitors done annually
- Lithium level monitoring
- Emergency asthma attendances
- Significant events
- QoF targets

The audit should be completed within the attachment, written up according to guidelines provided in student logbook, no more than 2000 words, and presented to you or the practice team. You could even get the students to draft a letter that could potentially be sent out to the patients following the audit cycle. The audit needs to be undertaken and completed to pass the attachment and you are asked to confirm this on the end of placement form.

Case-Based Discussion

The students must identify a case. This will form the focus of a case-based discussion with you towards the end of their placement and be taken into account in their End of Placement Evaluation.

The End of Placement Evaluation (EoPE):

Grades for the PC are as for all the Faculty clinical placements:

- Excellent
- Clear Pass
- Borderline Pass
- Fail

These EoPE are now sent to you electronically by the student to your email. These can then be filled in on line.

- Evaluation is the responsibility of the GP teacher responsible for the attachment (in consultation with other members of the team who have been involved with the

student).

- Evaluation is recorded using an assessment form – these forms vary according to the PC attachment but invite the GP teacher to make comments on various aspects of the student's performance and, in some cases, designate an overall grade. The grade descriptors are available in this handbook.
- The assessment form is designed to facilitate discussion between the GP teacher and the student on their performance in relation to the learning outcomes. In this way it is hoped that constructive feedback may be given and that the assessment is both summative and formative.
- A **fail grade** will lead to an Additional Clinical Experience (ACE) in PC.
- A **borderline pass** may help us flag up potential concerns. Year coordinators will review students who carry more than one of these in each year to identify potential problems or areas of required support. All students will also be asked to carry out a practice (formative) ACC assessment. The details of this and related forms are in the student logbook.

The evaluation forms concentrate on the expected student learning outcomes of the module.

There are set criteria to guide you with the student assessment. The criteria for each grade are given below to help you with the evaluation.
We do strongly encourage you to discuss your assessment with the student. The feedback they get is much more useful in terms of their learning than the grade. We suggest it is also a good idea to provide feedback to your student throughout the attachment and that an **interim review of progress** may be very helpful and BM5 students will require an interim evaluation.

Lastly, **don't be afraid to fail a student or to give a borderline pass grades**. We hope you would contact us early on in an attachment with particular concerns and or that interim feedback may have addressed these before you grade the attachment at the end. However, their allocated grade should reflect your honest assessment of their performance; a poorly performing student is best flagged up earlier rather than later in their course or career so that any additional learning or personal support may be provided. You will not be doing your student a favour in the long run by allocating an inflated grade to be nice.

****

EXAMPLE ONLY – please refer to Blackboard for most up to date version

MEDI 3041

Primary Medical Care & Long Term Conditions GP Teacher End of Placement Evaluation form 24/25

At the end of each placement, please ensure that all details have been completed and uploaded to Turnitin on Blackboard

Student Full Name	
Student Number	
GP Practice	
Block (circle)	1 / 2 / 3

Clinical assessment grades	Excellent	Clear Pass	Borderline Pass	Fail
The student is able to listen actively to patients, acknowledge their concerns and respond appropriately				
The student is able to take a focused history				
The student can perform an appropriate examination				
The student can recognise some symptoms and signs of some common conditions presenting in primary care				
The student has gained some insight into LTC				
The student has begun considering working holistically taking into account the whole clinical situation, the patients' needs and family issues				
The student has gained insight into the workings of the primary care team and the roles of its members				
The student behaved professionally and appropriately with patients, GP, and staff				
The students have engaged with the logbook				
Overall grade (ESSENTIAL, PLEASE TICK)				
ACC completed	Satisfactory		Unsatisfactory	
Audit completed	Satisfactory		Unsatisfactory	
Attendance	Satisfactory		Unsatisfactory	

Comment on the strengths of the student	
What learning needs/areas for further development do you feel this student may have?	
Any comments on professionalism (behaviours, punctuality, dress code etc)	
Any concerns about student?	
Any comments on the placement e.g improvements to placement, or teaching support provided	

Have you discussed this EoP with student?	Yes	No – if no please indicate why:
Have you undertaken Equality Diversity and Inclusivity training?	Yes	No
Examiner GMC number		
Examiner Name in Capitals		
Examiner signature		

Grade	Excellent	Clear Pass	Borderline Pass	Fail
FOM criteria	**Excellent in all assessment areas, or excellent in some and at least very good in all others**	**Good in most assessment areas, at least satisfactory in all others**	**Satisfactory in all assessment areas but some areas of concern**	**Unsatisfactory in some or all assessment areas**
1. Communication	Communicates well with patients and staff	Comfortable with patients	Able to ask basic questions	Talks to patients at times inappropriately / uncomfortable talking to patients
	In a consultation exhibits active listening and shows empathy	Asks appropriate questions but misses some cues	Does not appear to think about what the patient is saying	Doesn't seem to listen to the patient, follows their own agenda
	Uses open and closed questions appropriately and seems aware of verbal and non-verbal cues	Demonstrates some use of communication skills	Shows little understanding of communication skills. Uses a tick box style interrogation history	Poor communication skills, poor eye contact or rapport with patient. The patient may be upset or offended by the student
2. History	Able to take a focused history and use it to include or exclude common diagnoses	Covers most things in history but lacks focus	Often excludes the most relevant questions in the history and struggles to interpret findings in terms of a differential diagnosis	Inadequate history taking
	Presents clearly and in organised way including important negatives	Presents all the information but may lack organisation or confidence	Basic presentation missing some important points	Little attempt at coherent presentation
3. Examination	Examine confidently, appropriately and competently	Can examine adequately but may lack confidence or needs encouragement	Not comfortable examining but can do some of basics	Poor examination skills, which fail to improve on correction. Examines inappropriately without respect or causes patient pain
	Performs skills confidently and competently with excellent attention to detail	Generally performs skills to required standard with minimal help or supervision	Can perform required skills but supervision and help frequently required	Fails to meet the necessary standards in performing clinical skills

	Always follows best practice	Usually follows best practice	Often needs reminding of best practice	Does not follow trust or local guidance despite reminders
4. Symptoms and signs	Has developed a good insight into common diseases presenting to GP Able to give a good differential diagnosis without prompting	Some insight into common presentations to GP Able to think of some possible diagnoses with encouragement	Little insight on common presentations to GP Little attempt to think about diagnoses but if pushed can offer something. Basic presentation missing some important points	No insight into common presentations to GP No thoughts on possible diagnoses
5. LTC insight	Has developed a good insight into Long Term Conditions	Some insight into LTC	Little insight into LTC	No insight into LTC
6. Holistic care	Has taken on board Holistic care considering the entire situation of the patients' needs and family issues	Has taken on board some of the Holistic care considering the situation of the patients' needs and family issues	Has taken on board a little of the Holistic care considering the situation of the patients' needs and family issues	Has taken on board very little or no Holistic care considering the situation of the patients' needs and family issues
7. Primary care team	Has developed excellent insight into the workings of the primary care team	Has developed good insight into the workings of the primary care team	Has developed some insight into the workings of the primary care team	Has developed no insight into the workings of the primary care team
8. Professionalism	Highly professional and respectful attitude shown towards patients, peers and teachers	Professional and respectful attitude shown to patients, peers and teachers	Some evidence of occasional lack of respect shown to patients, peers or teachers	Disrespectful attitude to patients or members of the primary care team
	Excellent communication and engagement with group work, peers and teachers Demonstrates high levels of self-directed learning, questioning and reflection	Keen engagement and communication with peers, group work and teachers Able to self- direct learning well, some evidence of questioning and reflective approaches	Poor communication at times with peers, teachers or engagement well with group work	Unable to answer simple questions. Not engaged with patients, teachers and staff Too overconfident, dangerously lacking in insight into own limitations

	Seeks additional learning opportunities and to enhance clinical skills			
9. Logbook	A diverse range of clinical experience and cases seen Clear reflections on learning outcomes from cases seen Clear evidence of application and independent critical thought	Good evidence of clinical experience and cases seen Some reflections on learning outcomes from cases seen Some evidence of application and independent critical thought	A disjointed or incomplete logbook with some cases seen Evidence that struggles with self-directed learning and finds it difficult to develop reflective or questioning learning styles	Poor logbook either sparse or empty Unable to undertake self-directed learning, and or to question or reflect on experience or learning
Overall	Mainly Excellent and a few clear passes	Mainly Clear passes occasional Bare pass	Mainly borderline passes – occasional Fail	Mainly fails occasional borderline pass

Formal Observed History and Examination - the ACC

One part of the assessment is that the student performs at least one formal observed history and examination. This will be done along the lines of the Assessment of Clinical Competence exercise (ACC) which forms a major part of the assessment in all attachments of Final Year. It is therefore important that students get used to this form of assessment and have opportunities to practise.

The grading criteria are set to compare performance to that expected of a Pre-Registration House Officer (F1 doctor), it may be helpful to emphasise this to them as they often expect high scores from assessments.

We do not require any formal grading from the ACC, but the student's performance should be taken into account in your overall assessment of the student and their final grade.

The students do really value this although many get surprisingly worried about the idea of doing an ACC.

EXAMPLE ONLY

Assessment of Clinical Competence (ACC) - PRIMARY MEDICAL CARE

PMC

Please complete the questions using a cross: X Please use CAPITAL LETTERS

Student to complete:

Centre: Basingstoke, Bournemouth, Chichester, Dorchester, Frimley, Guildford, Isle of Wight, Jersey, KSM, Lymington, Poole, Portsmouth, Salisbury, Southampton, Wexham, Winchester, Other

Student Surname:

First Name(s):

Student Number: 4

Once your ACC is completed, give the top copy to the Exams & Assessment team at SGH and one copy to the examiner.
KEEP ONE COPY FOR YOUR RECORDS

Examiner to Complete:

Clinical Setting: ED, OPD, In-patient, Acute Admission, GP Surgery, Other

Examiner Position: Consultant, SASG, HST, GP, Other

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations 1	2	Borderline 3	Meets expectations 4	5	Above expectations 6
History Taking - Facilitates patient's telling of story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.	☐	☐	☐	☐	☐	☐
Physical Examination - Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort, modesty.	☐	☐	☐	☐	☐	☐
Communication - Explores patient's perspective; jargon free, open and honest, empathic.	☐	☐	☐	☐	☐	☐
Clinical Judgement - Makes appropriate diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic studies, considers risks, benefits.	☐	☐	☐	☐	☐	☐
Professionalism - Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner. Is aware of and sensitive to the patient's cultural background. Aware of own limitations.	☐	☐	☐	☐	☐	☐
Organisation/Efficiency - Prioritises; is timely: succinct; summarises.	☐	☐	☐	☐	☐	☐
Overall achievement of task - Successful achievement of the specific task that was set.	☐	☐	☐	☐	☐	☐

Feedback - you and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment

Particular strengths	Suggestions for development

Time taken for observation (minutes) Time taken for discussion of diagnosis (minutes) Time taken for feedback (minutes)

Examiner: I declare that I have observed the above named student performing the ACC.

Examiner GMC/NMC/BAN No.:

Examiner: I confirm that I have read "Conducting the ACC: An Examiner's Survival Guide" (Please tick box)

Examiner name in CAPITALS:

Examiner signature: Date: D D / M M / Y Y

Student: I confirm that I was observed performing the ACC.

Student signature: Date: D D / M M / Y Y

Centre Administrator - Send only TOP COPY to the Exams & Assessment team for processing.

How to Run a Successful Attachment

We have some suggestions to help ensure your attachments run smoothly:

Planning

- Students are asked to get in touch with the practice before they start but in reality, the majority do not. Teachers might find it helpful to e-mail or phone the student beforehand to confirm time, directions and discuss any particular learning needs the student wants to address (as you may need to make some allowance for this in the timetable).
- Put a notice in reception and on your website to inform patients of the presence of the student within the surgery.
- Talk or email other members of the team to see who is available and willing to work with the student for some of the time to achieve defined outcomes.
- Modify surgeries – blanking off 1 in 3 or 4 appointments if the student is working with you or creating student surgeries of 20-minute appointments and time for the GP to also see the patient.

Devise a timetable

Have a timetable planned for the student to include the following:

- An induction/ introduction, see below
- Times for observation / shadowing GP teacher surgeries, yourself and other partners as suitable. Special clinics are also useful, maybe try to give the student an active part to play in a nurse led chronic disease clinic.
- Times to see patients alone in a separate room. Present the case to the GP teacher and suggest management and follow up.
- Times for observing the student consult and, in Final Year arrange management of patient, plus time to give the student feedback on their performance.
- Allocate some longer appointment slots for ACC where these are required.

Induction

We would thoroughly recommend a brief induction programme, on day one, to help settle the student to the Practice. Students learn best when in an environment within which they are comfortable and some of these things may well reap benefits for you during the attachment. An induction therefore might include:

- A tour of the surgery, with all the essentials such as coffee room, lavatories and meeting the staff
- Time with the practice manager or administrator to familiarise themselves with the computer basics
- Asking your student to sign the practice confidentiality agreement and perhaps run through any relevant health and safety issues. Exchange practice telephone numbers/email addresses so they are aware of what to do in an event of absence.
- Information about where/what they may do in any spare time- where they may get lunch, any spare PC/ literature they can use, how to view your lab results or patient notes etc.
- Discussion of the timetable, particularly what times you may expect them to start arriving or finish and any Out of Hours sessions you may have that you are happy for them to attend if wished.

- Discussion of any student learning needs previously identified.
- Discussions of expectations of them and sign a learning agreement (see example in resources).

Consent

You may wish to read "Policy on the rights of patients in medical education"
It is important that patients are given the opportunity to agree or refuse to see a student (or have them present). The formality of this process seems to vary a lot between practices. Please do think about how this can be achieved. Ideas include:

- Receptionist explains that a student is present, when the patient books in (this may need noting on the surgery booking system). They should tell the patient that they can inform their GP that they do not wish a student to be present if they wish.
- Give the patient an information sheet to read while they are waiting to be seen, if they decline to see the student, they are asked to hand the form back to reception. When the patient doesn't hold the sheet when called by the GP it's clear they have requested not to have a student present.
- Put a notice with a picture of the student in reception to inform patients of the presence of the student in the practice and state that if they do not wish to see the student, they can inform reception or the health professional.

There is an information sheet you may want to give out to patients or have on the wall in the surgery.

Content of sessions

The learning outcomes for the PC attachments provide a framework within which you are able to plan the sessions. We hope these outcomes will help you to decide what to work on with your students. Please remind students to look at them too! Below are some ideas about different activities you may want to offer during sessions. They give the students variety, and some provide space for you whilst the student is doing something productive.

Please try to ensure that students have time to reflect on what they have learned from each experience.
Your support in this process of reflection and identification of learning is invaluable.

- Time in reception and sitting in the waiting room observing.
- Time with other members of the practice team (other GPs PN, HV, midwives, DN CPN etc.)
- Observe normal consultations.
- Home visits.
- Parallel book a student surgery with slots left in the GP surgery to review and discuss.
- Time with related professionals- for example physiotherapists, chiropodists, pharmacists, funeral directors etc.
- Get the student to use the computer- filling in chronic disease templates or writing up the history or consultation for you.
- If the student has seen a patient who needs referring, get them to dictate or write an example referral letter.
- Keep a record (or get the student to) of the systems/problems that you have covered and fill in any gaps at the end, try to watch the student examine all the systems during the attachment.

- Allocate 15 minutes at the end of a surgery to debrief/give a short tutorial on an interesting topic that has arisen.
- Keep a record of patients with interesting signs who might come in specially to be examined by students.
- Consider any interesting cases for a home visit which the student could attend, (with or without you), particularly if they need a long case or case study to prepare.
- When signing prescriptions why not give a pile to the students for them to identify ones they do not know and then can look up in the BNF. Or get the students to work out what is wrong with the patient by looking at the prescriptions.
- Contact booked patients to ask if they will come in early to speak to the student.
- Get students to see extras first (before GP).
- Use a topic each week to base discussions on.
- Use extra set of headphones for triage work.
- If you or the student is not sure about something, get the student to do some research- in the practice library, online or at home and report back.
- Allow the student to view your lab results and consider any abnormalities and how they might deal with them
- Ask the students to write down a couple of learning points from the session and use them as a starting point for discussion.
- Attend a staff/practice meeting
- Attend TARGET events
- Attend Gold-standards framework meeting.
- Out of Hours sessions undertaken by doctors at the Practice may also provide a valuable and alternative learning experience.

Useful Learning from the Primary Health Care Team may include:

Admin team – summaries notes
Nursing staff
Nursing homes/ supported residential homes
Chronic disease management nurses
Health care assistants
Hospice
Practice midwife
Health visitors associated with the practice
Community matron
Community geriatricians
Community pharmacist
Podiatrists
Phlebotomist
District nurses
Community Psychiatric nurses
Community learning disability nurses
Community heart failure nurses
Community COPD nurses
COAST Community paediatric specialist nurses
Social workers
Safeguarding nurses
111 services
999 services
Walk in Centres
Flu clinic

Baby immunisation clinic
Funeral directors

Feedback and student reflection

Timely feedback given to students is one of the most powerful tools to help students learn. The basic rules for effective feedback can be summarised as:

- Intention to help and contribute towards development
- Comment on behaviour, not personality
- Be selective and specific
- Be honest
- Be respectful and sensitive

Try to give regular feedback so that there are no surprises at the end assessment.

Please give feedback and advice on the student's progress with respect to clinical performance, communication skills, ethics and professionalism. When planning your programme, you could allow time for an interim review of progress either using the student held portfolios and /or teacher's assessment and student evaluation forms.

There is a sample feedback form in this handbook, which you can give to other team members to complete which may be helpful for your student evaluation and acts as an aide memoire for your colleagues about the impending session arranged with them!

Self-directed learning is strongly encouraged throughout the medical course, increasing as students move on through the years and into their professional lives. Please actively encourage the student to use cases seen and their logbook as an aid to personal reflective learning. You may help them to understand different ways of reflecting on work as a doctor and perhaps encourage them to develop these by sharing your methods of doing this, your PDP or appraisal forms.

