

Year 4 GP Teacher Guide

Welcome to GP4

Welcome if you are new to GP4 and thank you if you are returning to teach Year 4 students. As always, we are very grateful for the hard work, flexibility and enthusiasm of our GP tutors who consistently receive excellent feedback. We're so proud of our community of GP4 teachers.

The GP placements in Year 4 are an integrated clerkship rather than a block placement. Students will be taking Finals at the end of Year 4 instead of in Year 5, and are highly motivated to learn and we think that having regular contact with their GP tutor helps them to succeed.

GP4 runs for 18 Wednesdays in each half of the academic year (36 days total). Each student will therefore experience 18 days in GP during the Wednesdays of their Complex Medicine for Older People (CMOP) hospital attachment.

GP4 Teacher Workshop, Tuesday, 3rd September Wills Hall Conference Centre, Bristol – 9-1.30pm (including lunch)

As a minimum we encourage GP tutors to attend a workshop every 3 years, but we'd be really pleased to see all our prospective tutors. **Please email phc-teaching@bristol.ac.uk to book a place.**

Please involve your students with all aspects of patient care including consultations, authentic tasks, quality and safety improvement activities, community staff and facilities you refer to or have access to and more. We hope your students will become embedded in your team and that you will miss them when they leave.

We are keen to learn from you how it all works and what would make it better. We hope you will have a great time with your students.

Best wishes and with many thanks

Dr Kimberly Bruce and Dr Lizzie Grove,
GP4 Co-Leads

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What students value in GP4

What **students** said they liked:

- **Continuity of GP teacher**
“Consistent structure with 1 to 1 tutoring from the same doctor (GP) allowed a lot quicker growth and development in my skills than wards where we often aren't able to be with the same doctor more than a couple of times.”
- **Gaining in confidence**
“Really welcoming practice and the tutors have helped me gain in confidence by giving us more responsibility in the consultations”
- **Responsibility**
“...the tutors have helped me gain in confidence by giving us more responsibility in the consultations

Tutor feedback:

“I feel that the teaching materials are excellent and such a good source of learning/information for the GP tutors as well as the students!”

“I have really enjoyed the teaching sessions with students. It is the first time our practice has taught year 4 students in this format so it was slightly daunting but we have felt very well supported with all the university pre prepared teaching materials etc. Thank you. “

Introduction

Where to find the information

The CAPC teaching pages

[Year 4 | Centre for Academic Primary Care | University of Bristol](#)

Weekly Wednesday email to GP teachers

- Teaching material (e.g. tutorials) and detailed teaching plan for next week
- Please don't share your tutorial information with your students. we will be sending the answers after the session (Students also get a weekly GP4 update every Wednesday on their OneNote page)

Communications from and to primary care

- Our Primary Care Year 4 administrator is Jolyon Sheate
- Primary care teaching admin has a shared inbox phc-teaching@bristol.ac.uk for prompt response to emails. Please use this email for all queries relating to GP4
- Please email any concerns or queries as soon as they arise
- *Primary Care Monthly teaching newsletter* - If you don't already receive this, please do consider signing up for this by emailing phc-teaching@bristol.ac.uk. It includes updates, training and teaching opportunities, and past issues are available [here](#).

Summary of GP4 changes for 24/25

- The tutorials, drug of the week and skill of the week have been more aligned, following feedback

GP4 Placement - Master Timetable

Week		Skill of the week	Tutorial (authentic task in brackets)	Drug of the week
Block 1 1	4/9/24 22/1/25	Pulse, BP, RR, temp, oxygen sats Intro to computer system (logins), tour of Practice Agree group ground rules	Observe each student consulting with a patient	One to one meeting with each student <ul style="list-style-type: none"> Pastoral check – any health or social issues/triggers?
2	11/9/24 29/1/25	Writing in medical notes	Tutorial 1 – URTI, influenza, covid-19	Bronchodilators: beta 2 agonists (salbutamol)
3	18/9/24 5/2/25	Morning only in GP surgery	(whole year session in afternoon 2.30-5pm)	
4	25/9/24 12/2/25	Prepare and administer intramuscular or subcutaneous injections (immunisations and antibiotics)		Vaccines for adults (influenza vacc. Pneumococcal vacc. Herpes zoster vacc.)
5	2/10/24 19/2/25	Phlebotomy	Tutorial 2 - combined oral contraceptive pill /tel consult	Combined contraceptive pill
6	9/10/24 26/2/25	Capillary blood glucose	Tutorial 3 – lifestyle medicine and mental health review	Statins
7	16/10/24 5/3/25	GP4 midpoint review	GP4 midpoint review	Antihypertensives – ACE inhibitors (ramipril)
8	23/10/24 12/3/25	Peak flow measurement, inhaler technique	Annual learning disability health check	Inhaled corticosteroids (beclomethasone, fluticasone)
9	30/10/24 19/3/25	When to worry? NEWS2, General Practice Sepsis Decision Support Tool		Emergency drugs box including oxygen

