



University of Bristol MBChB Year 5 Out of Hours Placement 2019

Quick reference guide for students

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Introduction and objectives

The main learning objective for this placement is to gain some insight into the workings of OOH in your area. Over the week, GP surgeries are open for about 50 hours, leaving 118 hours to cover! A huge amount of activity takes place OOH and it seems sensible for you to be aware of it. As F1 doctors, you will be working at the interface of primary and secondary care by clerking admissions and arranging discharges. Some of your admissions will come from the OOH service and some of your discharge planning may involve using an OOH provider, perhaps to arrange a post discharge review on a Sunday for example. When seeing patients in your GP placement, or sending patients home from the emergency department when qualified, you may well include the advice to 'phone 111' if your patient is concerned or thinks they are deteriorating. Having some knowledge of what might happen to them should they phone 111 and be treated by an OOH provider is therefore very useful.

There are differences to working in an in hours GP practice. The patients tend to present with a single problem, as opposed to two or three. That problem is almost by definition likely to be more urgent and potentially more serious. In addition, the environment is very time target based, similar to the emergency department. Calls to 111 are triaged by non-clinical call handlers who use NHS Pathways algorithms to question patients about their symptom, and generate a disposition outcome e.g. to call 999, advise the patient to attend ED, or book a face to face consultation or telephone call with OOH. The OOH clinicians can call patients and up or downgrade this response and change the type of response e.g. turn a telephone call into a home visit, but the initial contact should be completed within the initial target timeframe. OOH Clinicians may also have to triage calls from other sources, such as ambulance crews and care homes, as well as managing pre booked weekend appointments made during the week, handling urgent abnormal blood test results for patients in the community or seeing patients diverted from hospital emergency departments.

You can see that there is enormous variety in the sort of work OOH clinicians undertake. They may be working on the phone, seeing patients at the Primary Care Centre or visiting patients, and will see patients of all ages, and a wide variety of acute problems and severity of illness. Inevitably, some shifts are quieter but it can be a very busy, high-pressured clinical environment.

The second learning objective, as you are nearly doctors, is to gain some experience of assessing and managing acute presentations. Given the previous point, we can't guarantee how much of this will occur. We hope you will be able to see patients, take a history and perform an examination before coming up with a proposed management plan. You may also be able to enter your findings in the patient's notes. The OOH environment is naturally a more risky place than in hours, as clinicians and patients rarely know each other and the patients tend to be more unwell. Attitudes and documentation are accordingly more aligned with this— you may notice more safety netting advice and more lengthy documentation than you see in hours.

Please be aware that although we would like you to see patients **every patient must be reviewed by the supervising clinician, who may be a doctor or an allied health professional, before that patient leaves the care of the organisation.** This includes final review and completion of the electronic patient record by the supervising clinician.

Where am I going?

Your local out of hours provider is Medvivo. Their two bases you will be attending are Moredon Medical Centre, Swindon and RUH, Bath. The date, time and venue of your specific placement is shown in the allocation spreadsheet we have sent you.

If you need to cancel on the day, due to illness or other unforeseen circumstance, please use the emergency contact details below copying in the Year 5 GP lead at veronica.boon@bristol.ac.uk and phc-teaching@bristol.ac.uk. Any issues beforehand (ie changing shift) please contact Karen Graham (Karen.graham@medvivo.com)

Medvivo

Lead GP contact for placement

Karen Graham: Karen.graham@medvivo.com

Moredon Medical Centre

Moredon Road, Swindon SN2 2JG – free parking available on site

RUH

Combe Park, Bath BA1 3NG

Emergency Contact details

Shift Co-ordinator: 0300 111 4008

Roles and responsibilities

General principles

Your experiences will naturally be different depending on what presents on the shift and the type of shift you are doing. You may be in a Primary Care Centre all shift, you may be visiting for some or all of your shift, there may be some telephone triage or there may be a combination of all three.

You will be working alongside a medical student Supervisor for your shift. The Supervisors are all experienced OOH clinicians, who have undergraduate and/ or postgraduate teaching

or supervision experience. Supervisors may be GPs, but may also be Nurses, Advanced Nurse Practitioners or Emergency Care Practitioners.

The sessions should enable you to see patients alone to take a history, examine and formulate a plan. The Supervisor will be able to give you access to the computer system so you can type a clinical record for the patients you see. They will try their best to ensure you are able to get as involved as possible, but please be mindful that OOH can get busy. Please ensure that you add your name and role clearly to any records that you make. All patients will need to be discussed with and reviewed by the Supervisor before they leave, and the Supervisor must check and add to the clinical record and issue prescriptions as required.

Do ask questions of your supervisor and other staff to gain some insight into the OOH environment. Equally, the OOH providers can expect you to be keen, interested and willing to help out within the limits of your competence. If you feel you are being asked to do something that you are not competent to do, you must say so. It is difficult for supervisors to know you in a short period of time and while they will want to engage you they will not wish to make you feel uncomfortable.

OOH Primary Care Centre (PCC)

It is perfectly acceptable for a student to see a patient that the supervisor has selected as suitable in a room by yourself to take a history and perform an examination. The patient should be made aware that a student would like to see them and agree/ consent to this. You should come up with a management plan yourself but this can only be initiated once the supervising clinician has reviewed the patient, your assessment and plan with you. If there isn't a room for you to use then you should sit in with your supervisor but please ask if you can see some patients and be observed doing so – in the rare event that it is simply too busy and that patient care may be jeopardised by slowing down you will be advised of this. If this occurs, please do feed this back on the evaluation sheet as we would hope this would not be the case.

Telephone triage/ advice in OOH

You may be invited to listen in to some telephone calls with patients. Telephone consulting and telephone triage is a difficult skill as most of the elements of communication e.g.: body language and facial expression are lost. This is interesting to get some exposure to. You will not be invited to perform telephone triage– you are introduced to it in an Academy tutorial but you are unlikely to have to use this skill in the near future. We hope that you would have a more varied experience than only telephone work during your shift.

Home visits in OOH

Visits can be interesting and fun although due to travel times you see fewer patients than in a PCC. You should be aware that due to the nature of visits if you get stuck with an ill patient you might be home late, although we will try to avoid this. However, visiting means that you can be directly observed assessing and proposing management for a patient in their own home. The supervising clinician can provide any clarification you need at the time, before debriefing in the car on the way to the next visit. The car journey between visits also

allows discussion about the OOH environment in general. If it happens to be quiet, ask to have a look through the drugs and kit carried and don't be afraid to be quizzed about what you would use them all for! Pretty soon you might have to.

Assessment for your OOH session

There is no formal assessment of the OOH session planned other than a record of attendance should the full project go ahead. We are hoping this will be a formative learning experience for you. We know that there is pressure to get EPAs and CAPS log books signed off. There should be plenty of time to get all these done outside the OOH session. That said, if you happen to do something while being observed and it is otherwise difficult to get signed off you can ask – the clinicians may not be used to supervising 5th years and may not feel comfortable to do so. As such they are told they are not obliged to sign these but may do so if they wish.

Evaluation of the student placement in OOH

This is only the second year this placement has been run. As such, your feedback is vital. There is a section in the overall end of Primary Care rotation online feedback regarding the OOH session. Please ensure you complete it!

We hope you enjoy your session. If you have any particular feedback that you wish to share before waiting for the end of the block, or if you have any questions, please email the Year 5 GP lead veronica.boon@bristol.ac.uk.