A Guide to Giving Feedback

Start with the learner(s): Identify needs

Find out about

- past experiences and present knowledge relevant to your course/session
- expectations of you and the course or session
- perceived needs
- and how you can help the learner(s) to see the relevance of what you plan to teach

Help the students to understand the learning outcomes as specified in their handbook and to set realistic goals for themselves

- Discuss the set learning outcomes of the course and/or session with students
- Within these outcomes, help students to set individual goals as appropriate, ensuring that these goals are attainable and specific
- Refer to the outcomes for the session as it runs as well as at the beginning so that students are clear about what they are expected to learn from a given activity
- Ask students to note the extent to which the outcomes were achieved in their log/course notes/reflective diary/portfolio and to note how they will make good any omissions or areas you have not been able to cover

Use/devise appropriate tasks for the learners (this relates to the needs you have identified and to the learning outcomes)

- If tasks are too difficult, students may become discouraged or angry and opt out
- If tasks are too easy, students may become apathetic, uninterested and feel insulted
- Appropriate tasks provide a level of challenge that the students are able to meet by expending some effort. Appropriate tasks will often combine challenge with support from you and/or other students if you are working with a group.

Give feedback on observed behaviour

After the student has had a chance to say how she thought she got on with a particular activity (say, taking a history) try offering observational feedback. This can help students to gain understanding of their actions and to develop their ability to think critically about what they are doing rather than simply relying on our judgements.

An example of **observational feedback** and student responses:

"I noticed that you interrupted the patient when he started to talk about his sister'

The student might reply in a number of ways:

"Yes, I didn't mean to, I was just worried things were coming out in the wrong order".

Or:

"Yes, I felt it was really important that I understood the point he was making, so I needed to ask him that question".

Or:

"Did I? I didn't realise".

If we offer observational feedback and then wait for the student's response, we can encourage her to explore her actions and tell us what led to that behaviour. We are then in a good position to discuss this with her since we both have some shared insight into the reasons for her actions. If we jump in with a judgement that interrupting the patient was unhelpful, and convey this to the student, we may not find out why she interrupted, and the student may just conclude that interrupting patients is to be avoided. She will not have explored the reasons for her behaviour or been supported in making her own judgement as to whether this was a helpful or unhelpful action in this context.

Placement Evaluation by student

Students are sent and encouraged to complete an online evaluation form for the attachment, the individualised results of which will be later forwarded to you. If you wish to obtain some feedback from your student directly, there is a sample form you may use included in your placement pack, or we are happy for you to use one of your own (we do not need to receive copies of these).

Students are also advised that they can also contact the Placement team or Module Lead if there are any other problems or issues they wish to raise directly with us.

Frequently Asked Questions

Administration/Paperwork

How do I contact a student prior to the start of the attachment?
You will be sent a pack well logins to Inplace in advance of the start of the attachment. This will include the student's name and email address. Most students regularly check their email and will respond quickly to you. If you do not manage to make contact, email fmed-placements@Southampton.ac.uk who will contact the student on your behalf and ask them to get in touch with you. We are not able to give out mobile telephone numbers without the student's permission.

What do I do if events mean that I can no longer take a student?
If possible, ask if one of your colleagues would mind taking them. If this cannot be arranged please email fmed-placements@southampton.ac.uk as soon as possible and we will do our best to rearrange the attachment.

How do I get paid?
When you return the end of placement evaluation (assessment) (EoPE) form, a payment will be dispatched. Payment is normally made directly to your Practice.

What do I do if the student unexpectedly does not turn up?
Please email fmed-placements@Southampton.ac.uk. All absences must be accounted for.

Practicalities of Teaching

Does it matter if I am not at the practice for some of the student's sessions?
No. If you are not going to be there just make sure the student has other activities arranged and the practice is still expecting them. It is good for them to have the opportunity to spend time with other members of the team. If you cannot arrange anything at the practice, give them something to go and look up, a patient to see in depth or an area to revise and then go through it next time you see them.

Can a student come on home visits with me?
Yes. We encourage the students to take every opportunity to see all aspects of Primary care during their placement and would consider home visiting an ideal way to experience this unique community-based aspect of primary care. We would advise that you ask the patients' prior permission to bring a student along and avoid situations where vulnerable patients may feel under pressure by the presence of a student.

Does the student need to be chaperoned?
If you would use a chaperone for a clinical situation were the student not present, it makes sense that a chaperone should also be used for the same situation if a student is present. Situations involving (for example) patients with particular religious or cultural beliefs, patients requiring intimate examinations or patients with learning difficulties or known challenging behaviours may become additionally complex when a student is involved in the doctor-patient interaction. We would advise that if in doubt, err on the side of caution and use a chaperone.

Can the student take blood or perform other practical procedures?
Primary care often provides students with an excellent opportunity to be "hands-on",

and most students relish the chance to be able to take blood, perform injections, and so on. If a situation presents itself where a student might (with appropriate supervision and with the patient's consent) be able to perform a practical procedure, then we would encourage this.

What do I do if patients do not want to see the student?
Inevitably there will be a few patients who do not want the student to be present for their consultations. If the patients are informed about the student when they book or turn up for their appointment and say that they would prefer not to see a student, the student can be sent out of the room with an alternative task to perform while the clinician sees the patient. Experience shows us that relatively few patients choose to avoid seeing a student, and in fact some seem actively to enjoy the experience.

Assessment and Feedback

I find it very difficult to assess students – what stage should they be at?
The stage the students are at will depend on when in the academic year they come to you. In the first attachment in January, they may well have less confidence and be less knowledgeable, as this will be their first true clinical Placement. Whether you think the student is poor or brilliant at the beginning you should be gently challenging them to move forward. We appreciate any free text comments on your assessment forms and take these into account.

How does the ACC work?
The ACC is used as an assessment tool in the later PC and all clinical attachments. Further information is provided in the "Assessment" section of the handbook. There are regular staff development workshops specifically dedicated to this area, and if you would like to come to one of these events, please contact Medicaleducation@soton.ac.uk. You can also do the MEDUSA module as described at the end of the handbook.

How do I get feedback on how I am doing as a teacher?
You will be sent sample forms which you may use or modify as required for your own requirements to use for student feedback. These may be retained by you for personal/ professional development etc. You will encourage and remind students to complete these for you before or at the end of the attachment, perhaps giving them a few minutes alone to do this whilst you complete their evaluation form or even provide an SAE. Once they have left the surgery, they will be difficult to get back! You can also encourage them and/or give them an opportunity to give you verbal feedback perhaps when you go through their own evaluation form.
Students will be asked to complete an online survey to evaluate their placements.

Concern about Students

What do I do with a student that is not rude but just generally disinterested?
Do not be disheartened. Try talking to the student about it early on in the attachment and hopefully you can dispel some of their fears or misconceptions about primary care. Try and find out what does interest them and discuss the importance/relevance of primary care in this area. If you have concerns over their mental health or any other worries talk to the year Lead.

What is my position if a patient makes a complaint against a student?
Please let the year lead know and we can discuss the best way forward within your practice complaints policy.

What do I do if a student is often late or absent without good reason?
Attendance at the PC attachments is compulsory. If you have any concerns about a student's timekeeping or attendance, please inform the placements team and the year Coordinator as soon as possible.

Other Points

- **Name badges:** Students need to wear their name badges provided by the Faculty of Medicine so that patients may identify them.
- **Dress code:** this is provided by the Faculty of Medicine, and students will be aware that they should be dressed in a manner which reflects their professional status and is respectful towards patients on all clinical attachments.
- **Indemnity:** Students are covered by Clinical Negligence scheme and the GP Teacher's medical insurance for activities they carry out with an appropriate level of supervision. It is suggested that you do inform you medical defence body that you teach students so that they have record of this. They should not carry out procedures, however, without appropriate supervision.

Resources

The following sheets can be printed out and photocopied to help you get the most out of your teaching.

Example of learning agreement

Surgery Logo and contact details

Student Name: …….
PC Teacher Name: ……

Brief outline of surgery:

Our practice is a small rural practice based in Southampton. It serves a population of 1500 patients. We have 4 full time equivalent GPs made up of Dr P – our senior partner, Dr Q who has an interest in Family planning, Dr R who is interested in mental health and Dr Y who has a wealth of experience in teaching. We have 1 practice nurse her speciality is asthma. Many of these patients are of an affluent background and therefore they have high expectations. Our challenges lie in providing primary care to our population and meeting demand and expectations

Expectations upon Dr Y:

- As a keen teacher of medical students, I aim to provide a friendly, relaxed environment to encourage your learning. However, you must bear in mind that my primary job is to service our patients.
- I am to provide you with insight into being a GP which isn't always about patient contact and it is important for you to consider this aspect whilst you are here and focusing on your clinical skills.
- I will endeavour to engage in discussions regarding learning needs on a regular basis so that we all know where we are heading.

Expectations upon you as the students:

- Either punctual attendance at the agreed time, or a well communicated reason for any absence or lateness (which also needs to be communicated to the placements team).
- Professional manner and attire whilst at the surgery.
- A knowledge of your learning objectives for the placement. Having read the logbook in advance and knowing the forms and assessments that need completing.
- To be pro-active in learning as an adult learner. I.e., if a patient is required for a case study; to actively seek this out or ask for help in identifying.
- To engage in discussions about any particular learning desires so that these can be taken into account over the duration of your placement.
- To actively provide feedback so that the placement can be improved to meet your learning needs.

Signed……. Dr Y
Signed ……. Medical student

Feedback to Lead Teacher

Please fill in this form after your session with the student and return it to ……

Name of person completing form…….

Student name …….

Brief summary of what the student did in the session:

How would you rate them (5 = excellent, 1 =very poor) on:
If you feel unable to assess an area, please mark n/a

	5	4	3	2	1
Knowledge					
Communication skills					
Clinical skills					
Attitude & Professionalism					

Any area they did particularly well in? Any areas you feel they need to work on?

As part of your own professional development and to support appraisal, you may also wish to use our Primary Care Teaching Reflective Worksheet provided.

Log of Student Placement

Initial of student(s):

Dates of placement:

Reflections on what went well and why

Reflections on any problems or concerns

Consent to See Medical Students

This practice is involved in teaching medical students from the University of Southampton.

Students learn a huge amount from talking to patients and thinking about diagnoses and management. You have a lot to teach them. The student may observe the consultation, lead the consultation while being observed by the clinician or talk to you alone and then present your story to the clinician in charge.

The students are bound by the same rules of confidentiality as all members of the practice and their code of conduct is set out clearly by the General Medical Council. The student will not be able to make any decision about your care independently. Your problem will always be reviewed by a qualified practitioner.

If you do not want a student present, please tell the receptionist or doctor, we completely respect this decision, and the doctor will be happy to see you alone.

If you are happy to let the student, be involved in the consultation, please let the doctor know.

Thank you for your cooperation.

The ACC Assessment

What is the ACC?

The ACC (Assessment of Clinical Competence) is a short, structured clinical assessment. Year 5 students are assessed on several occasions in all of their placements, with a different case and by a different examiner (it is recognised that this may not be feasible in Primary Care if you are the only teaching GP in the surgery). The examiner observes the student carrying out a focussed history, examination, presentation of the patient's condition and a management plan, and rates the student's performance on a 6-point scale. At the end of the assessment the student is given feedback on their performance.

The ACC is therefore both a summative assessment (measuring ability and judging appropriateness for progression through the course) and a formative assessment (helping students learn from their experience). By providing constructive immediate feedback on strengths, areas for development and agreed action points it can be a strong learning tool.

Results contribute to the BM Final examination so, although ACC in a Primary Care setting may seem rather informal, they do need to be structured and well-organised. If a student's scores in a single domain or in a single speciality when averaged across multiple ACCs, are below expectations then they will be given a further fresh opportunity to pass this component as part of their finals exam. Students who on average meet expectations across both specialities and domains will be exempt from further reassessment. Students who do more ACCs as part of their final exams will do between 6 and 12 further ACCs at least 3 of which will be in their weakest or "below expectation" speciality.

Below are some guidelines and rules for assessing students using ACCs in Primary Care.

Before the Assessment

Planning when to do the ACC

We suggest you plan with your student which surgery sessions you are aiming to do the ACC in and pre-book some longer 30-minute slots in your surgeries to allow for these. A back up extra slot may be one idea or not doing both ACC on the last session of the placement may avoid the worry of a case which doesn't turn out to be suitable for use. Some teachers do one ACC per week, others both towards the end of the second week. The advantage of the former is that feedback you give from an earlier assessment may help the student to improve during the rest of their placements.

The cases which seem to work the best are for new acute problems and you may need to consider booking these given slots as "book on the day" and explaining the sort of patient problems you may ask the receptionists to triage into them. Patients may also be advised at this point that the student is undergoing an assessment during their appointment but will also see you as well. Some clinicians use telephone

triage to choose appropriate sounding patients for these slots.

Case selection

The idea of the assessment is to look at the student's overall clinical skills, so a case that will involve history taking, examination and management is ideal. We suggest that you allow 30 minutes for the assessment process, 20mins for the student to conduct the consultation and a further 10 minutes for your feedback and agreed action plan. The ideal case would allow assessment of all 7 competency domains on the Assessment form. Some cases, e.g., depression, will not require physical examination, so at least one of the ACCs must assess physical examination skills. It is wise to avoid very short problems such as a patient requesting a medical certificate or some investigation results, but for instance a routine BP check-up can be a good consultation to assess the student's risk assessment skills, a review of possible end-organ damage and how they provide health prevention and medication advice. Try to avoid (where possible) a case that is too difficult to complete in the time allotted.

Environment

Please ensure that you will not be interrupted during each assessment and arrange necessary furniture and equipment for examination prior to starting. You should observe the whole consultation.

The Patient and Timing

Tell your patient the sequence of events and gain their consent to be seen for the assessment. You will need to warn the patient that the student is being assessed but that once you have heard the student's diagnosis and management plan that you will deal with any outstanding issues. The observed process should take no longer than about 20 minutes and should be followed by giving immediate feedback to the student once the patient has left.

ACC forms

Included in the student's logbook and this handbook is a sample ACC Assessment form. The student will send you an email through RISR which you can then capture your feedback and grading. The student will retain this within their electronic portfolio for their own learning.

During the Assessment

Observing

Aim to observe your student's whole consultation including physical examination and discussing the student's diagnosis and management plan before managing the patient or giving feedback. You need to grade all seven areas of the consultation so it is a good idea to make some notes as you go along so that the feedback can be accurate and focussed on what actually happened and not a general view of the student's

performance during the whole attachment. It can be good to note specific instances or even phrases used so that at the end your comments can be exactly what you observed and will help the student to understand where and how they could change to improve their skills.

Scoring

Please score each element of the ACC separately; even though there will be some overlap between categories. Please assign a score for every element where possible.

Please use the full range of the rating scale and you should compare the student's performance with that you would expect from a safe and competent doctor at the start of the Foundation year. It thus follows that students tend to do better later in the final year but will still have to do ACC in Finals if they are borderline at any stage of the year.

The rating scale

A description of the areas to be assessed in each element is listed on the ACC assessment form.

- **Above expectations score 5 or 6** should be awarded if the student has shown an outstanding or high standard in most items assessed in this element.
- **Meets expectations score 4/5** should be awarded if the student has performed satisfactorily in the majority of areas in the element.
- **Borderline score 3** should be given if the student is satisfactory in most areas but needs to improve in others to meet expectations.
- **Below expectations score 1 or 2** should be given if the performance was unsatisfactory in the majority of areas in the domain.

If the student demonstrates any of the following unsatisfactory traits:

- Inappropriate attitudes or behaviour
- A lack of awareness of his / her limitations
- A level of knowledge that could put patients at risk

Feedback

After you have completed your scoring, please provide feedback on the student's performance, using your notes. A good way to open this is to ask the student how they felt about their performance. Fill in the good points first and encourage your student with what went well. Identify areas for development and try to make practical suggestions (agreeing an action plan for improvement if needed) about how this could be done. Ensure that you have completed all parts of the form. More information on general tips for giving feedback is available in the appendix

Policy on the Rights of Patients in Medical Education

This document comprises two sections

- The rights of patients participating in education
- Guidance for students about escorting and chaperoning patients

1) The rights of patients participating in education

The following is adapted from "Closing the gap between professional teaching and practice" – Doyle L. *BMJ* 2001; 322:685-6 (24th March 2001). See the full text.

Care must be taken to obtain the consent of patients for participation in educational activities. Patients have a moral and legal right to exercise control over the circumstances in which they are physically touched and in which personal and clinical information about them is communicated to others.

Therefore:

- Education should not be demeaning for the patient or student; the patient is a partner in educational activity.
- Clinical teachers must ensure that patients understand that medical students are not qualified doctors and that cooperation in educational activities is entirely voluntary. Students should always be described as "medical students" or "student doctors" and not, e.g., as "young doctors", "my colleagues" or "assistants".
- Clinical teachers and students must obtain explicit verbal consent from patients before students take their case histories or physically examine them. Patients should be reminded of the purpose of any activity in which they participate with the students. They should understand that their participation is entirely voluntary, and resistance should be respected with reassurance; unwillingness to participate will not compromise care.
- Clinical teachers and students should never perform physical examinations or present cases that are potentially embarrassing for primarily education purposes without the patient's verbal consent, both for the physical examination itself and for the number of students present. Ask the patient if they would like a chaperone present for any physical examination; a chaperone should be present for intimate examination.
- Students should never perform any physical examination on patients under general anaesthetic without their prior written consent, which should be placed within the notes. Patients who are unconscious or incompetent for other reasons must only be involved in physical examination or practical procedures with the explicit agreement of their responsible clinician and after appropriate consent (with children) of someone with parental responsibility or (with adults) after consultation with relatives/carers.

- Clinical teachers should obtain the explicit verbal consent of patients for students to participate in their treatment (suturing, taking blood, delivering babies etc). Where the procedure is normally written in the notes, the fact that such consent has been obtained should be recorded. Procedures that do not require supervision should only be undertaken if there is recorded evidence of competence.