10	6/11/24 26/3/25	Otoscopy and hearing test	Tutorial 4 – screening	Iron
11	13/11/24 2/4/25	Ophthalmoscopy, testing vision	Tutorial 5– postnatal check, breastfeeding, postnatal depression	SSRIS (sertraline, citalopram)
12	20/11/24 9/4/25	MiniCEX/CBD	Tutorial 6– child - fever and constipation	Simple analgesics (paracetamol, ibuprofen)
13	27/11/24 30/4/25	Minor illness (warts, verrucae, headlice, threadworm)	Tutorial 7 – spotting cancers	OTC – skin, stomach, bowel (hydrocortisone, alginate acid, co-malgaldrox, omeprazole, loperamide, clotrimazole cream, antihistamines)
14	4/12/24 7/5/25	Morning only in GP Surgery (online whole year session in afternoon 2.30-5pm)		
15	11/12/24 14/5/25	MiniCex/CBD	Tutorial 8 – depression, anxiety, sleep, fit notes	Opioids (opioids – codeine, tramadol) and benzodiazepines
16	18/12/24 21/5/25	MiniCex/CBD	Annual learning disability health check	Anticoagulants (warfarin, DOACs)
17	8/1/25 28/5/25	MiniCex/CBD	Tutorial 9 – menopause/HRT	Hormone replacement therapy (HRT)
18	15/1/25 4/6/25	Endpoint review	GP4 Endpoint review	Endpoint review

Brief overview – Understanding GP4

What students need to do to satisfactorily pass this clerkship

Summary of clerkship requirements

	Essential	Optional
Clerkship clinical tasks	Attendance \geq 80% - (record daily clinical activities in their Clinical Learning Journal on OneNote)	
	Student led patient consultation x \geq 14 consultations (record in patient log on OneNote)	
	Tutorials x 9	
	Drug of the week and skill of the week x \geq 10 each	
	TAB (completed by Jan 2024)	
	Annual Learning Disability Health Check x 1 (observed or consult)	
Workplace Based Assessments	1 CBD	
	1 mini CEX	
	Midpoint review with tutor	
	Endpoint review with GP tutor	

Any assessment you give to students during GP4 is formative. (Primary Care also contributes questions to the written progress test and 1/3 stations in the Year 4 OSCE. This is a summative assessment)

Students will be expected to:

- Attend clinics, tutorials and 2 x online teaching afternoons
- Clerk patients, keep a patient log, practice CAPS relevant to Primary Care
- Complete essential GP4 pre-work - put on the student OneNote one week in advance around noon. This includes preparation for the tutorial and drug of the week, we have asked them to complete this in advance. Expect this to take around **one hour/week**.

Travel - whilst we aim to minimise travel time as much as possible, the Academy structure means students may have to travel by car or public transport for up to an hour and a quarter each way to their Practice

Who are your students?

- Taking finals at the end of Year 4
- There are over 300 students this year
- Have different learning needs and experience - some students will be returning from intercalation and not had any clinical experience for over a year, others will be working as HCA or already be healthcare professionals taking medicine as a second degree. Please be aware that students during the first half of the year, will not yet have done Obs and Gynae, Paediatrics, sexual health or psychiatry.