- In conformity with the principles of the General Medical Council, students must respect the confidentiality of all information communicated by patients in the course of their treatment or participation in educational activity. Without prior authorisation no written information about patients by which they might be identified should be removed from the place of treatment. Students should respect the confidentiality of personal information to which they are given access, but which is not related to patients' condition or treatment. Patients should understand that students may thereby be obliged to inform a responsible clinician about information relevant to their clinical care.

- Clinical teachers are responsible for ensuring that the preceding guidelines are followed. If students are asked by anyone to do the contrary, they must politely refuse, making specific reference to these guidelines. Encouragement of students to ignore these guidelines is unacceptable, and if students feel unduly pressurised, they should report the incident to the appropriate Associate Clinical Sub-Dean.

Related information can be found on the Ethics and Law website.

2) Guidelines on the role of Medical Students in escorting or informally chaperoning service users

The legal and ethical requirements determined by legislation (for example the Mental Capacity Act and Fraser Guidelines) must be considered when students are escorting or informally chaperoning service users

Following the publication of the Clifford Ayling Report (2004), this paper provides guidance for medical student and their mentors or supervisors when considering the role of the student escorting or informally chaperoning a service user.

There are different interpretations of the terms "escort" and "chaperone". The student requires clarity from the mentor/supervisor about the role they are being asked to undertake; the student may be asked to "chaperone" a service user during a procedure or examination, usually of an intimate nature; or they may be asked to accompany a service user who is being transferred to another unit, department etc. Mentors/supervisors must be clear about the expectations of the medical student role.

Chaperone: Medical students may accompany a service user as an informal chaperone (in the same way that a friend or relative might); the medical student is expected to understand the rationale for the therapeutic activity, procedure or examination, including risks. As an informal chaperone a student is able to:

- Provide emotional comfort and re-assurance to service users

- Assist a service user to dress and undress
- Help the service user understand what is happening to them.

It is not the role of an informal chaperone to assist in an examination or to provide protection to other HCPs against allegations of improper behaviour. This is the role of a formal chaperone who has received training from their employer that includes protection of vulnerable adults (POVA).

If the procedure or examination is primarily a learning experience the medical student may exhibit some behaviours of an informal chaperone BUT IT MUST BE CLEAR TO ALL in what capacity the student is expected to act, and an appropriate chaperone offered readily.

Transfer/Escort: Medical students may be asked to accompany a service user who is being transferred to another ward, department, hospital, residence or community activity. Local practice policies should determine the level of care required for service users, including during transfer.

A risk assessment should be made by the mentor/supervisor to determine:

- the complexity of the service user's needs
- the competency of the student
- the circumstances of the particular situation.

If the medical student is deemed to be competent to manage the care of the service user throughout the transfer, then they may accompany the service user as the escort.

Learning Experiences for Students: Medical students learn via observation of and participation in procedures. If a student is involved in a procedure as part of a learning experience, they may demonstrate some of the behaviours of an informal chaperone BUT IT MUST BE CLEAR TO ALL in what capacity the student is expected to act.

Students are likely to require a chaperone if they are involved in the performance of intimate procedures and should assess the situation with their mentor/supervisor and decide with them if the situation indicates that a chaperone (formal or otherwise) is required.

Reference: **Committee of Inquiry. Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling.** *The Honourable Mrs Justice Pauffely. D.B.E. July 2004*

Teaching Support and Development

We require that all primary care teachers attend an initial new primary care teachers' workshop, at least one other staff development event every 4 years and to have undertaken some training in Equality and Diversity.

The PC team has a Microsoft Teams group for associated helpful teaching resources, ask any of the coordinators for details. We are happy for teachers to upload any useful material to the relevant year group but not to remove or delete material, we will review all items annually.

PC Teaching Development Workshops

A number of workshops for primary care teachers are organised each year. They can be course specific or topic based and aimed at either new or experienced teachers. Workshops are advertised on our website and emailed.

https://www.southampton.ac.uk/meded/staff_development/gp-courses/gp_staff_development_courses.page

If you have any ideas about particular issues that you would like to be included in a workshop, then please contact your year coordinator.

Workshops with other primary care teachers provide a source of both ideas and support as well as information about the curriculum and strategies for helping students to learn.

Faculty of Medicine Online Teaching Development- MEDUSA

MEDUSA is an online staff development resource available to all those who teach students on the Bachelor of Medicine programmes at the University of Southampton.

The modules likely to be most useful for primary care teachers are:

- Assessing the Assessment of Clinical Confidence (ACC)
- Giving constructive feedback
- The role of the OSCE examiner
- The new curriculum

All those engaged with student teaching are required now by the GMC to have some training in equality & diversity, this module may be used as evidence of this.

Please have a look at these modules, they are easy to complete and once finished you can download a record of your activity and certificate for PDP purposes. Record of completion of any module is held by the Medical Education Unit.

You will find these modules at www.southampton.ac.uk/medusa.
You will need to use your NHS email to get a login and be sent a password.

A popular 4-day course “Teaching Tomorrow’s Doctors” is open to all staff teaching Southampton medical undergraduates, further information can be obtained online at:

http://www.som.Southampton.ac.uk/research/medicaleducation/facilities/meded/development/courses.asp.

Every year the Association for the Study of Medical Education (ASME) offers conferences, courses and workshops, further details are available on their website: www.asme.org.uk.

Course module leads are also available to offer individual support and answer specific queries. Do email us so we can help.

Resources for Further Learning

Primary care related resources (on student reading lists)

Books

Clinical Method: a General Practice approach 3rd ed. *Fraser RC. Editor Butterworth Heinemann 1999*
This book is a basic introduction to General Practice.

The Doctor's Communication Handbook 4th ed. *Peter Tate Radcliffe Medical Press 2003*
Although students are now taught communication skills as a separate part of the year 3 course, this book is a useful way of placing some of those skills into context in the general practice setting.

Kumar & Clark Clinical Medicine 6th ed. *Kumar PJ, Clark M. Editors Edinburgh: W B Saunders 2005*
We recommend students use a good general medical textbook; this seems to be their favourite (may be partly as available online)

Skills for communicating with patients 2nd edition. *Silverman, Kurtz and Draper Radcliffe Publishing 2005.*
This book provides much research evidence about the teaching of communication skills; and offers detailed guidance for students on building specific skills.

Oxford handbook of General Practice. *Simon C et al Oxford University Press 2002*

A textbook of General Practice 3rd edition. *Stephenson A. Editor Arnold 2011*
The book's learning style is based on experiential and reflective principles. It contains essential information for medical students in a well presented and readable format.

The inner consultation: how to develop an effective and intuitive consulting style. *Neighbour R Petroc Press 2005*
An easy-to-read book about the general practice consultation. Roger Neighbour gives an account of his preferred consultation model. He does however describe other models of consultation in a concise way.

General Practice: clinical cases uncovered. *Storr E. Chichester: Wiley-Blackwell; 2008*
With more than 30 cases presented in real life situations with questions for students to work through, this gives an excellent feel of what to expect and how to deal with a variety of problems seen in Primary Care.

Paper
Diagnosis in General Practice: Diagnostic strategies used in primary care C Heneghan, P Glasziou, M Thompson, P Rose, J Balla, D Lasserson, C Scott, R Perera BMJ 2009;338: b946 (Published)

http://www.bmj.com/content/vol338/issue7701/

Patient experiences
Healthtalk online (formally DiPEX) is a useful site for students to hear about patient experiences of various conditions and their feelings about what is important in their care.
http://www.healthtalkonline.org/

YouTube
YouTube has a lot of really good teaching material. From listening to heart murmurs, how to do the Epley Manoeuvre, to home nasal irrigation. It is medium many students are happy with and can be used really productively
http://youtube.com

Medical Education Resources

The GMC - Teaching tomorrow's doctors
This is the guidance by which all medical Faculties are led. It sets out the core values and competencies the GMC feels we should aim for.
http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp

ABC of Learning and Teaching in Medicine (ABC Series) Peter Cantillon (Editor), Linda Hutchinson (Editor), Diana Wood (Editor) BMJ publishing group 2003. New edition 2010
All the chapters in this book are also available free online through the BMJ website. They appeared between Jan & Apr 2003 (just put in ABC teaching and learning into the archive search and they appear)

BMJ articles

- Teaching when time is limited. *David Irby and LuAnne Wilkerson. BMJ 2008;336;384-387*
- Role modelling making the most of a powerful teaching strategy. *Sylvia Cruess, Richard Cruess and Yvonne Steinert. BMJ 2008;336; 718-721*
- The self critical doctor: helping students become more reflective. *Erik Driessen, Jan van Tartwijk and Tim Dornan. BMJ 2008;336;827-830*

These articles give plenty of food for thought. If you cannot access them, we can provide copies.

Teaching and learning communication skills in medicine *2nd edition Kurtz S., Silverman J, Draper J Abingdon Radcliffe Medical Press 2004*
This book considers the overall rationale for communication skills teaching in medicine. It provides research evidence for the approaches to teaching and learning and offers ideas for teachers and learners to use.

Understanding Medical education *Tim Swanwick Wiley-Blackwell 2010*
Covers evidence, theory and practice – an easy book to dip into.

Medical Education Websites

Association for the study of medical education (ASME)
http://www.asme.org.uk
Umbrella organisation for all levels of medical education

Association for Medical Education in Europe (AMEE)
www.amee.org

London Deanery
Although aimed at postgraduate education the deanery has a lot of really useful resources for understanding medical education and facilitating learning.
http://www.faculty.londondeanery.ac.uk/other-resources

Pastoral Care

Primary care teachers are often the only ones to have a close one to one teaching relationship with students. This and our caring natures mean that we are more likely to notice students who appear to be struggling for whatever reason. This may be academically, emotionally or because of illness. Such situations can be difficult to deal with because of worries over confidentiality, fear of making things worse for the student and not being sure whether 'hunches' are worth expressing.

The relevant year coordinator is always happy to help. You can email or phone them if you have any concerns. Please do not hesitate to contact us if you have any worries about students.

Each year has a designated senior (pastoral) tutor who the student can contact directly. You may also contact the tutor by email.

Senior Tutors

Wendy Lawrence (BM6 Year 0)
Email: wtl@mrc.soton.ac.uk

Zoe Sheppard, Luca Di Gregorio (BM5/BM6/BM(EU) Years 1 and 2))
Email: fmedst@soton.ac.uk

Jo Culpin (BM4 All Years, BM5 Years 3, 4 & 5)
Email: j.culpin@soton.ac.uk

Sian Brett (Disability)
Email: s.brett@soton.ac.uk

If the student clearly does not want, you to tell anyone at the Faculty of Medicine about the issues and you feel this is reasonable the student can be encouraged to obtain help through student enabling services
Telephone: 02380 597726
E-mail: enable@southampton.ac.uk
Web: http://www.southampton.ac.uk/studentservices

The Student Services Centre is a central point of contact for all student queries. A range of services are provided including counselling, support for those with learning difficulties, financial problems, mentoring and a whole lot of other specialist services. All these can be accessed through the link above.

Students with difficulties

- Additional support
- Adjusting to university life
- Concerned about friend
- Self-help or improving wellbeing
- Missing home

- Including specialist services: crisis support, disability, dyslexia, assessments and more.

Enabling Services drop-in
Monday to Friday 0800-1800, drop-in weekdays in term time: 1300-1500 Building 37
Telephone: 02380 97726
Email: enable@soton.ac.uk

The students all have the information below (or similar) in their handbooks, around dealing with clinical topics or cases that they might difficult due to their personal experiences or circumstances. Please do also let the relevant year co-ordinator know if you have any concerns around this, and encourage the student to contact their Senior Tutor if you feel further support is required.

Session content (information for students)

You will cover many different topics over this year. All of us bring different experiences with us, and we understand that any of the topics covered might be triggering or difficult for individuals. In most circumstances, we would still expect you to attend your small group GP teaching sessions on these topics. However, we encourage you to let the facilitator know in advance if you anticipate you might find the session difficult, if you think this would be helpful for you. If you have further questions about the content of a specific session or whether you should attend, please ask either the session facilitator or your GP lead in advance. Discussion within sessions may also bring up unexpected topics and we would encourage all small GP groups to consider when setting their ground rules how they want to signpost to each other that a conversation is difficult for one or more group members and how you want to respond to this as a group. For pastoral support, please do contact your Senior Tutor.

ARE YOU CONCERNED ABOUT A MEDICAL STUDENT?

Wellbeing, Fitness to Practise, Mental Health, Academic Progress

URGENT SERIOUS CONCERNS (CRISIS MANAGEMENT)

RISK TO PATIENTS OR SELF

REMOVE FROM WARDS
Email **ACSD** or **IAIN BEARDSELL** at UHS

REFER TO ED / GP / STUDENT HUB
IF DANGER TO SELF

IN HOURS
Contact
SENIOR TUTOR
Or
STUDENT HUB

OUT OF HOURS
Contact
STUDENT HUB

SEE **KEY CONTACTS**

NON-URGENT CONCERNS

WELLBEING

HEALTH
PHYSICAL OR MENTAL

FITNESS TO PRACTISE

Inform **SENIOR TUTOR**
Via the STUDENT OFFICE or email SENIOR TUTOR directly

Consider informing **MODULE LEAD, ACSD & PLACEMENTS** if absence required.

Consider contacting student's **PERSONAL ACADEMIC TUTOR (PAT)**

Encourage student to make an appointment with their **GP**

Consider **UNIVERSITY SUPPORT SERVICES – STUDENT HUB** especially if the student is not with you and you think they are at risk.

ACADEMIC PROGRESS

CONTACT **YEAR LEAD** or **ACSD**

BM6 YEAR 0: Caroline Childs
c.e.childs@soton.ac.uk

BM5/6/EU YEAR 1: Stuart Morton s.d.morton@soton.ac.uk
BM5/6/EU YEAR 2: Kirsten Poore
kpoore@soton.ac.uk

BM5/6/EU/IT YEAR 3: Zoe Sheppard
z.e.sheppard@soton.ac.uk
BM4/5/6/EU/IT YEAR 4: Helen Lotery Helen.Lotery@uhs.nhs.uk
BM4/5/6/EU/IT YEAR 5: June Abay June.abay@uhs.nhs.uk

BM4 YEAR 1: Bernadette Fernandez
B.Fernandez@soton.ac.uk
BM4 YEAR 2: Ben Chadwick
B.D.Chadwick@soton.ac.uk

If the student is not with you and you think they are a risk to themselves, you can contact STUDENT HUB (24/7 365-day service).
Other useful contacts include the SAMARITANS via 116 123

SENIOR TUTORS

BM6 YEAR 0: Wendy Lawrence wtl@mrc.soton.ac.uk
BM5/BM6/BM(EU) YEARS 1 & 2: fmedst@soton.ac.uk
Zoe Sheppard, Polly Hardy-Johnson & Luca Di Gregorio
BM4 ALL YEARS, BM5 YEARS 3, 4 & 5: Jo Culpin j.culpin@soton.ac.uk
PGT/PGR (Fri Only): Lucy Dorey l.a.dorey@soton.ac.uk
DISABILITY: Sian Brett s.brett@soton.ac.uk

KEY CONTACTS: UoS SUPPORT SERVICES

STUDENT HUB: 023 8059 9599 / studenthub@soton.ac.uk

SENIOR TUTORS: fmedst@soton.ac.uk /
https://blackboard.soton.ac.uk/ultra/courses/_152405_1/cl/outline

STUDENT OFFICE: fmed-studentoffice@soton.ac.uk

PROGRAMME LEADS

BM4 Ben Chadwick
BM5 Deborah Rose
d.rose@soton.ac.uk
BM6 Caroline Childs
BM(EU) Clare Polack
c.polack@soton.ac.uk
BM(IT) Ruihua Hou
r.hou@soton.ac.uk

BM5 Year 5

The Year 5 Primary Care Placement

This the 5th year that the new curriculum rolls through Year 5 and the majority of students now follow this pathway. There will be a very small cohort of students following the old curriculum. The 23-24 final year PC placement has built on the innovations introduced last year and incorporated some changes following student feedback.

Year 5 is a clinical apprenticeship year when students see the realities of the practice of medicine in busy District General Hospitals and in General Practices in Hampshire and the surrounding regions. Students now sit their final examinations halfway through this final year and so are now more than ever before aspiring and hoping to develop their clinical skills ready for their examinations and ready to take up soon their roles as FY1 doctors.

During the Year 5 the students rotate in differing orders through the following specialities:

- Medicine
- Surgery
- Primary Care
- Student Selected Units / Career taster units

Students spend 3 weeks in primary care and spend time, not only with their GP teacher, but with other members of the primary health care team. The students are given 3 half day sessions throughout the 3-week placement to have some Additional Community Experiences.

Learning Logbooks

Students will have a personal learning logbook to record anonymised cases, medications and templates for reflections as well as practical tasks such as writing a referral letter and demonstrating good note keeping skills. Please encourage your student to use this, the completion of the log will form part of their end of placement evaluation. We do not wish for you to formally assess these but would ask that you ensure satisfactory engagement from your student with them. There a Wish List section which encourages them to discuss with you a self-assessment of their learning needs and how you may be able to best support them with this in primary care. Teaching will be provided in the final day GP workshops by the GP seminar leaders on writing referral letter and notetaking and the students will be asked to bring their attempts at these to the final day workshop.

The logbook includes:

A Learning Wish List

- A prescribing Log 20 drugs minimum
- Case Presentation Notes on 15 patients minimum

- Patient Critical Reflections
- Direction to write a referral letter
- A roleplay to watch online and then make up some medical notes

ACCs

The student must undertake three ACCs in the PC placement in accordance with the University regulations. Further information about how to conduct the ACC's is elaborated on later in this handbook and the University guide to conducting the ACC's "Conducting an ACC: An Examiners Survival Guide" is available at the end. Regular workshops and training modules are available on the university website http://www.southampton.ac.uk/meded/staff_development/index.page?
We request that, if at all possible, each ACC should be done by a different GP but if this is not possible then at least one must be undertaken by another GP. All 3 ACC's CAN NOT be done by the same doctor.