GP4 Wednesday structure

Three regular contact points in the day – 2 ½ hours dedicated teaching time per day, timing flexible

- **GP preparation time** (30 min)
- **Check-in** in the morning, includes drug of the week (30 min)
- **Tutorials/reviews** (1 hour)
- **Check-out** in the afternoon, includes skill of the week (30 min)

Every Wednesday, to demonstrate engagement, each student should

- Conduct a minimum of **one student led patient consultation**, which they add to their patient log in OneNote. This is the absolute minimum and most students will conduct more than one. Note that:
 - Students could be consulting in pairs
 - Face to face, telephone
 - Directly or indirectly (GP nearby) supervised by GP
 - Move from being observers to actively contributing to patient care.

Note: During the student led clinic all patients seen in person should be reviewed before they leave the practice, and all remote consultations should be discussed.

Example Wednesday Timetable

Key facts

- Structure of the day – 3 contact points for all students
- Students organised as pairs
- Students observe each other consult
- Consultations am or pm 1-2 hours/pair or 1 pair am, 1 pair pm

Example timetable						
pairs	AM			Middle of the day	PM	
A	GP prep time (30 m)	Check-in Skill of the week (30 mins)	Mix of student-led HCA clinic, allied health time	Lunch Tutorial (one hour)	Student-led patient consultations	Check Out Drug of the Week (30 mins)
B			Student-led patient consultations		Mix of student-led HCA clinic, allied health time	

Your commitment as a GP4 tutor

- Commit to teaching GP4 every Wednesday for 18 weeks per block
- If unable to teach arrange a replacement GP teacher for that session.
- Be welcoming and enthusiastic about teaching
- Create a supportive learning environment
- Follow the session plans provided including

- **2.5 hours dedicated teaching time each Wednesday**
- **One student-led patient consultation per student per week (minimum)**
- Give comprehensive, clear and useful feedback to the students during their placement
- Identify students that cause concern and act on this (see the online student support training for GP tutors [here](#) (takes 15 minutes) and summary flowchart on [website](#) <https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/four/>)
- Fill in the weekly GP attendance form (emailed to you weekly) to ensure we have accurate and timely attendance data ($\geq 80\%$ attendance is necessary to pass GP4). This is essential as the attendance data is reviewed by the exam board and is one of the criteria for progression into year 5. Additionally, poor attendance is a sensitive indicator of problems. It is best for students if we can identify issues early and provide the support needed.
- Fill in the GP tutor end of placement survey and encourage students to fill in their student survey (emailed to you) as this helps us update and improve the course.
- Assist the students in completing the tasks in their GP4 clerkship clinical tasks including: Midpoint review, endpoint review, TAB (multisource feedback), annual learning disability review, miniCEX and CBD.
- Attend **GP4 Teacher Workshop, Tuesday, 10th September, Engineers House, Bristol – 9-1.30pm (including lunch)** Please email phc-teaching@bristol.ac.uk to book a place
- Look at the [Sway tutorial on Bystander skills to support medical students on Primary Care Placements \(a guide for clinical and non- clinical GP staff\)](#) . takes 20 mins and can be shared with all staff in your GP Surgery
- Read the examiner guidance on workplace-based assessments The students should be assigned a named supervisor each session and be clear to whom they report. This supervisor should be present in the same clinical building during all student clinics.
- **Note that: During the student led clinic all patients seen in person should be reviewed before they leave the practice, and all remote consultations should be discussed.**

Other resources – that may help e.g. for annual learning disability health checks, or tutorial on cervical screening in a trans man

- [Sway tutorial - Improving gender inclusivity for medical students in primary care placements](#) – a guide for staff (clinical and non-clinical) – online training - takes 15 mins and can be shared with all staff in your GP Surgery
- [Sway tutorial - Intimate examinations](#) – a guide for GP tutors
- [Sway tutorial 'Annual learning disability check' and 'Disability Communication Skills – a refresher guide](#) for community placements
- **OSCE practice** - resource that you/students may want to look at (optionally and time allowing) with more OSCE scenarios. They are written by graduating medical students wanting to release free educational material for their peers: <https://www.oscerevision.co.uk/practice-scenarios>
- [Videos demonstrating the clinical skills in the CAPS logbook](#)
- Medical school protocol for students examining each other [here](#)
- [Guide for supporting colleagues during Ramadan](#)

The GMC identifies 3 levels of competency

- Safe to practice in simulation (could pass an OSCE station)
- Safe to practice under direct supervision (with a patient)
- Safe to practice under indirect supervision (with a patient)

Here is an example to illustrate the stages of learning/competency and associated levels of supervision. Initially you may be observing somebody else carrying out a clinical task:

Stage of learning	Supervision
Observation	You are new to this task and are observing somebody carrying it out, i.e. giving a flu jab
Role play (Simulation)	Role play with fellow student to practice explaining the need for and potential side effects of a flu jab, gaining consent, record keeping
Direct supervision	You are being observed giving information and advice regarding flu immunisation to a patient, give the flu jab and record it
Indirect supervision	You are now trusted to carry out flu immunisation by yourself with the GP nearby but not directly observing you

Please note, students should not be carrying out intimate examinations (breast, rectal, vaginal, testicular) without direct supervision by a qualified healthcare practitioner – GP or practice nurse. Where possible students should have practiced the procedure on a mannequin previously. (See intimate examinations policy in Appendix). For more information about what and when students are taught intimate examinations please see Intimate examinations – a guide for GP tutors [here](#) Students can sometimes struggle to get experience of intimate examinations – they have all undergone mandatory chaperone training so having them as chaperones may be a way to enable this experience for them.

Emergency problems organising teaching

We would ask that you arrange a teaching buddy in advance who could cover the GP4 teaching in case of sickness or annual leave. However, in an emergency, if you are unable to cover the GP4 teaching at short notice, please do contact us to discuss.

GP Trainees teaching GP4

GP trainees can help to deliver GP4, our current agreement with the Deanery is that trainees can deliver teaching for up to 8 sessions over the academic year. This helps trainees meet the RCGP curriculum outcome to 'support the education and development of colleagues. GP trainees are welcome to attend any of our GP teacher workshops, although priority is given to those who are teaching in the coming academic year. Practices have previously involved GP trainees in delivering skill of the week

Foundation 2 Doctors and Allied Healthcare Professionals teaching GP4

Previously F2 doctors, HCAs and Nursing Associates have been involved in teaching skill of the week and practice Pharmacists have been involved in teaching drug of the week.

Assessors for Mini-CEX and CBDs must be **Doctors above the level of F2**

Assessors for CAPS in GP4 can be:

- **Doctors above the level of F2;** *or*
- **Specialist nurses** who are involved in regular completion of Supervised Learning Events/workplace-based assessments for foundation/speciality trainee doctors; *or*
- **Physician Associates/ Emergency Care Practitioners/healthcare assistants**, providing the subject matter is within their field of competence.

SSP's and Concerns about students and student wellbeing

Student Support Plans (SSPs)

Students with a range of disabilities, learning difficulties and other health and mental health conditions can apply to the University Disability Services to be assessed for a Student Support Plan (SSP).

SSPs are official, confidential University documents which contain a personalised summary of reasonable adjustments recommended for the student's teaching and learning whilst at University. They can include things like rest breaks, teaching materials in advance etc. Some of these adjustments will be good practice which you may already have in place, many are generic and standardised and some of them will not be relevant for clinical practice.

A significant number of students have SSPs, and most will not need any additional support. However, the process enables all GP tutors to know without the student repeatedly having to tell someone at the start of every placement.

If any of your students have an SSP, we will inform you via email before the placement starts, or as soon as we are made aware of it, with any recommended adjustments for their clinical placement. The students are aware of this process, and where students have consented, this will also include sharing a diagnosis.

On the first day of placement we suggest you have a 1:1 meeting with all students. For students with SSPs we recommend you give them an option of a conversation with you about how their SSP and how these adjustments may be best supported in GP. Please note, for various reasons, not all students with a disability or health condition will have applied for an SSP. So please check in with all your students about any individual needs and direct them to disability services to apply for a SSP if needed. If you hear about a new SSP mid block, you may wish to email the student to advise you are aware, offer the opportunity to discuss or ask if there are any adjustments they feel could help.

If you have any queries about adjustments please do email the GP4 leads.