Additional Community Experiences

We request that one of these be in a local pharmacy and the other two can be negotiated by the practice and the student. Ideally, we would like to showcase the increasing variety in which primary care is now being delivered and so a session shadowing a GPwSI or portfolio GP or attending a specialised community clinic would be ideal. Resources will vary from area to area. We have available a list of GPwSI willing to be approached if this is helpful. Below is a list of some experiences undertaken last year:

- Dermatology GPwSI
- Cardiology GPwSI
- ENT GpwSI
- High security Psych ward
- Opiate abuse clinic with my supervising GP in a community clinic
- Musculo-skeletal practitioner
- Minor surgery ENT micro suction clinic
- Women's health clinic
- Allergy
- LMC
- Safeguarding Leads
- Prison doctors
- Civilian medicals officers
- Ultrasound
- O+G
- CCG GPs
- OOH doctors
- GP's working in Community Hubs
- Appraisers
- Macmillan GP's
- Forensic GPs

- GP working in Homeless shelters
- DWP advisors
- Hypnotherapy
- Acupuncture
- Vasectomy/Minor Surgery GP's
- Endoscopists
- Expedition doctors
- Sports doctors
- Pharmacists
- Midwife
- Health visitor
- Paramedics
- Nurse practitioner clinics
- Home visits
- Anticoag clinics
- Palliative Care/ Hospice
- Physio Single Point of Access team
- Social Worker going on home visits
- Community diabetes clinic
- Teenage drop-in clinic (contraception and GUM)
- Heart failure clinic
- Older persons team
- OT/physio, district nurse
- Knee pain run by physios
- Respiratory ANP for COPD
- Proactive nurses
- A clinic with Old Persons Mental Health.

SBAR/ISSBAR

Students should be encouraged to think about their presentation of their cases, both to yourselves as supervisors, documentation in electronic patient records and what this looks like for patients that can also access their patient records. SBAR/ISSBAR is a standard approach that we highly encourage and are sharing the medical School councils resources with you on this to be able to further support our students.

The Do's and Don'ts Guide to writing in the GP electronic patient record (EPR) for medical students- 2023

UKCCC Produced by the **UKCCC** UK Council for Clinical Communication Version 2 (2023)

Electronic Patient Records (EPR) are not only for documentation of clinical consultations, but also for interprofessional communication between clinical and administrative staff involved in the patient's care and are available for patients to read[1]. This requires us to view what and how we write when documenting a consultation from a different frame of reference and should lead to a more person-centred approach with shared decision making. Another important consideration is the role of the EPR as a medico-legal document[2].

This guide provides a framework of key points to consider before, during and after the consultation, and should be used alongside the Information Technology (IT) policies of the placement.

Before the Consultation

- Consider you are about to **enter information into a clinical as well as legal document** which may be **visible to the patient** as well as the clinical and administrative team.
- **Check the records for background information** that is available to anyone looking at the notes. The problem list, medication list and allergies does not need to be re-written in your notes except for changes you may agree to with your patient and supervisor.
- Check if **any information has been redacted and why.**
- Look at the **last three consultations as a minimum.** This helps you to understand the context and shows the patient you are prepared for the consultation – they will expect you to have some background knowledge.

During the Consultation

When writing into the EPR, you need to document the consultation accurately. Remember if the notes are ever used for legal purposes *"if you do not write it, it did not happen"*. Your memory of events is not good enough.

- Your entry must be **identifiable** and **contemporaneous** (written either during or immediately after the consultation)[2]
- Your **entry** must be
  - **succinct** and **safe**, with a focus on **relevant positives** and **negatives.**
  - clearly documenting **presence and absence of red flags.**
  - **fit for purpose, complete and accurate**[4].
  - **avoiding duplication** of previous entries (including background information already on the system).
- **Medical terminology** can be used in the interest of
  - **Accuracy**, utilising the **unambiguity** of medical terminology.
  - **Succinctness**, removing the need for lengthy definitions.
  - **Enabling auditing**, monitoring and algorithmic checking if **Read-coded** (Quality & Outcomes Framework (QOF), eclipse, risk calculators, prescribing warnings).
  - **Guiding clinical reasoning** as terminology triggers pattern recognition.
- If you are using medical terminology, you should briefly/in brackets **explain the terms** to **aid readers to understand**[5]. You can also share and explain the entry with your patient if you are writing during the consultation. This can improve your patient's health literacy.
- **Avoid abbreviations** unless explained: *'shortness of breath (SOB)'*[3,5].
- Your entry should **reflect the content** spoken about, **including the patient's perspective**, and should contain **no surprises** for the patient. Write using the patient's preferred name rather than 'the patient' or 'pt'.
- Must be **checked for spelling and punctuation**, as mistakes can inadvertently alter the meaning as well as giving the impression of carelessness or being rushed.
- **Avoid judgemental personal descriptors,** instead state **facts or signpost perception** (e.g. *'BMI 41'* rather than 'grossly obese', 'declined' rather than 'refused')[3].
- Should **communicate thinking** or **clinical reasoning**, and **document shared decision making**
- **Document the management plan** (as agreed with your supervisor) and **safety netting.** Clearly state what the next steps are[3].
- **Check with your supervisor** the correctness of your entry.

The suggested format for your entry is **ISBAAR**

Identification	Clearly state • your **name**, **role**, **year of study** • **name of supervisor** • name of **any other person present** in the room. Confirm you have checked the patient's identity
Situation	Document • the **relevant history, signs, and symptoms** • with a clear explanation of the **timeline**. Include **relevant positives and negatives.**
Background	Document the **relevant context** without duplicating information already previously documented but signposting to it if relevant (*e.g., 'see discharge letter' or 'titration of medication as per Dr XYZ on dd/mm/yy'*)
Assessment	Document (read-coded) • **clinical examination findings** • **results** and investigations
Analysis	Explain your **clinical reasoning** and **list of differential diagnosis** (with likelihoods). Document what you have said to the patient or what kind of written **information you have provided for the patient**
Recommendation	Outline the **recommended plan** in terms of • suggested **investigations** • **treatment** • **review/follow up** Document what you have **discussed with your supervisor**. Clearly explain the **next steps** • **for you** (*e.g., order tests, arrange Electrocardiograph (ECG) etc*) • **for the team** (*e.g., book follow up/asthma check*) • **for the patient** (*e.g., check BP/ blood sugar at home*) Document the explained **safety netting with clear instructions and timelines**

The process of writing the notes will be slightly different for everyone but remember the computer is like the third person in the room. Always signpost to the patient when you are going to turn away to type something up.

After the Consultation

You may wish the patient to then read what you have written (or read out to them) to ensure you have captured things correctly and can then clarify any areas that are not clear. This is like/instead of your summarising to check for correctness and completeness.

Always ask your supervisor to check your entry and countersign with an agreement that your record is an accurate account. They may wish to add some further comments, and these will be invaluable to your reflection and learning.

Document the patient's concerns, your joint thoughts about differentials and shared decision making re next steps in full. Many students worry about this step, in case they are wrong, but you can always put "DR X will clarify whether our thoughts are correct when they come in".

Additional Comments

The IT training at the start of your placement will help you familiarise yourself with the EPR and the organisation's policies around the patient record system, including issues around redacting information and information hidden from public view in the patient's interest.

Please ensure that you are clear about where and how to input information, specifically about the read codes used, as they enable searches for audits, risk tools, Quality and Outcomes Framework (QOF), background safety checks for prescribing and monitoring etc.

References:

1. Fontefract, S.K., Wilson, K. (2010). Using electronic patient records: defining learning outcomes for undergraduate education. BMC Med Educ 10, 30.
2. Blease C, Cohen IG, Hoffman S. (2022). Sharing clinical notes: potential medical-legal benefits and risks. JAMA; 327:717-8. doi:10.1001/jama.2021.23179
3. MDU. (2023). "Effective record-keeping". https://www.themdu.com/guidance-and-advice/guides/effective-record-keeping
4. Care Quality Commission (CQC). (2022) Health and Social Care Act 2008. Regulation 17. https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance#full-regulation
5. The Academy of Medical Royal Colleges. (2018). "Please, write to me: Writing outpatient clinic letters to patients".

Tabulated Outline of the PC Placement in the New Curriculum 2024-25

Plan by week
Southampton: Each week is full time 10 sessions. Within the placement we would like them to experience 3 half day additional community experiences if possible. The student may ask for 1 session of CPD time per week which is left up to the individual teachers to agree to. You may need to adapt the model below to suit your availability and local resources but for example
Week 1 10 sessions, potentially 1 community experience and 1 session CPD
Week 2 10 sessions, potentially 1 community experience and 1 session CPD
Week 3 10 sessions, potentially 1 community experience and 1 session CPD

Student Learning Logbook	The student reflective logbook is being adapted to be more engaging and the students will be expected to spend their half day CPD time completing this. There will be some tasks involved that the student may seek your help with e.g., writing a sample referral letter on a patient they have seen. The GP teacher will be required to sign to say they feel this has been satisfactory engagement the logbook, but we are not asking for any specific assessment of the logbook itself.

3 ACC assessments	Three will be required in the 3-week PC module and all three cannot be done by the same doctor. Two assessors are the minimum allowed. The guidance on regulations for conducting them are contained in the 'How to conduct an ACC: An Examiners Survival Guide'. A failure in any ACC simply means that the students may fail to gain exemption from taking the ACC component at Finals and may be required to undertake the ACC assessment again as part of their finals examination. The ACC assessments cannot all be done by the same GP.

Additional Community Experiences We would appreciate if you could arrange or signpost the student to arrange the following additional community experiences	
1 session to visit local pharmacy. Some suggested learning outcomes will be provided in the student logbook for this	We would ask the Primary care to help facilitate this locally for the student at a time that is convenient. We will provide an email/letter of introduction to the pharmacy explaining the purpose of the session.

1 session to shadow a portfolio GP or GP with a special interest and /or	These sessions outside the practice will likely need to be arranged in good time prior to the start of the placement in order to allow the practice time to incorporate them into the schedule. No formal teaching is required at these sessions only an opportunity to meet and shadow the practitioner/clinic. The aim behind this is to broaden the students view of the diverse range of skills, opportunities and flexible working patterns that are available for GPs outside the traditional GP surgery setting
1 session to visit a local community service of their choice.	

Aims and Learning Outcomes BM5 Year 5

On successful completion of the module the student will be able to:

LO1. *Continue to develop clinical skills within the primary care context*

LO2. *Increase understanding of the patient care pathway*

LO3. *Integrate and apply knowledge and skills of other disciplines effectively in the primary care setting*

LO4. *Have the opportunity to demonstrate the ability to devise a management plan which ensures that a patient's needs and safety are paramount*

LO5. *Encourage reflection on the role of primary care within the health care system*

LO6. *Develop and understand the application of critical appraisal skills to clinical practice*

LO7. *Diagnose and manage common clinical conditions, acute and chronic, that present in Primary Care*

LO8. *Know how to prescribe commonly used drugs safely, effectively and economically*

LO9. *Understand the concepts of primary, secondary and tertiary disease prevention and be able to advise patients regarding health promotion where appropriate in Primary Care consultations*

LO10. *Apply scientific method and approaches to medical research*

LO11. *Apply knowledge of symptoms and signs to help differentiate minor illness from serious pathology*

LO12. *Use hypothesis testing to make a clinical diagnosis and suggest appropriate management*

LO13. *Appreciate the difficulty in management of cases where uncertainty of*

diagnosis, resources or concordance exists

LO14. *Acknowledge, understand and work with patients' feelings, expectations and concerns and use these skills to involve them in decisions related to their care*

LO15. *Record clinical encounters clearly, accurately and concisely*

LO16. *Communicate effectively and sensitively, in a variety of clinical situations with a patient and their family regardless of their age, abilities, social, cultural and ethnic backgrounds*

LO17. *Demonstrate respect for patients, carers and other health care workers, regardless of race, culture, status or disability*

LO18. *Demonstrate a holistic approach to dealing with patients*

LO19. *Identify and explore the ethical and legal issues arising from health care encounters in General Practice*

LO20. *Appreciate the use of referral pathways and resources available for management of patients in the community*

LO21. *Demonstrate collaborative inter-professional team working within primary care and the wider health and social care community*

LO22. *Take responsibility for self -directed learning. Use the logbook as a structure to ensure that you achieve all the aims and learning outcomes*

LO23. *Take responsibility for your own learning and your continuing professional development*

Assessments for BM5 Year 5

The End of Placement Student Assessment: Grades for the PC are as for all the Faculty clinical placements:

- Excellent
- Clear Pass
- Borderline Pass
- Fail

- Evaluation is the responsibility of the GP teacher responsible for the placement (in consultation with other members of the team who have been involved with the student).
- Evaluation is recorded using an electronic EoPE on RISR – these forms vary according to the PC placement but invite the GP teacher to make comments on various aspects of the student's performance and, in some cases, designate an overall grade. The grade descriptors are available in this handbook.
- The assessment form is designed to facilitate discussion between the GP teacher and the student on their performance in relation to the learning outcomes. In this way it is hoped that constructive feedback may be given and that the assessment is both summative and formative.
- A **fail grade** will lead to a Referral Placement in PC.
- A **borderline pass** may help us flag up potential concerns. Year coordinators will review students who carry more than one of these in each year to identify potential problems or areas of required support.
- All students will be required to do 3 ACC assessments in PC in accordance with the University regulations "Conducting an ACC: An Examiners Survival guide". This is available at the end of the Handbook. Success in the ACC's may exempt a student taking ACCs in PC at Finals. Failure will mean they have a further opportunity to do these again in their Final exams
- The assessment forms concentrate on the expected student learning outcomes of the module.

There are set criteria to guide you with the student assessment. The criteria for each grade are given below to help you with the evaluation. We do strongly encourage you to discuss your assessment with the student. The feedback they get is much more useful in terms of their learning than the grade. We suggest it is also a good idea to provide feedback to your student throughout the placement and that an **interim review of progress** may be very helpful.

Lastly, **don't be afraid to fail a student or to give a borderline pass grades**. We hope you would contact us early on in a placement with particular concerns and or that interim feedback may have addressed these before you grade the placement at the end. However, their allocated grade should reflect your honest assessment of their performance; a poorly performing student is best flagged up earlier rather than later in their course or career so that any additional learning or personal support may be provided. You will not be doing your student a favour in the long run by allocating an inflated grade to be nice.

Year 5 End of Placement Form

MEDI 6115

PMC - Year 5 End of Placement Assessment Form

At the end of each placement, students should ensure that all details have been completed and should return the original form to the Placements Team at Highfield Campus. **Please read the Notes for Guidance (Overleaf)**

Please complete the questions using a cross: [X] **Use black ink and CAPITAL LETTERS**

Student to complete:

Centre: Basingstoke ☐ Bournemouth ☐ Chichester ☐ Dorchester ☐ Frimley ☐ Guildford ☐
Isle of Wight ☐ Jersey ☐ KSM ☐ Lymington ☐ Poole ☐ Portsmouth ☐
Salisbury ☐ Southampton ☐ Wexham ☐ Winchester ☐ Other: _____

Student Surname:

Forenames:

Student Number:

Date: From ☐☐ / ☐☐ / ☐☐ to ☐☐ / ☐☐ / ☐☐

i.e 03 / 07 / 17 to 08 / 09 / 17

PLEASE UPLOAD THIS FORM TO EFOLIO AND KEEP A CLEAR COPY FOR YOUR RECORDS.
THIS FORM MUST BE RETURNED TO THE CENTRE ADMINISTRATOR

Examiner to complete:

	Excellent	Clear pass	Borderline pass	Fail
Diagnosis of common clinical conditions, acute and chronic in primary care	☐	☐	☐	☐
Development of a management plan using resources and referral pathways appropriately	☐	☐	☐	☐
Working holistically, taking account of the whole clinical situation, the patients' needs and families' issues	☐	☐	☐	☐
Organising their consultations efficiently	☐	☐	☐	☐
Interest in ongoing learning using evidence based techniques	☐	☐	☐	☐
Satisfactory engagement with learning logbook	☐	☐	☐	☐
Behaving professionally and appropriately with patients and staff	☐	☐	☐	☐
Attending regularly, promptly and was well-presented	☐	☐	☐	☐
Showing evidence of team-working skills	☐	☐	☐	☐
Overall Placement Grade	☐	☐	☐	☐

Satisfactory engagement with additional community experiences?

What learning needs/further development do you feel the student may have?

Do you have any significant concerns about this student? (If yes please comment)

CONTINUE OVERLEAF

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Any other comments on the placement/supplementary information to support the grade?

Must be completed if student has achieved an overall placement grade of "Fail"

Are there ways in which the Practice could improve this placement?

Has the Faculty of Medicine supported you adequately in your teaching needs? If not, please suggest what is needed:

This assessment should be discussed with the student. Have you done so?

☐ Yes ☐ No If "No" please indicate why: _____

Examiner GMC/NMC/BAN No.:

Examiner Name:

I have read the "Notes for Guidance" (please tick) ☐

Examiner Signature: _____ **Date:** D D / M M / Y Y

For office use only Date received: Checked: Seen by Year 5 Lead:

Notes for guidance

Student:

You should complete the details at the top of the form (your name, dates of placement and centre) and when you start the placement the course coordinator/your GP teacher will inform you who this should be given to. As soon as each placement is finished, the completed form should be returned to your local speciality administrator to finalise your grade. The result will be sent back to the Faculty of Medicine Office on your behalf. Please take a copy of the form for your personal records. Under certain circumstances the contents of the form may be shared with the Pastoral Care tutor when received by the Faculty Office.

Assessor:

The form overleaf refers to the student's overall performance and grades should be given on the basis of observation throughout the placement. The grades are as follows: Excellent, Clear pass, Borderline pass, Fail

Grade Descriptors have been issued in your GP packs/Handbooks to assist you in grading.Students graded as fail will be required to undertake additional activities.

A student should normally only be absent with the knowledge and consent of their GP teacher and course coordinators. Unsatisfactory attendance should result in a "fail" grade being awarded. Please provide further comments.

A 'Borderline pass' grade should be considered for a student for whom there are concerns about performance with regard to either observed history taking or physical examination or both but where the performance is not sufficiently poor to warrant a fail grade. These students need specific feedback about the areas of weakness that they need to work on. If a student repeatedly achieves a "borderline pass" grade, the student will be identified as potentially needing extra input and support. This grade has been introduced to identify the struggling rather than the failing student earlier in the year.

Students should be given the opportunity to discuss the assessment form with the relevant GP teacher. When there is more than one GP involved in teaching a student, the GP teacher is asked to complete the form after discussion with his/her colleagues and the student.

Grade Descriptors Year 5 Assessment

MEDI 6115

Notes for guidance

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Students should be given the opportunity to discuss the assessment form with the relevant GP teacher. When there is more than one GP involved in teaching a student, the GP teacher is asked to complete the form after discussion with his/her colleagues and the student.

Guidance for Marking Year 5 Students

Grade	Excellent	Clear pass	Borderline pass	Fail
1. Diagnosis of Common Clinical Conditions , acute and chronic in Primary care Encompasses History Taking Communication , Examination skills and Presentation skills	Communicates well with patients and staff	Comfortable communicating with patients and staff	Able to communicate satisfactorily but at times lacks confidence and focus	Struggles to communicate effectively with patients and/or staff or talks to patients and/or staff at times inappropriately
	In a consultation exhibits active listening and shows empathy being sensitive and reflexive to a patients ideas, concerns and expectations throughout the interaction.	Able to exhibit active listening skills and sensitivity to patients ideas, concerns and expectations are given appropriate attention alongside a medical model of history taking.	Able to exhibit active listening skills and empathy but at times loses focus and reverts to solely medical model giving minimal attention to patients ideas, concerns and expectations	Unable to demonstrate adequate active listening skills or show empathy and fails to identify patients ideas, concerns and expectations often following a solely medical model of communication.
	Uses open and closed questions appropriately and fluently and seems aware of verbal and non verbal cues	Able to use open and closed questions and be sensitive to verbal and non verbal cues if not fluently at least in the majority of consultations	Able to use open and closed questions and recognise verbal and non verbal cues in a reasonable number of consultations although at times may struggle with fluency and skill in this area	Uses a tick box style interrogation history. Poor communication skills, poor eye contact or rapport with patient. Lacks profidiency in the use of open and closed questions and unable to identify verbal and non verbal cues in all but occasional consultations
	Able to take a focused history and use it to include or exclude common diagnoses with confidence and fluency	Able to take a focused history and use it to include and exclude common diagnosis but may on occasion lack confidence and fluency	Covers most things in history but lacks focus and may struggle at times with fluency, confidence and synthesis of data but able to reach a conclusion that includes and excludes common diagnosis	History taking is inadequate to include or exclude common diagnosis. It may lack breadth and or depth of enquiry or synthesis of data may be deficient.
	Able to use full range of red flag questioning when required	Able to use good range of red flag questioning when required	Use of red flag questioning though not fluent is sufficient and appropriate to exclude significant conditions when required	Does not demonstrate awareness or use of red flag questioning when required or uses inappropriately
	Examines confidently, appropriately and competently with a flair and fluency that aids patients experience	Examination skills are good and appropriate and confidence level is satisfactory although fluency may be lacking	Can examine adequately but may lack confidence or needs encouragement at times	Examines inappropriately: May be deficient, excessive or incorrect technically. May lack respect for patient or causes patient discomfort
	Presents clearly and in organised way including important negatives and is able to do so with an eloquence and fluency that adds comprehensibility	Presents clearly and comprehensively including important negatives but may lack at times confidence and fluency	Able to present relevant information including important negatives but may be hampered at times by lack of confidence, fluency and organisation	Presentation is disorganised, lacking fluency and/or coherence. Lack of confidence at a level to impede transfer of information
2.Development of a management plan using resources and referral pathways appropriately	Able to suggest appropriate investigations and also when none are needed	Can suggest appropriate investigations but may lack confidence in some areas	With encouragement can suggest some appropriate investigations.	Unable to suggest any investigations or investigation strategy inappropriate or excessive
	Able to offer clear and comprehensible explanations to patients	Able to explain diagnoses/plan to patient although at times may struggle to do with confidence	Attempts to offer patients explanations although at times may be unclear	Explanation to patients either absent, cursory or incomprehensible
	Management plans excellent and appropriate to clinical scenario	Management plans good and reasonable/ appropriate for clinical situation	Management plans reasonable/fair though may lack specificity for particular clinical scenario	Management plans either poor or absent being either inappropriate or excessive
	Demonstrates excellent awareness of patient's needs and expectations	Demonstrates good awareness of patient's needs and expectations	Demonstrates some awareness of patient's needs and expectations	Demonstrates no or poor awareness of patient's needs and expectations
	Able to share uncertainties with the patients and involve them in decision making	Seeks to involve patients in decision making although may at times fail to fully empower them	Attempts at sharing decision making with patient reasonable but may struggle to share uncertainty fully	No attempt at shared decision making with patient and /or unable to share any degree of uncertainty
	Demonstrates awareness of potential benefits of watching and waiting	Recognises Time as as tool but shows some uncertainity with its use	Uncomfortable/ with the use of time as a tool	Unaware of or unable to use time as a tool

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3. Working Holistically	Demonstrates excellent awareness holistic care considering not only the clinical situation but its integration with the patients' needs and family issues	Demonstrates a good awareness of holistic care considering how the clinical situation impacts the patients' needs and family issues	Demonstrates some awareness of holistic care and how the clinical situation impacts the patients' needs and family issues	Unable to demonstrate a satisfactory awareness of holistic care considering how a clinical scenario may impact on patients' needs and family issues
4. Organising Consultations Efficiently	High level of proficiency in organising consultations and all patient related activity	Proficiency good at organising patient consultations and patient related activity	Reasonable profidency at organising patient consultations and patient related activity	Disorganised in organising patient consultations and patient related activity
5.Showing an interest in ongoing learning, using evidence based techniques	Demonstrates a questioning and reflective approach to learning.	Professional attitude and appears keen to learn	Attitude to learning at times appears to lack motivation but overall is satisfactory	Poor or casual attitude to self directed learning and unable to demonstrate efforts to improve knowledge /clinical skills
	Proactive, enthusiastic and effective approach to acquiring knowledge.	Shows enthusiasm in wanting to learn and widen knowledge with good demonstration of effectiveness	Demonstrates willingness and motivation for learning but at times may lack full engagement or appropriate completion	Little demonstration of willingness or motivation for learning and little evidence of completion
	Demonstrates high levels of enthusiasm and ability for self-directed learning, questioning and reflection	Able to self- direct learning well with some evidence of questioning and reflective approaches	With some direction shows evidence of learning but reflective questioning approach may at times be lacking	No or minimal engagement with self directed learning or critical reflection
6. Satisfactory Engagement with logbook	A diverse range of clinical experience and cases seen	Good evidence of clinical experience and cases seen	A disjointed or incomplete logbook but with at least 50% completion	Poor logbook either sparse or less than 50% complete
	Clear and extensive evidence of reflection on learning outcomes from cases documented	Good if not extensive reflection on learning outcomes from cases documented	Some reflection on learning outcomes from cases documented	Little or no evidence of reflection on learning from cases documented
	Clear and expansive evidence of application of independent and critical thought	Good if not expansive evidence of application of independent and critical thought	Some evidence of application of independent and critical thought	Little or no evidence of application of independent and critical thought
7.Behaving professionally and appropriately with patients and staff	Highly professional and respectful attitude shown towards patients, peers and teachers	Professional and respectful attitude shown to patients, peers and teachers	Overall satisfactory professional and respectful attitude shown to patients, peers and teachers with perhaps an occasional deficiency noted	Attitude to patients, peers and teachers lacks level of professionalism and respect required of medical professional
	Excellent communication and engagement with group work, peers and teachers	Keen engagement and communication with peers, group work and teachers	Overall satisfactory communication with peers, teachers or group work but with occasional deficiency noted	Poor communication or lack of engagement with peers, teachers or group work
	Excellent demonstration of professional principles relating to probity and confidentially	Good demonstration of professional principles relating to probity and confidentially	Satisfactory demonstration of professional principles relating to probity and confidentially	Elicited concerns re professional principles relating to probity and confidentially
	Confident but with excellent awareness of own limitations and able to seek support as appropriate	Confident but with some hesitancy relating to awareness of own limitations	Lacking confidence in own ability but awareness of own limitations not excessively impeding practice	excessively under or over confident. Lacking insight into own limitations or unable to seek support when appropriate to a level that could cause concern re competence
8 Attending regularly, promptly and well presented	Good attendance, and punctuality interested, enthusiastic and exceeds expectations.	Good attendance and punctuality. Engaged and cooperative	Appears to lack some motivation. Attendance and punctuality satisfactory but could be improved on some occasions	Lacking in motivation and poor attendance and/or poor punctuality without good explanation
9.Showing evidence of team working skills	Demonstrates excellent engagement with other members of Primary Care team	Demonstrates good engagement with other members of Primary Care team	Demonstrates some effort to engage with other members of Primary Care team	Fails to demonstrate ability/willingness to work with other members of Primary Care team
Overall	Mainly Excellent and a few Clear Passes	Mainly Clear Passes occasional Borderline pass	Mainly Borderline passes – occasional Fail	Mainly Fails occasional borderline pass

How to Run a Successful Placement

We have some suggestions to help ensure your placements run smoothly:

Planning

- Students are asked to get in touch with the practice before they start but in reality, the majority do not. Teachers might find it helpful to e-mail or phone the student beforehand to confirm time, directions and discuss any particular learning needs the student wants to address (as you may need to make some allowance for this in the timetable).
- Put a notice in reception and on your website to inform patients of the presence of the student within the surgery.
- Talk or email other members of the team to see who is available and willing to work with the student for some of the time to achieve defined outcomes.
- Modify surgeries – blanking off 1 in 3 or 4 appointments if the student is working with you or creating student surgeries of 20-minute appointments and time for the clinician to also see the patient.

Devise a timetable

Have a timetable planned for the student to include the following:

- An induction/introduction, see below
- Times for observation/shadowing GP teacher surgeries, yourself and other clinicians as suitable. Special clinics are also useful, maybe try to give the student an active part to play in a nurse led chronic disease clinic.
- Times to see patients alone in a separate room. Present the case to the teacher and suggest management and follow up.
- Times for observing the student consult and provide a management plan, plus time to give the student feedback on their performance.
- Allocate some longer appointment slots for ACC examinations and try to ensure not all 3 are done by the same clinician.

Induction

We would thoroughly recommend a brief induction programme, on their first day in the practice to help settle the student to the Practice. Students learn best when in an environment within which they are comfortable and some of these things may well reap benefits for you during the placement. An induction therefore might include:

- A tour of the surgery, with all the essentials such as coffee room, toilets and meeting the staff
- Time with the practice manager or administrator to familiarise themselves with the computer basics
- Asking your student to sign the practice confidentiality agreement and perhaps run through any relevant health and safety issues. Exchange practice telephone numbers/email addresses so they are aware of what to do in an event of absence.
- Information about where/what they may do in any spare time- where they may get lunch, any spare PC/ literature they can use, how to view your lab results or

patient notes etc.

- Discussion of the timetable, particularly what times you may expect them to start
- Students value some quiet space and internet access when not in supervised sessions as this is an opportunity for them to revise and learn about the conditions, they have seen with you
- Arrive or finish and any Out of Hours sessions you may have that you are happy for them to attend if wished.
- Discussion of any student learning needs previously identified.
- Discussions of expectations of them and sign a learning agreement (see example in resources).

Consent

You may wish to read "Policy on the rights of patients in medical education" located at the end of this handbook.

It is important that patients are given the opportunity to agree or refuse to see a student (or have them present). The formality of this process seems to vary a lot between practices. Please do think about how this can be achieved. Ideas include:

- Receptionist explains that a student is present, when the patient books in (this may need noting on the surgery booking system). They should tell the patient that they can inform their GP that they do not wish a student to be present if they wish.
- Give the patient an information sheet to read while they are waiting to be seen, if they decline to see the student, they are asked to hand the form back to reception. When the patient doesn't hold the sheet when called by the GP it's clear they have requested not to have a student present.
- Put a notice with a picture of the student in reception to inform patients of the presence of the student in the practice and state that if they do not wish to see the student, they can inform reception or the health professional.

There is an information sheet you may want to give out to patients or have on the wall in the surgery.

Content of sessions

The learning outcomes for the PC placements provide a framework within which you are able to plan the sessions. We hope these outcomes will help you to decide what to work on with your students. Please remind students to look at them too! Below are some ideas about different activities you may want to offer during sessions. They give the students variety, and some provide space for you while the student is doing something productive. In Year 5 what students appreciate most is opportunity to see patients either alone or observed with a chance to then present them to you. Finals in the new Curriculum is only a few months away for them and they are very keen to prepare for these and their forthcoming FY1 posts

Please try to ensure that students have time to reflect on what they have learned from each experience. Your support in this process of reflection and identification of

learning is invaluable.

- Time with other members of the practice team (other GPs PN, HV, midwives, DN CPN etc.)
- Observe normal consultations.
- Home visits.
- Parallel book a student surgery with slots left in the GP surgery to review and discuss.
- Time with related professionals- for example physiotherapists, chiropodists, pharmacists, funeral directors etc.
- Get the student to use the computer- filling in chronic disease templates or writing up the history or consultation for you.
- If the student has seen a patient who needs referring, get them to dictate or write an example referral letter.
- Keep a record (or get the student to) of the systems/problems that you have covered and fill in any gaps at the end, try to watch the student examine all the systems during the placement.
- Allocate 15 minutes at the end of a surgery to debrief/give a short tutorial on an interesting topic that has arisen.
- Keep a record of patients with interesting signs who might come in specially to be examined by students.
- Consider any interesting cases for a home visit which the student could attend, (with or without you), particularly if they need a long case or case study to prepare.
- When signing prescriptions why not quiz the students to identify ones they do not know and then can look up in the BNF. Or get the students to work out what is wrong with the patient by looking at the medication.
- Contact booked patients to ask if they will come in early to speak to the student.
- Get students to see extras first (before GP).
- Use a topic each week to base discussions on.
- Use extra set of headphones for triage work.
- If you or the student is not sure about something, get the student to do some research- in the practice library, online or at home and report back.
- Allow the student to view your lab results and consider any abnormalities and how they might deal with them
- Ask the students to write down a couple of learning points from the session and use them as a starting point for discussion.
- Attend a staff/practice meeting
- Attend TARGET events
- Attend Gold-standards framework meeting.
- Out of Hours sessions undertaken by doctors at the Practice may also provide a valuable and alternative learning experience.

Useful Learning from the Primary Health Care Team may include:

Admin team – summaries notes
Nursing staff

Nursing homes/ supported residential homes
Chronic disease management nurses
Health care assistants
Hospice
Practice midwife
Health visitors associated with the practice
Community matron
Community geriatricians
Community pharmacist
Podiatrists
Phlebotomist
District nurses
Community Psychiatric nurses
Community learning disability nurses
Community heart failure nurses
Community COPD nurses
COAST Community paediatric specialist nurses
Social workers
Safeguarding nurses
111 services
999 services
Walk in Centres
Flu clinic
Baby immunisations clinic
Funeral directors

Feedback and student reflection

Timely feedback given to students is one of the most powerful tools to help students learn. The basic rules for effective feedback can be summarised as:

- Intention to help and contribute towards development
- Comment on behaviour, not personality
- Be selective and specific
- Be honest
- Be respectful and sensitive

Try to give regular feedback so that there are no surprises at the end assessment.

Please give feedback and advice on the student's progress with respect to clinical performance, communication skills, ethics and professionalism. When planning your programme, you could allow time for an interim review of progress either using the student held portfolios and /or teacher's assessment and student evaluation forms.

There is a sample feedback form in this handbook which you can give to other team members to complete which may be helpful for your student evaluation and acts as an aide memoire for your colleagues about the impending session arranged with them!

Self-directed learning is strongly encouraged throughout the medical course, increasing as students move on through the years and into their professional lives. Please actively encourage the student to use cases seen and their logbook as an aid to personal reflective learning. You may help them to understand different ways of reflecting on work as a doctor and perhaps encourage them to develop these by sharing your methods of doing this, your PDP or appraisal forms.

A Guide to Giving Feedback

Start with the learner(s): Identify needs

Find out about

- past experiences and present knowledge relevant to your course/session
- expectations of you and the course or session
- perceived needs
- and how you can help the learner(s) to see the relevance of what you plan to teach

Help the students to understand the learning outcomes as specified in their handbook and to set realistic goals for themselves

- Discuss the set learning outcomes of the course and/or session with students
- Within these outcomes, help students to set individual goals as appropriate, ensuring that these goals are attainable and specific
- Refer to the outcomes for the session as it runs as well as at the beginning so that students are clear about what they are expected to learn from a given activity
- Ask students to note the extent to which the outcomes were achieved in their log/course notes/reflective diary/portfolio and to note how they will make good any omissions or areas you have not been able to cover

Use/devise appropriate tasks for the learners (this relates to the needs you have identified and to the learning outcomes)

- If tasks are too difficult, students may become discouraged or angry and opt out
- If tasks are too easy, students may become apathetic, uninterested and feel insulted
- Appropriate tasks provide a level of challenge that the students are able to meet by expending some effort. Appropriate tasks will often combine challenge with support from you and/or other students if you are working with a group.

Give feedback on observed behaviour

After the student has had a chance to say how she thought she got on with a particular activity (say, taking a history) try offering observational feedback. This can help students to gain understanding of their actions and to develop their ability to think critically about what they are doing rather than simply relying on our judgements.

An example of **observational feedback** and student responses:

"I noticed that you interrupted the patient when he started to talk about his sister'

The student might reply in a number of ways:

"Yes, I didn't mean to, I was just worried things were coming out in the wrong order".

Or:

"Yes, I felt it was really important that I understood the point he was making, so I needed to ask him that question".

Or:

"Did I? I didn't realise".