Concerns about a student

Due to the continuity of placement and tutor, GP4 tutors may identify concerns about students. If so, please contact us early on to discuss this at phc-teaching@bristol.ac.uk. Students should engage well with teaching. Please also let us know about any significant events in relation to teaching as we have regular SEA for education meetings in the Department.

If you are a clinician, please remember that you are meeting the student in your role as educator not clinician. You should not hold ongoing clinical responsibility for your students. Please do however, signpost appropriate university/academy level support and support from their own clinician/GP

Student concerns fall into the following areas

1. Professional behaviour/attitude
2. Pastoral
3. Safety – to patients/themselves/colleagues
4. Clinical knowledge/skills, including communication

Keep good notes, always try to discuss your concerns with the student concerned. If you are not easily able to resolve your concerns with the student, try to inform the student that you will be seeking further advice.

Please see [here](#) for student support training and a clear flowchart of how to support students in these situations is on our webpage [here](#) .

- Students in crisis should be directed towards the appropriate emergency services.
- If you are concerned about a student's health and/or wellbeing, please recommend the student contacts their own GP/student health service.
- If you have an immediate, urgent safety or fitness to practice concern, act according to local policy and then contact the Education Administration Manager at fohs-ftp@bristol.ac.uk

GP4 'building blocks'

1. Student-led patient consultations

We ask for each student to have a minimum of **one student-led patient consultation each week** and log this in their patient log on OneNote. It can help to discuss some consulting tips with your students beforehand

- Preparing
 - Do they know the reason for the consult in advance?
 - Read the notes beforehand : recent consultations, past medical history, drug history, recent investigations
- Gathering and formulating
 - Are there any relevant recent blood tests/imaging that is relevant to the consultation? Encourage them to start looking up and working this information out themselves before presenting to you
 - What examinations are needed – encourage students to carry out basic observations if necessary
- Presenting to GP tutor – following prompts may help - STOP4WHAT from COGConnect
 - **What?** is the summary of the consultation with the salient points?
 - **So What?** Likely diagnosis
 - **What else?** Any important red flags or biases that have been missed?
 - **What next?** What will you do now e.g. treatment/investigation/ask for help

Patient Data – a reminder that no patient identifiable data of any kind (including NHS numbers, names, date of birth) should be leaving the Surgery or be put on the student's patient log on OneNote under any circumstances. Only anonymous notes should be made. The students have been reminded of this too.

The UKCCC has the following advice when students document their consultations in the notes

1. Include the full name, role and supervisor of all students consulting e.g. Jo Kahn and Jessie Ball, 4th year medical student supervised by Dr Lang

2. The student should discuss and review the documentation with their supervisor before saving their entry in the medical notes
3. Some GPs may also want to add their own separate entry and summary of the consultation

In addition we advise:

1. The GP Tutor should corroborate any abnormal clinical findings e.g. heart murmur
2. If the student's examination findings differ from the GP Tutor's we suggest that you re-examine the patient together to come to a consensus e.g. if the student did not hear crackles on the chest but the GP tutor did, the GP tutor asks the student to listen again

2. Drug of the week

Students must pass the national PSA test (Prescribing Safety Assessment) in year 5 and sit a mock PSA in year 4. To practice prescribing and to provide equity for students across practices we have developed the 'drug of the week' concept. All students will be asked to read up about the same drug/drug class on a given Wednesday and fill in a template for each of them on their student OneNote (see below). Previous students have found the following book in the students' reading list helpful for preparing for Drug of the Week: Hitchings, Andrew W., et al. *The top 100 drugs: clinical pharmacology and practical prescribing*. Elsevier Health Sciences, 2018.

The role of the GP is to

- facilitate the discussion
- share your prescribing experience
- help students understand the repeat prescription process in your practice
- together look at the records of one or more patients who are taking the medication

Ideas for active learning

- Ask students to write a multiple choice quiz for the group
- Get students to prescribe the medication for a dummy patient on Emis/System One
- Talk through prescription requests

Drug of the week template

This template is intended for systematic learning about drugs and it is up to the students whether they use this template (not required for satisfactory completion of the GP4 clerkship). They should be able to answer questions about the drug(s), e.g. what contraindications? what interactions do we need to be aware of if any?