If we offer observational feedback and then wait for the student's response, we can encourage her to explore her actions and tell us what led to that behaviour. We are then in a good position to discuss this with her since we both have some shared insight into the reasons for her actions. If we jump in with a judgement that interrupting the patient was unhelpful, and convey this to the student, we may not find out why she interrupted, and the student may just conclude that interrupting patients is to be avoided. She will not have explored the reasons for her behaviour or been supported in making her own judgement as to whether this was a helpful or unhelpful action in this context.

Placement Evaluation by student

Students are sent and encouraged to complete an online evaluation form for the placement, the individualised results of which will be later forwarded to you. If you wish to obtain some feedback from your student directly, there is a sample form you may use included in your placement pack, or we are happy for you to use one of your own (we do not need to receive copies of these).

Students are also advised that they can also contact the Placement team or Module Lead if there are any other problems or issues, they wish to raise directly with us.

SBAR: Situation, **B**ackground, **A**ssessment**, R**ecommendation

The NHS is trying to get clinicians and therefore medical students to recognise how we communicate with patients and if there any ways to improve this. SBAR is an easy to remember mechanism you can use to frame communications or conversations. It is a structured way of communicating information that requires a response from the receiver.

Therefore we would encourage our students to look at the SBAR training guide here

https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/SBAR-Implementation-and-Training-Guide.pdf

Frequently Asked Questions

Administration/Paperwork

How do I contact a student prior to the start of the placement?
You will be sent a pack which will also be available on In-place well in advance of the start of the placement. This will include the student's name and email address. Most students regularly check their email and will respond quickly to you. If you do not manage to make contact, email placements who will contact the student on your behalf and ask them to get in touch with you. We are not able to give out mobile telephone numbers without the student's permission.

What do I do if events mean that I can no longer take a student?
If possible, ask if one of your colleagues would mind taking them. If this cannot be arranged please email fmed-placements@southampton.ac.uk as soon as possible and we will do our best to rearrange the placement.

How do I get paid?
When you return of the end of placement student evaluation (EoPE)form a payment will be dispatched. Payment is normally made directly to your Practice.

What do I do if the student unexpectedly does not turn up?
Please email fmed-placements@southampton.ac.uk. All absences must be accounted for.

What do I do if a student asks for a day off to attend a course/ interview?
The absence policy as appended at the end of the handbook which gives you discretion to allow up to two days leave for any cause that you feel appropriate. If unsure, then do contact placements who will advise

What if we have a CQC inspection and are put into Special Measures?
Please inform placements promptly if this were to occur. We seek to support practices in every way we can, and each case is considered on an individual basis

Practicalities of Teaching

Does it matter if I am not at the practice for some of the student's sessions?
No. If you are not going to be there just make sure the student has other activities arranged and the practice is still expecting them. It is good for them to have the opportunity to spend time with other members of the team. If you cannot arrange anything at the practice, give them something to go and look up, a patient to see in depth or an area to revise and then go through it next time you see them.

Can a student come on home visits with me?
Yes. We encourage the students to take every opportunity to see all aspects of General Practice during their placements and would consider home visiting an ideal way to experience this unique community-based aspect of primary care. We would advise that you ask the patients' prior permission to bring a student along and avoid situations where vulnerable patients may feel under pressure by the presence of a

student.

Does the student need to be chaperoned?
If you would use a chaperone for a clinical situation were the student not present, it makes sense that a chaperone should also be used for the same situation if a student is present. Situations involving (for example) patients with particular religious or cultural beliefs, patients requiring intimate examinations or patients with learning difficulties or known challenging behaviours may become additionally complex when a student is involved in the doctor-patient interaction. We would advise that if in doubt, err on the side of caution and use a chaperone.

Can the student take blood or perform other practical procedures?
Primary care often provides students with an excellent opportunity to be "hands-on", and most students relish the chance to be able to take blood, perform injections, and so on. If a situation presents itself where a student might (with appropriate supervision and with the patient's consent) be able to perform a practical procedure, then we would encourage this. They have an eFolio of practical procedures to complete before they can graduate

What do I do if patients do not want to see the student?
Inevitably there will be a few patients who do not want the student to be present for their consultations. If the patients are informed about the student when they book or turn up for their appointment and say that they would prefer not to see a student, the student can be sent out of the room with an alternative task to perform while the clinician sees the patient. Experience shows us that relatively few patients choose to avoid seeing a student, and in fact some seem actively to enjoy the experience.

Assessment and Feedback

I find it very difficult to assess students – what stage should they be at?
The stage the students are at will depend on when in the academic year they come to you. In the first placement in July, they may well have less confidence than those coming in December. Whether you think the student is poor or brilliant at the beginning you should be gently challenging them to move forward. We appreciate any free text comments on your assessment forms and take these into account.

How does the ACC work?
The ACC is used as an assessment tool used in all clinical placements. Further information is provided in the "Assessment" section of the handbook. There are regular staff development workshops specifically dedicated to this area, and if you would like to come to one of these events please contact Medicaleducation@soton.ac.uk. You can also do the MEDUSA module as described at the end of the handbook. The ACC MUST be done in accordance with the University Guidelines. If for any reason they do not comply with the guidelines, they will be voided and will need to be repeated.

How do I get feedback on how I am doing as a teacher?
You will be sent sample forms which you may use or modify as required for your own

requirements to use for student feedback. These may be retained by you for personal/ professional development etc. You will encourage and remind students to complete these for you before or at the end of the placement, perhaps giving them a few minutes alone to do this whilst you complete their evaluation form or even provide an SAE. Once they have left the surgery, they will be difficult to get back! You can also encourage them and/or give them an opportunity to give you verbal feedback perhaps when you go through their own evaluation form.
Students will be asked to complete an online survey to evaluate their whole year. We will email your individual results from this when available.

Concern about Students

What do I do with a student that is not rude but just generally disinterested?
Do not be disheartened. Try talking to the student about it early on in the placement and hopefully you can dispel some of their fears or misconceptions about primary care. Try and find out what does interest them and discuss the importance/relevance of primary care in this area. If you have concerns over their mental health or any other worries talk to the year lead.

What is my position if a patient makes a complaint against a student?
Please let the year lead know and we can discuss the best way forward within your practice complaints policy.

What do I do if a student is often late or absent without good reason?
Attendance at the PC placements is compulsory. If you have any concerns about a student's timekeeping or attendance, please inform the Year Coordinator as soon as possible. The University absence policy is attached at the end of the handbook.

Other Points

- **Name badges:** Students need to wear their name badges provided by the Faculty of Medicine so that patients may identify them.
- **Dress code:** this is provided by the Faculty of Medicine, and students will be aware that they should be dressed in a manner which reflects their professional status and is respectful towards patients on all clinical placements.
- **Indemnity:** Students are covered by the clinical negligence scheme and covered by the GP Teacher's medical insurance for activities they carry out with an appropriate level of supervision. It is suggested that you do inform you medical defence body that you teach students so that they have record of this. They should not carry out procedures, however, without appropriate supervision. Primary care professionals should take the following steps:
    - GP and Nurse supervisors/mentors acting as supervisors have been through appropriate training that meets regulatory, university and NHSE guidelines.
    - All clinical staff members of GP practices should be included in indemnity cover for their clinical work.

- GP practices should sign an honorary contract or service level agreement with the relevant university which will clarify the competences expected of students.
- Ideally GP practices will also have an honorary contract between the student and supervisor setting out the responsibilities of each party.

Resources

The following sheets can be printed out and photocopied to help you get the most out of your teaching.

Example of learning agreement

Surgery Logo and contact details

Student Name: ……
GP teacher Name: Dr ……

Brief outline of surgery:

Our practice is a small rural practice based in Southampton. It serves a population of 1500 patients. We have 4 full time equivalent GPs made up of Dr P – our senior partner, Dr Q who has an interest in Family planning, Dr R who is interested in mental health and Dr Y who has a wealth of experience in teaching. We have 1 practice nurse her speciality is asthma. Many of these patients are of an affluent background and therefore they have high expectations. Our challenges lie in providing primary care to our population and meeting demand and expectations

Expectations upon Dr:

- As a keen teacher of medical students, I aim to provide a friendly, relaxed environment to encourage your learning. However, you must bear in mind that my primary job is to service our patients.
- I am to provide you with insight into being a GP which isn't always about patient contact and it is important for you to consider this aspect whilst you are here and focusing on your clinical skills.
- I will endeavour to engage in discussions regarding learning needs on a regular basis so that we all know where we are heading.

Expectations upon you as the students:

- Either punctual attendance at the agreed time, or a well communicated reason for any absence or lateness (which also needs to be communicated to the placements team).
- Professional manner and attire whilst at the surgery.
- A knowledge of your learning objectives for the placement. Having read the logbook in advance and knowing the forms and assessments that need completing.
- To be pro-active in learning as an adult learner. I.e., if a patient is required for a case study; to actively seek this out or ask for help in identifying.
- To engage in discussions about any particular learning desires so that these can be taken into account over the duration of your placement.
- To actively provide feedback so that the placement can be improved to meet your learning needs.

Signed…… Dr
Signed …… Medical student

Feedback to Lead Teacher

Please fill in this form after your session with the student and return it to ……

Name of person completing form…….

Student name …….

Brief summary of what the student did in the session:

How would you rate them (5 = excellent, 1 =very poor) on:
If you feel unable to assess an area, please mark n/a

	5	4	3	2	1
Knowledge					
Communication skills					
Clinical skills					
Attitude & Professionalism					

Any area they did particularly well in? Any areas you feel they need to work on?

As part of your own professional development and to support appraisal, you may also wish to use our Teaching Reflective Worksheet provided.

Log of Student Placement

Initial of student(s):

Dates of placement:

Reflections on what went well and why

Reflections on any problems or concerns

Consent to See Medical Students

This practice is involved in teaching medical students from the University of Southampton.

Students learn a huge amount from talking to patients and thinking about diagnoses and management. You have a lot to teach them. The student may observe the consultation, lead the consultation while being observed by the clinician or talk to you alone and then present your story to the GP.

The students are bound by the same rules of confidentiality as all members of the practice and their code of conduct is set out clearly by the General Medical Council. The student will not be able to make any decision about your care independently. Your problem will always be reviewed by a qualified practitioner.

If you do not want a student present, please tell the receptionist or doctor, we completely respect this decision, and the doctor will be happy to see you alone.

If you are happy to let the student, be involved in the consultation, please let the doctor know.

Thank you for your cooperation.

The ACC Assessment

What is the ACC?

The ACC (Assessment of Clinical Competence) is a short, structured clinical assessment. Year 5 students are assessed on several occasions in all of their placements, with a different case and by a different examiner. It is recognised that this may not be feasible in Primary Care if you are the only GP in the surgery but ideally, we would ask that the ACC's are done by different GP's or as a minimum by at least two different GP's if at all possible, to improve the reliability for the students. The examiner observes the student carrying out a focussed history, examination, presentation of the patient's condition and a management plan, and rates the student's performance on a 6-point scale. At the end of the assessment the student is given feedback on their performance.

The ACC is therefore both a summative assessment (measuring ability and judging appropriateness for progression through the course) and a formative assessment (helping students learn from their experience). By providing constructive immediate feedback on strengths, areas for development and agreed action points it can be a strong learning tool.

Results contribute to the BM Final examination so, although ACC in a Primary Care setting may seem rather informal, they do need to be structured and well-organised. If a student's scores in a single domain or in a single speciality when averaged across multiple ACCs, are below expectations then they will be given a further fresh opportunity to pass this component as part of their finals exam. Students who on average meet expectations across both specialities and domains will be exempt from further reassessment. Students who do more ACCs as part of their final exams will do between 6 and 12 further ACCs at least 3 of which will be in their weakest or "below expectation" speciality.

The students will email the form to the assessor and this will be completed online through RISR an eportfolio software.

Below are some guidelines and rules for assessing students using ACCs in General Practice.

Before the Assessment

Planning when to do the ACC

We suggest you plan with your student which surgery sessions you are aiming to do the ACC in and pre-book some longer 30-minute slots in your surgeries to allow for these. A back up extra slot may be one idea or not doing both ACC on the last session of the placement may avoid the worry of a case which doesn't turn out to be suitable for use. It is advisable not to leave all 3 ACC to be done in a rush at the end of the

placement. This will be stressful for both you and the student.

The cases which seem to work the best are for new acute problems and you may need to consider booking these given slots as "book on the day" and explaining the sort of patient problems you may ask the receptionists to triage into them. Patients may also be advised at this point that the student is undergoing an assessment during their appointment but will also see you as well. Some clinicians use telephone triage to choose appropriate sounding patients for these slots.

Case selection

The idea of the assessment is to look at the student's overall clinical skills, so a case that will involve history taking, examination and management is ideal. We suggest that you allow 30 minutes for the assessment process, 20mins for the student to conduct the consultation and a further 10 minutes for your feedback and agreed action plan. The ideal case would allow assessment of all 7 competency domains on the Assessment form. Some cases, e.g., depression, will not require physical examination, so at least one of the ACCs must assess physical examination skills. It is wise to avoid very short problems such as a patient requesting a medical certificate or some investigation results, but for instance a routine BP check-up can be a good consultation to assess the student's risk assessment skills, a review of possible end-organ damage and how they provide health prevention and medication advice. Try to avoid (where possible) a case that is too difficult to complete in the time allotted.

Environment

Please ensure that you will not be interrupted during each assessment and arrange necessary furniture and equipment for examination prior to starting. You should observe the whole consultation.

The Patient and Timing

Tell your patient the sequence of events and gain their consent to be seen for the assessment. You will need to warn the patient that the student is being assessed but that once you have heard the student's diagnosis and management plan that you will deal with any outstanding issues. The observed process should take no longer than about 20 minutes and should be followed by giving immediate feedback to the student once the patient has left.

During the Assessment

Observing

Aim to observe your student's whole consultation including physical examination and discussing the student's diagnosis and management plan before managing the patient or giving feedback. You need to grade all seven areas of the consultation so it is a

good idea to make some notes as you go along so that the feedback can be accurate and focussed on what actually happened and not a general view of the student's performance during the whole placement. It can be good to note specific instances or even phrases used so that at the end your comments can be exactly what you observed and will help the student to understand where and how they could change to improve their skills.

Scoring

Please score each element of the ACC separately; even though there will be some overlap between categories. Please assign a score for every element where possible.

Please use the full range of the rating scale and you should compare the student's performance with that you would expect from a safe and competent doctor at the start of the Foundation Year. It thus follows that students tend to do better later in year 5 but will still have to do ACC in Finals if they are borderline at any stage of the year.

The rating scale

A description of the areas to be assessed in each element is listed on the ACC assessment form.

- **Above expectations score 5 or 6** should be awarded if the student has shown an outstanding or high standard in most items assessed in this element.
- **Meets expectations score 4/5** should be awarded if the student has performed satisfactorily in the majority of areas in the element.
- **Borderline score 3** should be given if the student is satisfactory in most areas but needs to improve in others to meet expectations.
- **Below expectations score 1 or 2** should be given if the performance was unsatisfactory in the majority of areas in the domain.

If the student demonstrates any of the following unsatisfactory traits:

- Inappropriate attitudes or behaviour
- A lack of awareness of his / her limitations
- A level of knowledge that could put patients at risk

Feedback

After you have completed your scoring, please provide feedback on the student's performance, using your notes. A good way to open this is to ask the student how they felt about their performance. Fill in the good points first and encourage your student with what went well. Identify areas for development and try to make practical suggestions (agreeing an action plan for improvement if needed) about how this could be done. Ensure that you have completed all parts of the form. More information on general tips for giving feedback is available in the appendix

Policy on the Rights of Patients in Medical Education

This document comprises two sections

- The rights of patients participating in education
- Guidance for students about escorting and chaperoning patients

3) The rights of patients participating in education

The following is adapted from "Closing the gap between professional teaching and practice" – Doyle L. *BMJ* 2001; 322:685-6 (24th March 2001). See the full text.

Care must be taken to obtain the consent of patients for participation in educational activities. Patients have a moral and legal right to exercise control over the circumstances in which they are physically touched and in which personal and clinical information about them is communicated to others.

Therefore:

- Education should not be demeaning for the patient or student; the patient is a partner in educational activity.

- Clinical teachers must ensure that patients understand that medical students are not qualified doctors and that cooperation in educational activities is entirely voluntary. Students should always be described as "medical students" or "student doctors" and not, e.g., as "young doctors", "my colleagues" or "assistants".

- Clinical teachers and students must obtain explicit verbal consent from patients before students take their case histories or physically examine them. Patients should be reminded of the purpose of any activity in which they participate with the students. They should understand that their participation is entirely voluntary, and resistance should be respected with reassurance; unwillingness to participate will not compromise care.

- Clinical teachers and students should never perform physical examinations or present cases that are potentially embarrassing for primarily education purposes without the patient's verbal consent, both for the physical examination itself and for the number of students present. Ask the patient if they would like a chaperone present for any physical examination; a chaperone should be present for intimate examination.

- Students should never perform any physical examination on patients under general anaesthetic without their prior written consent, which should be placed within the notes. Patients who are unconscious or incompetent for other reasons must only be involved in physical examination or practical procedures with the explicit agreement of their responsible clinician and after appropriate consent

(with children) of someone with parental responsibility or (with adults) after consultation with relatives/carers.

- Clinical teachers should obtain the explicit verbal consent of patients for students to participate in their treatment (suturing, taking blood, delivering babies etc). Where the procedure is normally written in the notes, the fact that such consent has been obtained should be recorded. Procedures that do not require supervision should only be undertaken if there is recorded evidence of competence.

- In conformity with the principles of the General Medical Council, students must respect the confidentiality of all information communicated by patients in the course of their treatment or participation in educational activity. Without prior authorisation no written information about patients by which they might be identified should be removed from the place of treatment. Students should respect the confidentiality of personal information to which they are given access, but which is not related to patients' condition or treatment. Patients should understand that students may thereby be obliged to inform a responsible clinician about information relevant to their clinical care.