Week	Drug of the week	
WHAT? Before prescribing – what questions you would ask the patient/information would you need to know? (e.g. indications/contraindications/precautions)		
HOW?		

<p>In a 10-minute GP consultation, how would you counsel the patient about:</p> <ul style="list-style-type: none"> • Explaining what the medication is for • Risk/benefits and side effects • How to take the medication 	
<p>WHEN? Would you tell the patient to review/monitor/stop the medication?</p>	
<p>Important considerations: Ethnicity, religious believes, fasting in Ramadan and Diabetes, social situation, cognition, patient group the research is based on (How does it apply to your patient?) etc</p>	

3. Skill of the week and student-led HCA clinics

Students are given a CAPS (clinical procedures and skills) logbook which has a list of 32 skills that the GMC and University of Bristol have asked students to master during medical school (see table below). These 32 skills have been assessed during Year 3 and need to be reassessed once during year 4.

Many of them can be learned in Primary Care. Videos demonstrating the clinical skills are available [here](#)

Students should not perform any of the skills on patients until they have been taught how to perform each skill safely. Please also see medical school protocol for students examining each other [here](#). Students need to be safe to practice the red and blue skills under indirect supervision by the end of year 5 (apart from wound care which needs direct supervision)

Students will have an online CAPS logbook with detailed performance criteria for each skill – please consider signing off some of the skills below for them during GP4 when the situation arises. A copy of the logbook is on our webpage [here](#).

Once the skills have been taught during skill of the week GP4, many students enjoy having a supervised, student-led HCA clinic for e.g. phlebotomy, blood pressure, urinalysis etc. to practice these skills

For student phlebotomy appointments, we recommend:

- when patients are booked in with a medical student - check that the patient is happy to see a student and is aware that they are supervised by another clinician and have an opportunity to rebook with another clinician instead
- students review the patient's medical records beforehand so that they are aware of any significant past medical history and discuss any concerns with their supervisor
- if a patient becomes distressed or they have a failed attempt consider stopping and discussing with your supervising clinician

Clinical Skills in the CAPS logbook

Timetabled teaching as part of the skill of the week during GP4:

- Measuring temperature
- Measuring pulse rate, rhythm and respiratory rate
- Measuring blood pressure
- Measuring oxygen saturation
- Measuring peak flow
- Direct ophthalmoscopy
- Examination of the ears, function testing of hearing
- Measuring blood glucose
- Performing venepuncture and managing blood samples correctly
- instructing patients in the use of devices for inhaled medication
- performing an intramuscular injection

Not specifically taught but useful as a guide when arranging allied healthcare professional time in Primary care:

- Taking nose, throat and skin swabs
- Managing an ECG monitor
- Performing and interpreting a 12 lead ECG
- Wound care and basic wound dressing
- Ankle brachial pressure index

Other skills listed in the CAPs logbook are taught in hospital.

4. Tutorials – practice OSCEs

- 9 tutorials in total. All of them cover common primary care scenarios and conditions. Most topics link in with one of the secondary care clerkships in Year 4. Please be aware that students during the first half of the year, will not yet have done Obs and Gynae, Paediatrics, sexual health or psychiatry.
- The tutorials are practice OSCEs built around patient scenarios with questions for students to find answers for. Students should do this pre-work before the tutorial. Please review and discuss their answers. In the tutorial the students should get to practice their knowledge. Please correct them and add what they have missed.
- The order of tutorials is fixed; all students will cover the same material in the same week
- There are no tutorials on whole year teaching and student review days
- All learning resources for tutorials including answers are provided for GP teachers – **PLEASE DO NOT SHARE THESE WITH THE STUDENTS, we will be sending the answers after the session.** This will be emailed the week before each tutorial as part of the weekly Wednesday GP email

- Students play the role of the doctor and patient to gain insight into both roles, apart from week 10 (screening) when an actor will telephone in to play the role of the patient.

5. Annual Learning Disability Health Check

- **Background** The aim is to give students experience of consulting with patients with a learning disability.
- In preparation we have written online learning 'Disability Communication Skills – a refresher guide for community placements [here](#) for both students and GP Tutors.
- These could be done via home visit – consider how you would supervise the students and review the patient. Remind students to take ID.
- It is worth planning how and when students will complete this component as it can be time consuming to arrange.
- Every student needs to complete this to pass GP4. The annual learning disability health check has been timetabled for week 8 and week 16 to give students a chance to do this if they miss the first opportunity.

6. Allied Health and Community

- We know that access to allied health professionals can be difficult. Some ideas are:
 - Time with GP colleagues, other health professionals and staff in your practice – the clinical skills above from the CAPS logbook are a good guide
 - Time in community settings, e.g. pharmacy
 - Social prescribing
 - Pharmacist leading drug of the week
 - HCA supervising student-led HCA clinics
 - GP trainees/F2s leading on skill of the week

7. GP4 afternoon sessions

Students will be in GP Practice for the morning only on these days and then taught centrally in the afternoon (18/9/24 and 4/12/24 for Block One, and 5/2/25 and 7/3/25 for Block 2)

The GP4 Clerkship Clinical Tasks

The GP4 clerkship clinical tasks <i>List of tasks that need to be completed by end of the Block</i>	Midpoint (Review 1) Week 7 Block 1: 16 Oct 24 Block 2: 5 March 25	Endpoint (Review 2) Week 18 Block 1: 15 Jan 25 Block 2: 4 June 25
Attendance \geq 80% (100% attendance is expected) (record daily clinical activities in their Clinical Learning Journal on MyProgress)	\geq 90%	\geq 90%
Student led patient consultation x \geq 14 consultations (recorded in Patient log on student MyProgress)	Populated 7+	Populated 14+
Tutorials x9	Completed 3	Completed 9
Drug of the week and Skill of the week	Completed 5+	Completed 10+
Annual learning disability review (observed or consulted)	Started?	Completed
TAB =team assessment of behaviour	Completed by January 2025	Completed by January 2025
WBAs during this clerkship		
●1xCBD	Date set?	Completed
●1xMiniCex	Date set?	Completed
GP4 reviews Mid and end of placement review with the GP tutor in each GP placement		
●Midpoint review	Completed	Completed
●Endpoint review and final sign-off for GP4		Completed

1. Mid and Endpoint Reviews

There are 2 review points during GP4, a midpoint (week 7) and endpoint (week 18) review. By the endpoint review, students should have completed all their GP4 Clerkship Clinical Tasks and their attendance should be \geq 80%

- The purpose of the reviews is to assess student learning, progress with the clerkship clinical tasks to give feedback, to celebrate achievements and to assess attendance
- At each review point an online review form must be completed, signed by the tutor and stored in MyProgress, the student online portfolio. A copy is on our webpage [here](#). Data can be downloaded from there for the exam board.
- Review forms are electronic and your students will present the form on their phone or laptop. Saving it will place it into the student's ePortfolio, which is called MyProgress. From there it can be downloaded by the year 4 admin team and collated for the exam board.
 - For **midpoint review**
 - please ensure you tick 'primary care' clerkship and 'midpoint' review point on the form
 - For **endpoint review** please ensure you tick 'primary care' clerkship and 'endpoint' review point on the form
- If the student is at risk of not achieving all the outcomes of the clerkship, a remedial plan (Learning Agreement) will be produced by the exam board.

- **Attendance** – please mark attendance as satisfactory if they are on track to get 80% attendance over the whole 18 weeks (marking as not satisfactory attendance triggers a discussion at the exam board)

2. Workplace Based Assessments (WBAs) – MiniCex and CBD

These assessments serve to gauge students' academic and clinical skills progress and have been timetabled into the placement. Students need to complete one MiniCex and one CBD during GP4. They are a must do and not must pass i.e. formative assessment and assessors in GP4 should be **doctors above level of F2**

- MiniCex** Mini clinical examination- direct observation student/patient clinical encounter. Should take no longer than 15 minutes. A copy of the form is on our webpage [here](#)
- Prompt student beforehand what you are asking them to do e.g. Mrs X was recently admitted with breathlessness, please take a history, and come up with a management plan
 - Prompt patient beforehand that you will be asking them for feedback on the student and ask the student to step outside at the end of the consultation for this
 - Should assess the following 5 domains: history taking, communication skills, professionalism, management planning, organisation. (The following 2 domains are optional: examination skills, diagnosis). Some mini-CEXs are just about history e.g. telephone consultations

- CBD** Case based discussion – structured discussion of clinical case clerked/reviewed by student, an investigation and feedback on clinical reasoning. Should take no longer than 15 minutes. A copy of the form is on our webpage [here](#)
- Students should come to you with a selection of 2 patients for you to choose from. They should be student-led patient consultations where students have made an entry in the medical notes.
 - It includes assessment in the following areas: clinical assessment, investigation planning, management planning, professionalism
 - Examples include explanation of test results, explanation of an investigation and/or management plan, student-led patient consultations.