- Clinical teachers are responsible for ensuring that the preceding guidelines are followed. If students are asked by anyone to do the contrary, they must politely refuse, making specific reference to these guidelines. Encouragement of students to ignore these guidelines is unacceptable, and if students feel unduly pressurised, they should report the incident to the appropriate Associate Clinical Sub-Dean.

Related information can be found on the Ethics and Law website.

4) Guidelines on the role of Medical Students in escorting or informally chaperoning service users

The legal and ethical requirements determined by legislation (for example the Mental Capacity Act and Fraser Guidelines) must be considered when students are escorting or informally chaperoning service users

Following the publication of the Clifford Ayling Report (2004), this paper provides guidance for medical student and their mentors or supervisors when considering the role of the student escorting or informally chaperoning a service user.

There are different interpretations of the terms "escort" and "chaperone". The student requires clarity from the mentor/supervisor about the role they are being asked to undertake; the student may be asked to "chaperone" a service user during a procedure or examination, usually of an intimate nature; or they may be asked to accompany a service user who is being transferred to another unit, department etc. Mentors/supervisors must be clear about the expectations of the medical student role.

Chaperone: Medical students may accompany a service user as an informal chaperone

(in the same way that a friend or relative might); the medical student is expected to understand the rationale for the therapeutic activity, procedure or examination, including risks. As an informal chaperone a student is able to:

- Provide emotional comfort and re-assurance to service users
- Assist a service user to dress and undress
- Help the service user understand what is happening to them.

It is not the role of an informal chaperone to assist in an examination or to provide protection to other HCPs against allegations of improper behaviour. This is the role of a formal chaperone who has received training from their employer that includes protection of vulnerable adults (POVA).

If the procedure or examination is primarily a learning experience the medical student may exhibit some behaviours of an informal chaperone BUT IT MUST BE CLEAR TO ALL in what capacity the student is expected to act, and an appropriate chaperone offered readily.

Transfer/Escort: Medical students may be asked to accompany a service user who is being transferred to another ward, department, hospital, residence or community activity. Local practice policies should determine the level of care required for service users, including during transfer.

A risk assessment should be made by the mentor/supervisor to determine:

- the complexity of the service user's needs
- the competency of the student
- the circumstances of the particular situation.

If the medical student is deemed to be competent to manage the care of the service user throughout the transfer, then they may accompany the service user as the escort.

Learning Experiences for Students: Medical students learn via observation of and participation in procedures. If a student is involved in a procedure as part of a learning experience, they may demonstrate some of the behaviours of an informal chaperone BUT IT MUST BE CLEAR TO ALL in what capacity the student is expected to act.

Students are likely to require a chaperone if they are involved in the performance of intimate procedures and should assess the situation with their mentor/supervisor and decide with them if the situation indicates that a chaperone (formal or otherwise) is required.

Reference: Committee of Inquiry. Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling. The Honourable Mrs Justice Pauffely. D.B.E. July 2004

Teaching Support and Development

We require that all Primary care teachers attend an initial new teachers' workshop, at least one other staff development event every 4 years and to have undertaken some training in Equality and Diversity.

The PC team has a Microsoft teams group for associated helpful teaching resources, ask any of the coordinators for details to share these folders with you. We are happy for teachers to upload any useful material to the relevant year group but not to remove or delete material, we will review all items annually.

In addition, a useful guidance is the GMC "Promoting Excellence: standards for medical education and training" which may be downloaded from their website.

PC Teaching Development Workshops

A number of workshops for Primary care teachers are organised each year. They can be course specific or topic based and aimed at either new or experienced teachers. Workshops are advertised on our website and emailed.

http://www.southampton.ac.uk/meded/staff_development/workshops_and_courses/gp_staff_development_courses.page?

If you have any ideas about particular issues that you would like to be included in a workshop, then please contact your year coordinator.

Workshops with other Primary care teachers provide a source of both ideas and support as well as information about the curriculum and strategies for helping students to learn.

Faculty of Medicine Online Teaching Development - MEDUSA

MEDUSA is an online staff development resource available to all those who teach students on the Bachelor of Medicine programmes at the University of Southampton.

The modules likely to be most useful for Primary care teachers are:

- Assessing the Assessment of Clinical Confidence (ACC)
- Giving constructive feedback
- The role of the OSCE examiner
- The new curriculum

All those engaged with student teaching are required now by the GMC to have some training in equality & diversity, this module may be used as evidence of this.

Please have a look at these modules, they are easy to complete and once finished you can download a record of your activity and certificate for PDP purposes. Record of completion of any module is held by the Medical Education Unit.

You will find these modules at: www.southampton.ac.uk/medusa.
You will need to use your NHS email to get a login and be sent a password.

A popular 4 day course "Teaching Tomorrow's Doctors" is open to all staff teaching Southampton medical undergraduates, further information can be obtained online at:
http://www.som.Southampton.ac.uk/research/medicaleducation/facilities/meded/development/courses.asp.

Every year the Association for the Study of Medical Education (ASME) offers conferences, courses and workshops, further details are available on their website www.asme.org.uk.

Course module leads are also available to offer individual support and answer specific queries. Do email us so we can help.

Resources for Further Learning

Primary care related resources (on student reading lists)

Books

Clinical Method: a General Practice approach 3rd ed. *Fraser RC. Editor Butterworth Heinemann 1999*
This book is a basic introduction to General Practice.

The Doctor's Communication Handbook 4th ed. *Peter Tate Radcliffe Medical Press 2003*
Although students are now taught communication skills as a separate part of the year 3 course, this book is a useful way of placing some of those skills into context in the general practice setting.

Kumar & Clark Clinical Medicine 6th ed. *Kumar PJ, Clark M. Editors Edinburgh: W B Saunders 2005*
We recommend students use a good general medical textbook; this seems to be their favourite (may be partly as available online)

Skills for communicating with patients 2nd edition. *Silverman, Kurtz and Draper Radcliffe Publishing 2005.*
This book provides much research evidence about the teaching of communication skills; and offers detailed guidance for students on building specific skills.

Oxford handbook of General Practice. *Simon C et al Oxford University Press 2002*

A textbook of General Practice 3rd edition. *Stephenson A. Editor Arnold 2011*
The book's learning style is based on experiential and reflective principles. It contains essential information for medical students in a well presented and readable format.

The inner consultation: how to develop an effective and intuitive consulting style. *Neighbour R Petroc Press 2005*
An easy-to-read book about the general practice consultation. Roger Neighbour gives an account of his preferred consultation model. He does however describe other models of consultation in a concise way.

General Practice: clinical cases uncovered. *Storr E. Chichester: Wiley-Blackwell; 2008*
With more than 30 cases presented in real life situations with questions for students to work through, this gives an excellent feel of what to expect and how to deal with a variety of problems seen in Primary Care.

Paper

Diagnosis in General Practice: Diagnostic strategies used in primary care C Heneghan, P Glasziou, M Thompson, P Rose, J Balla, D Lasserson, C Scott, R Perera BMJ 2009;338: b946 (Published)

http://www.bmj.com/content/vol338/issue7701/

Patient experiences
Healthtalk online (formally DiPEX) is a useful site for students to hear about patient experiences of various conditions and their feelings about what is important in their care.
http://www.healthtalkonline.org/

YouTube
YouTube has a lot of really good teaching material. From listening to heart murmurs, how to do the Epley Manoeuvre, to home nasal irrigation. It is medium many students are happy with and can be used really productively
http://youtube.com

Medical Education Resources

The GMC - Teaching tomorrow's doctors
This is the guidance by which all medical Faculties are led. It sets out the core values and competencies the GMC feels we should aim for.
http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp

GMC- Promoting Excellence: standards for medical education and training
www.gmc-uk.org/education/standards.asp.

ABC of Learning and Teaching in Medicine (ABC Series) Peter Cantillon (Editor), Linda Hutchinson (Editor), Diana Wood (Editor) BMJ publishing group 2003. New edition 2010
All the chapters in this book are also available free online through the BMJ website. They appeared between Jan & Apr 2003 (just put in ABC teaching and learning into the archive search and they appear)

BMJ articles

- Teaching when time is limited. *David Irby and LuAnne Wilkerson. BMJ 2008;336;384-387*
- Role modelling making the most of a powerful teaching strategy. *Sylvia Cruess, Richard Cruess and Yvonne Steinert. BMJ 2008;336; 718-721*
- The self critical doctor: helping students become more reflective. *Erik Driessen, Jan van Tartwijk and Tim Dornan. BMJ 2008;336;827-830*

These articles give plenty of food for thought. If you cannot access them, we can provide copies.

Teaching and learning communication skills in medicine *2nd edition Kurtz S., Silverman J, Draper J Abingdon Radcliffe Medical Press 2004*
This book considers the overall rationale for communication skills teaching in medicine. It provides research evidence for the approaches to teaching and learning and offers ideas for teachers and learners to use.

Understanding Medical education *Tim Swanwick Wiley-Blackwell 2010*
Covers evidence, theory and practice – an easy book to dip into.

Medical Education Websites

Association for the study of medical education (ASME)
http://www.asme.org.uk
Umbrella organisation for all levels of medical education

Association for Medical Education in Europe (AMEE)
www.amee.org

London Deanery
Although aimed at postgraduate education the deanery has a lot of really useful resources for understanding medical education and facilitating learning.
http://www.faculty.londondeanery.ac.uk/other-resources

Pastoral Care

Primary care teachers are often the only ones to have a close one to one teaching relationship with students. This and our caring natures mean that we are more likely to notice students who appear to be struggling for whatever reason. This may be academically, emotionally or because of illness. Such situations can be difficult to deal with because of worries over confidentiality, fear of making things worse for the student and not being sure whether 'hunches' are worth expressing.

The relevant module lead is always happy to help. You can email or phone them if you have any concerns. Please do not hesitate to contact us if you have any worries about students.

Each year has a designated senior (pastoral) tutor who the student can contact directly. You may also contact the tutor by email.

Wendy Lawrence (BM6 Year 0)
Email: wtl@mrc.soton.ac.uk

Zoe Sheppard, Luca Di Gregorio (BM5/BM6/BM(EU) Years 1 and 2))
Email: fmedst@soton.ac.uk

Jo Culpin (BM4 All Years, BM5 Years 3, 4 & 5)
Email: j.culpin@soton.ac.uk

Sian Brett (Disability)
Email: s.brett@soton.ac.uk

If the student clearly does not want you to tell anyone at the Faculty of Medicine about the issues and you feel this is reasonable the student can be encouraged to obtain help through student enabling services.
Telephone: 02380 597726
Email: enable@southampton.ac.uk
Web: http://www.southampton.ac.uk/studentservices

The Student Services Centre is a central point of contact for all student queries. A range of services are provided including counselling, support for those with learning difficulties, financial problems, mentoring and a whole lot of other specialist services. All these can be accessed through the link above.

Students with difficulties

- Additional support
- Adjusting to university life
- Concerned about friend
- Self-help or improving wellbeing
- Missing home

- Including specialist services: crisis support, disability, dyslexia, assessments and more.

Enabling Services drop-in
Monday to Friday 0800-1800, drop-in weekdays in term time: 1300-1500 building 37
Telephone: 0238097726
Email: enable@soton.ac.uk

Session content (information for students)

You will cover many different topics over this year. All of us bring different experiences with us, and we understand that any of the topics covered might be triggering or difficult for individuals. In most circumstances, we would still expect you to attend your small group GP teaching sessions on these topics. However, we encourage you to let the facilitator know in advance if you anticipate you might find the session difficult, if you think this would be helpful for you. If you have further questions about the content of a specific session or whether you should attend, please ask either the session facilitator or your GP lead in advance. Discussion within sessions may also bring up unexpected topics and we would encourage all small GP groups to consider when setting their ground rules how they want to signpost to each other that a conversation is difficult for one or more group members and how you want to respond to this as a group. For pastoral support, please do contact your Senior Tutor.

ARE YOU CONCERNED ABOUT A MEDICAL STUDENT?

Wellbeing, Fitness to Practise, Mental Health, Academic Progress

URGENT SERIOUS CONCERNS (CRISIS MANAGEMENT)

RISK TO PATIENTS OR SELF

REMOVE FROM WARDS
Email **ACSD** or **IAIN BEARDSELL** at UHS

REFER TO ED / GP / STUDENT HUB IF DANGER TO SELF

IN HOURS
Contact
SENIOR TUTOR
Or
STUDENT HUB

OUT OF HOURS
Contact
STUDENT HUB

SEE **KEY CONTACTS**

NON-URGENT CONCERNS

WELLBEING

HEALTH PHYSICAL OR MENTAL

FITNESS TO PRACTISE

Inform **SENIOR TUTOR**
Via the STUDENT OFFICE or email SENIOR TUTOR directly

Consider informing **MODULE LEAD, ACSD & PLACEMENTS** if absence required.

Consider contacting student's **PERSONAL ACADEMIC TUTOR (PAT)**

Encourage student to make an appointment with their **GP**

Consider **UNIVERSITY SUPPORT SERVICES – STUDENT HUB** especially if the student is not with you and you think they are at risk.

ACADEMIC PROGRESS

CONTACT **YEAR LEAD** or **ACSD**

BM6 YEAR 0: Caroline Childs
c.e.childs@soton.ac.uk

BM5/6/EU YEAR 1: Stuart Morton s.d.morton@soton.ac.uk
BM5/6/EU YEAR 2: Kirsten Poore
kpoore@soton.ac.uk

BM5/6/EU/IT YEAR 3: Zoe Sheppard
z.e.sheppard@soton.ac.uk
BM4/5/6/EU/IT YEAR 4: Helen Lotery Helen.Lotery@uhs.nhs.uk
BM4/5/6/EU/IT YEAR 5: June Abay June.abay@uhs.nhs.uk

BM4 YEAR 1: Bernadette Fernandez
B.Fernandez@soton.ac.uk
BM4 YEAR 2: Ben Chadwick
B.D.Chadwick@soton.ac.uk

If the student is not with you and you think they are a risk to themselves, you can contact STUDENT HUB (24/7 365-day service). Other useful contacts include the SAMARITANS via 116 123

SENIOR TUTORS

BM6 YEAR 0: Wendy Lawrence wtl@mrc.soton.ac.uk
BM5/BM6/BM(EU) YEARS 1 & 2: fmedst@soton.ac.uk
Zoe Sheppard, Polly Hardy-Johnson & Luca Di Gregorio
BM4 ALL YEARS, BM5 YEARS 3, 4 & 5: Jo Culpin j.culpin@soton.ac.uk
PGT/PGR (Fri Only): Lucy Dorey l.a.dorey@soton.ac.uk
DISABILITY: Sian Brett s.brett@soton.ac.uk

KEY CONTACTS: UoS SUPPORT SERVICES

STUDENT HUB: 023 8059 9599 / studenthub@soton.ac.uk

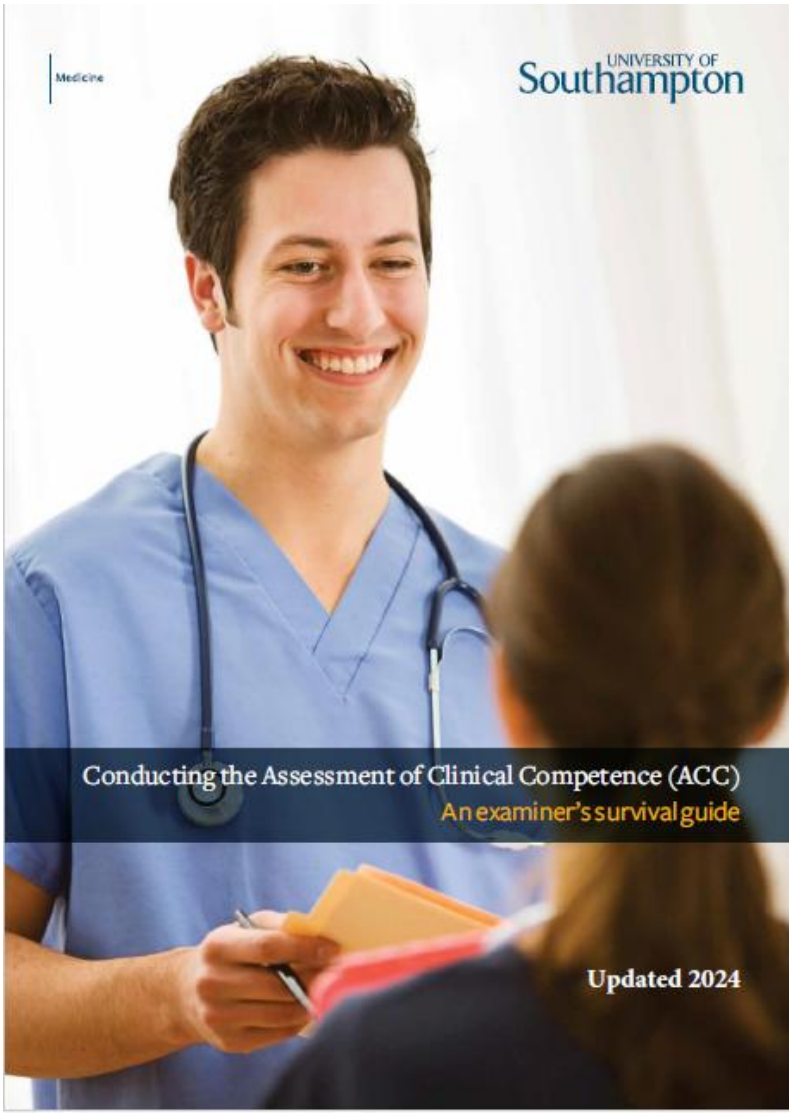
SENIOR TUTORS: fmedst@soton.ac.uk /
https://blackboard.soton.ac.uk/ultra/courses/_152405_1/cl/outline

STUDENT OFFICE: fmed-studentoffice@soton.ac.uk

PROGRAMME LEADS

BM4 Ben Chadwick
BM5 Deborah Rose
d.rose@soton.ac.uk
BM6 Caroline Childs
BM(EU) Clare Polack
c.polack@soton.ac.uk
BM(IT) Ruihua Hou
r.hou@soton.ac.uk

Conducting the ACC – an examiner's survival guide:



About this guide

This guide has been developed as a quick reference for clinical teachers on how to conduct an Assessment of Clinical Competence (ACC). It is intended to serve either as a brief introduction, or as a refresher for more experienced examiners. Please note that the GMC now require all examiners to be trained. Reading through this document may be considered as basic level training. However, for a fuller account of the guidelines on conducting an ACC we strongly encourage examiners to take the online module on the staff development portal, MEDUSA (www.southampton.ac.uk/medusa), where you can also practise rating students' performance and see feedback from experienced examiners. Examiners are required to declare on each ACC form, alongside their professional registration number, that they have read this guide or accessed further training (either the MEDUSA module or a workshop).

The ACC: summative measure, formative treasure

The ACC is a short, structured clinical assessment based upon and developed from the Mini Clinical Evaluation Exercise or mini-CEX. Fourth and Final year students are assessed on several occasions during the following modules: Medicine, Surgery, Psychiatry, Primary Medical Care, Obstetrics & Gynaecology, and Paediatrics (18 times in total), with a different case, and ideally a different examiner on each occasion. The examiner observes the student carrying out a focused history, examination, presentation of a patient's condition and a management plan, and rates the student's performance on a six-point scale. The student is then given feedback on their performance.

The ACC aims to provide a holistic assessment of the student's ability to efficiently and professionally assess a patient, using appropriate communication skill. The assessment should include the whole process from taking a focused history to an appropriate examination, and using this information to formulate a diagnosis and a suitable management plan. Therefore, it seeks to replicate as closely as possible the task of assessing the patient in the clinical setting that they will need to do after qualification. It differs from an OSCE station in that it assesses the complete task, rather than specific elements taken in isolation.

The ACC has been directly developed from and remains intentionally very similar to its postgraduate cousin, the mini-CEX, which is principally a formative assessment, i.e. its main function is to provide constructive feedback rather than monitor performance. However, the ACC includes a summative element since it also measures a student's ability and is used to make a judgment about whether they can progress in the programme. Therefore, ACCs must be conducted rigorously and reliably in all cases since they form part of the student's "finals examinations".

Appendices 1 and 2 show examples of assessment forms, with a brief description of each competency.

Appendix 3 gives specific guidance regarding the conduct of the ACC which must be followed.

'As learning tools they have been fantastic. As an actual occasion to get someone... to sit down and properly listen to you and give you genuinely informed feedback... it's some of the best teaching I've had on any of my attachments.'

Final year student

The ACC: step-by-step

Step 1: Preparation

Adequate preparation is vital. The examiner must choose an appropriate patient, and seek fully informed consent. A full explanation of the purpose of the exercise should be given, and the patient must be told what to expect. The student cannot choose either the patient, or the examiner. In the clinical area where the student will see the patient, disturbances should be anticipated and prevented as far as possible. A suitable location should be identified for discussing management and diagnosis, and giving the student feedback on their performance. This should be away from the clinical area, in a quiet and relaxed space.

Step 2: History and examination

The examiner introduces the student and patient, and reiterates to the patient that the student will ask some questions and perform a brief examination. The examiner should then instruct the student to spend around 15 minutes to take a history and perform a clinical examination, focusing on the patient's presenting problem. The examiner observes and assesses the student's performance on a number of defined competencies. These competencies are listed in an assessment form, which the examiner starts to fill in while observing the student.

Step 3: Management and diagnosis

The student presents their deductions regarding diagnosis, and proposes a management plan, away from the patient in a quieter, relaxed location. The examiner then scores the remaining competencies. It is essential that ALL the competency domains are given a score before moving onto the next step and that no negotiation over these scores is entered into with the student.

Usually 15 -20 minutes have elapsed by the end of Step 3.

Step 4: Feedback

The examiner gives the student constructive feedback on their performance. A good way to open the feedback session is to ask the student how they felt about their performance - what went well, and what could be improved. The examiner and student should end the feedback session by agreeing upon an action plan for making further improvement. Having done so, the examiner must complete the final sections of the form, sign the declaration, add their professional registration number (e.g. GMC/NMC/BAN) and then give all copies to the student to distribute as described on the front sheet. Usually 30 minutes have elapsed by the completion of feedback.

The competency domains

The six specialties are Medicine, Surgery, Obstetrics & Gynaecology, Child Health, Primary Medical Care and Psychiatry. Each assess the following domains (though in Psychiatry they are worded slightly differently):

- History Taking
- Physical Examination (Examination Skills)
- Communication (Communication Skills)
- Clinical Judgement (Decision Making Skills)
- Professionalism (Personal and Professional Behaviour)
- Organisation/Efficiency (Use of time)
- Overall achievement of task

It is essential that ALL domains are marked in EVERY assignment since leaving a domain blank will affect the overall reliability.

Completing the form - using the scale

Scores are awarded according to the extent to which the student "meets expectations." A student who "meets expectations" performs to a standard that the examiner, as an experienced professional, would expect of a safe and competent doctor at the start of their first postgraduate year of medical training, i.e. a safe, responsible, new F1 trainee on their first day in the job. The ratings we give students are anchored to that reference standard.

A rating of "Borderline" or "Below expectations" does NOT in itself represent a failed assessment: a student who fails on average to meet expectations within a single specialty across all domains or within a single domain across all specialties will need to be assessed on at least 6 (and up to 12) further ACCs during the final BM examination. The exact number they need to take in Final will depend upon the number of specialties or domains in which they fail to gain exemption. It is to be expected that most students will have some low ratings, as they do not consistently attain the target level of proficiency until the end of the Final Year.

It is particularly important that if a student displays any of the following traits, the rating must reflect this, and specific feedback should be given to the student:

- Inappropriate attitudes or behaviour
- A lack of awareness of his/her limitations
- A level of knowledge that could put patients at risk

Giving constructive feedback

The examiner should encourage the student to take responsibility for managing their learning, reflecting on their performance and how it could be improved. We now know that humiliating or belittling feedback is counter-productive.

Please do:

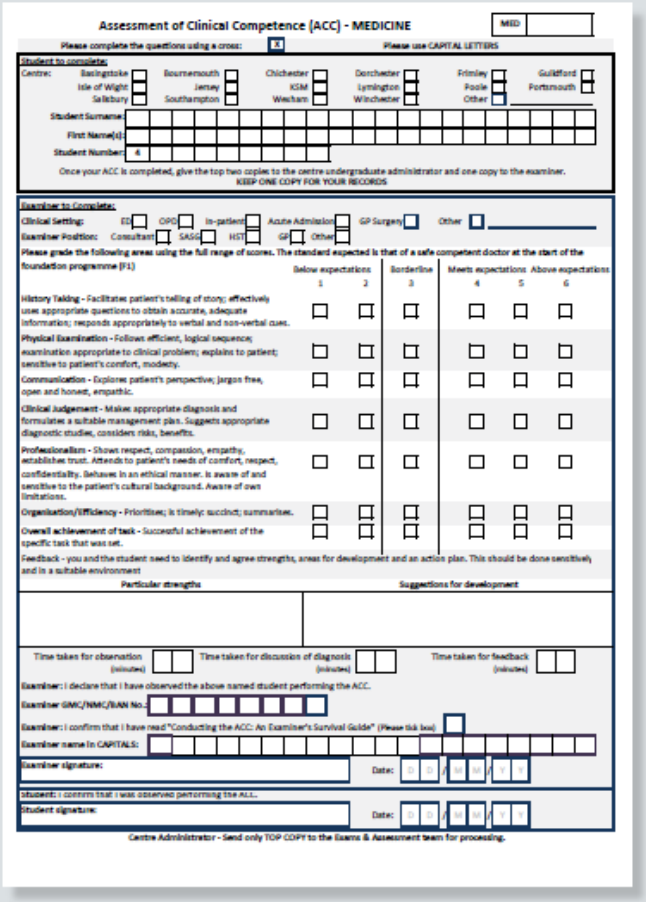
1. Start by asking the learner for self-assessment: "What went well? What could be improved? How did you feel about your performance?" You will then be able to gauge the student's insight.
2. Use a collaborative tone, and open questions.
3. Highlight good and poor areas, giving reasons.
4. Be clear and direct rather than making vague comments. Students appreciate this approach if carried out with sensitivity and respect.
5. Offer specific observations that the student will be able to act upon.
6. Check out feelings. Make sure the student doesn't go away with emotional barriers to change.
7. Review understanding. Make sure the student doesn't go away with misconceptions.
8. Negotiate a realistic improvement plan.

Please avoid:

1. Sandwiching negative comments between positives. Students often miss the positive comment, because they are anticipating the inevitable negative.
2. Giving feedback at a later time. Learning happens most effectively when the experience is fresh in the mind.
3. Using this opportunity to mention all mistakes. The most important problems should be highlighted, but unnecessary pickiness will serve only to demoralise the student.
4. Adopting an inappropriately cheerful, optimistic manner. This may be seen as insincere, and might obscure constructive, honest feedback.

Appendix 1: Medicine ACC form

NB The same domains apply to Surgery, Obstetrics & Gynaecology, Child Health and Primary Medical Care.



Assessment of Clinical Competence (ACC) - MEDICINE

MED

Please complete the questions using a cross: X Please use CAPITAL LETTERS

Student to complete:

Centre: Basingstoke, Bournemouth, Chichester, Dorchester, Frimley, Guildford, Isle of Wight, Jersey, KSM, Lymington, Poole, Portsmouth, Salisbury, Southampton, Wexham, Winchester, Other

Student Surname:

First Name(s):

Student Number: 6

Once your ACC is completed, give the top two copies to the centre undergraduate administrator and one copy to the examiner. KEEP ONE COPY FOR YOUR RECORDS

Examiner to Complete:

Clinical Setting: ED, OPD, In-patient, Acute Admission, GP Surgery, Other

Examiner Position: Consultant, SAS, HST, GP, Other

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations 1	2	Borderline 3	Meets expectations 4	5	Above expectations 6
History Taking - Facilitates patient's telling of story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.						
Physical Examination - Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort, modesty.						
Communication - Explores patient's perspective; jargon free, open and honest, empathic.						
Clinical Judgement - Makes appropriate diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic studies, considers risks, benefits.						
Professionalism - Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner. Is aware of and sensitive to the patient's cultural background. Aware of own limitations.						
Organisation/Efficiency - Prioritises; is timely; succinct; summarises.						
Overall achievement of task - Successful achievement of the specific task that was set.						

Feedback - you and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment

Particular strengths	Suggestions for development

Time taken for observation (minutes) Time taken for discussion of diagnosis (minutes) Time taken for feedback (minutes)

Examiner: I declare that I have observed the above named student performing the ACC.

Examiner GMC/NMC/BAN No.:

Examiner: I confirm that I have read "Conducting the ACC: An Examiner's Survival Guide" (Please tick box)

Examiner name in CAPITALS:

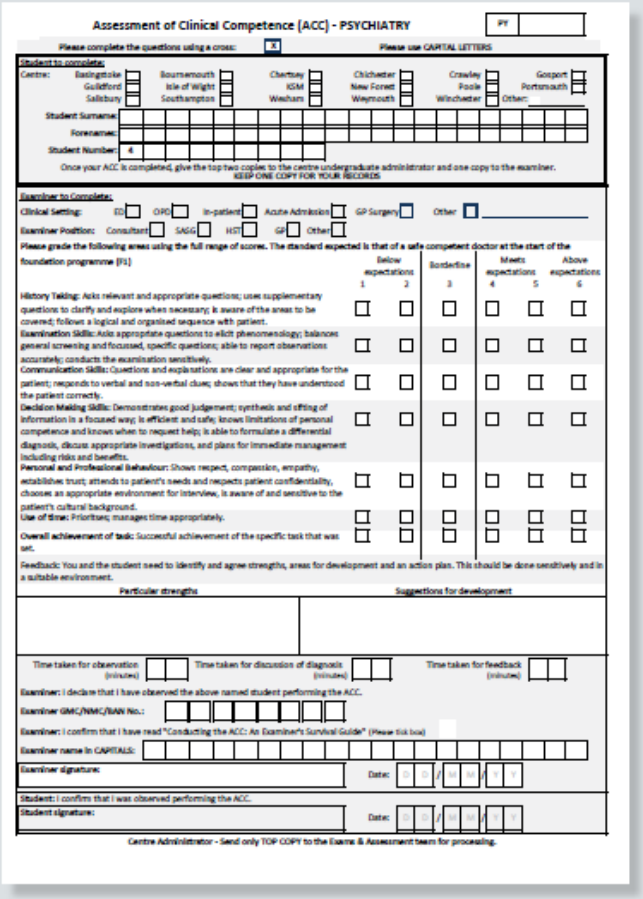
Examiner signature: Date: D D / M M / Y Y

Student: I confirm that I was observed performing the ACC.

Student signature: Date: D D / M M / Y Y

Centre Administrator - Send only TOP COPY to the Exams & Assessment team for processing.

Appendix 2: Psychiatry ACC form



Assessment of Clinical Competence (ACC) - PSYCHIATRY

FY

Please complete the questions using a cross: X Please use CAPITAL LETTERS

Student to complete:

Centre: Basingstoke, Guildford, Salisbury, Bournemouth, Isle of Wight, Southampton, Chertsey, KSH, Wexham, Chichester, New Forest, Weymouth, Crawley, Poole, Winchester, Gosport, Portsmouth, Other:

Student Surname:

Forenames:

Student Number: 4

Once your ACC is completed, give the top two copies to the centre undergraduate administrator and one copy to the examiner.
KEEP ONE COPY FOR YOUR RECORDS

Examiner to Complete:

Clinical Setting: ED, OPD, In-patient, Acute Admission, GP Surgery, Other

Examiner Position: Consultant, SAS&G, HST, GP, Other

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations 1	2	Borderline 3	Meets expectations 4	5	Above expectations 6
History Taking: Asks relevant and appropriate questions; uses supplementary questions to clarify and explore when necessary; is aware of the areas to be covered; follows a logical and organised sequence with patient.	☐	☐	☐	☐	☐	☐
Examination Skills: Asks appropriate questions to elicit phenomenology; balances general screening and focussed, specific questions; able to report observations accurately; conducts the examination sensitively.	☐	☐	☐	☐	☐	☐
Communication Skills: Questions and explanations are clear and appropriate for the patient; responds to verbal and non-verbal clues; shows that they have understood the patient correctly.	☐	☐	☐	☐	☐	☐
Decision Making Skills: Demonstrates good judgement; synthesis and sifting of information in a focused way; is efficient and safe; knows limitations of personal competence and knows when to request help; is able to formulate a differential diagnosis, discuss appropriate investigations, and plans for immediate management including risks and benefits.	☐	☐	☐	☐	☐	☐
Personal and Professional Behaviour: Shows respect, compassion, empathy, establishes trust; attends to patient's needs and respects patient confidentiality, chooses an appropriate environment for interview, is aware of and sensitive to the patient's cultural background.	☐	☐	☐	☐	☐	☐
Use of time: Prioritises; manages time appropriately.	☐	☐	☐	☐	☐	☐
Overall achievement of task: Successful achievement of the specific task that was set.	☐	☐	☐	☐	☐	☐

Feedback: You and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.

Particular strengths	Suggestions for development

Time taken for observation (minutes) | Time taken for discussion of diagnosis (minutes) | Time taken for feedback (minutes)

Examiner: I declare that I have observed the above named student performing the ACC.

Examiner GMC/NMC/BAN No.:

Examiner: I confirm that I have read "Conducting the ACC: An Examiner's Survival Guide" (Please tick box)

Examiner name in CAPITALS:

Examiner signature: Date: / /

Student: I confirm that I was observed performing the ACC.

Student signature: Date: / /

Centre Administrator - Send only TOP COPY to the Exams & Assessment team for processing.

Appendix 3: Guidance for Assessment of Clinical Competence

1. The standard required for a student to "meet expectations" is that of a doctor at the start of their first postgraduate year of medical training.
2. The whole consultation MUST BE OBSERVED and a mark given on the form for each of the seven domains (History Taking, Examination, etc.).
3. All examiners must be appropriately trained and as a minimum, it is essential that you have read this guide. The form asks you to confirm that you have read this.
4. Students MUST NOT choose their examiners and should be allocated a different examiner for each ACC. Students are responsible for scheduling ACCs with their allocated examiners so that they are completed in a timely fashion.
5. At least two ACCs in each specialty must be observed by a Consultant/GP/Staff and Associate Specialist (SAS) grade with the third observed by any of the above or an Education or Academic Fellow/Registrar (ST4 or above)/ senior healthcare professional (equivalent to a nurse specialist Band 6 or above). Any variation to this must be approved by the ACSD.
6. You must obtain fully informed consent from the patient.
7. The student MUST NOT choose the patient. If a student is allocated a patient with whom they are already familiar, they MUST declare this before the assessment begins.
8. Once started, the ACC must be finished unless it becomes clear that the patient is not suitable for a fair and comprehensive assessment of the student, or that the student has not declared that they are already familiar with the patient, in which case the examiner should stop the assessment and report the matter to the ACSD.
9. At the end of the ACC, the examiner must enter their GMC/NMC/BAN number and both the examiner and student must then sign the form.
10. The examiner should retain the bottom copy of the completed form. Note that each form has a unique identifier which will be tracked to ensure that multiple assessments are not performed and then selectively submitted.

Contact us

We hope the survival guide has been useful. For more details about the Medical Education (MEDED) Staff Development Unit and our staff development activities, please go to:

www.southampton.ac.uk/meded

Employees of the NHS and other affiliated organisations can register for access to MEDUSA and other University systems at:

www.go.soton.ac.uk/nhs

To comment on this guide or for any further information please contact **meded@southampton.ac.uk**

Acknowledgements

Thanks to Faith Hill for helping prepare the original mini-CEX survival guide upon which this is based.

References

1. Hill F, Kendall K. Adopting and adapting the mini-CEX as an undergraduate assessment and learning tool. The Clinical Teacher. 2007; 4(4):244-248.
2. Hill, F. Feedback to enhance student learning: facilitating interactive feedback on clinical skills. International Journal of Clinical Skills. 2007;1(1):21-24.