Students should aim to perform at the level of a day 1 F1 doctor but may not be at this level until the end of Year 5.

- **Not performing at expected** level of a day one F1 doctor E.g. they potentially compromised patient safety by making a patient upset or by omitting key parts of the history or examination. Students may find it difficult to be told they are not performing at the expected level, their feedback should include how they could improve their performance.

A useful phrase can include “You’re passing the year, but currently you’re not doing X in a way we would like.” Feedback should be task specific e.g. “Remember it is important to ask about suicidal ideation when taking a history about depression”. They do not need to complete further WBAs until they reach the F1 standard. If a student wishes to complete a further WBA and someone is willing to assess them, they can – but the initial assessment is the one that should be submitted

Performs at expected level of a day one F1 doctor, procedurally competent and safe Students need 1 x CBD and 1 x miniCEX during GP4 and students should be identifying opportunities for workplace based assessments themselves and we have timetabled sessions in week 15-17 to complete the forms.

Signing off WBAs

These are done electronically on forms are in the students’ ePortfolio MyProgress. Please ensure you tick ‘**primary care**’ clerkship when doing this so they get saved in the correct place for the exam board

Examiner guidance on workplace based assessments can be found on our webpage [here](#)

3. Multi-source feedback via Team Assessment of Behaviour (TAB)

TAB is feedback on student’s professional development. Students need to complete their TAB by Jan 2025 and will send you an email with a link to a form. It should take no more than 10 minutes to complete. Feedback is anonymous to the student although their Professional Mentor will see your name, email address and position.

After Jan 2025 students meet with their Professional Mentor who releases their TAB feedback anonymously to them.

4. Attendance monitoring in GP4

Our primary care admin team will send you a quick questionnaire every Wednesday to log students’ attendance. This means that we won’t ask you for an attendance register at the end of the placement and can pick up student attendance concerns early on. If a student is at risk of not getting $\geq 80\%$ attendance, we will let you and them know via email.

Getting ready for your students

The First Wednesday

Beforehand - In your practice

- Read this teachers' guide
- Read the session plan relating to the first day in Practice
- Organise Lead GP and deputy, or share leading Year 4 with a colleague
- Ask your administrative team to set students up as a user on your computer system e.g. Windows and SystemOne/Emis. They will also need an nhs email address to set up an account for AccuRx and Microsoft Office 365 in EMIS (for writing referral letters) – ask the students if they already have one of these
- **Gender marker/student titles:** Please note that unlike System One, Emis requires you to enter a gender marker and Title when setting up students as new users – please see below:
 - Gender marker - you can select 'male' 'female' or 'not specified' for medical students (N.B. this is different for patients - currently in order to be picked up for national cancer screening invitations a patient's gender marker on EMIS must either be 'male' or 'female').
 - Title - unfortunately we are unable to send out student titles as the current University computer database is not set up to support this (we are looking into this). Currently, we suggest you contact students in advance of their placement to ask about their title they want on Emis
- Organise admin support – help with dissemination of student timetables, room bookings, introducing students to the computer system etc.
- Familiarise yourself with [Student standards \(Confidentiality, Mandatory Training, Dress Code\)](#)
- Think about how patients are aware and have given valid, consent for students to consult/observe consultations e.g. medical student appointment
 - Ideally verbal consent that medical students will be present and they will be reviewed by a GP when booking, at check-in and before entering the room. There should be an option of rebooking without students
- Student names visible somewhere? 'Teaching board' -virtual or real in a common area- with learners' names, photos? 'medical student' sign on their consulting room door
- Decide which consulting room(s) the students will be using. If possible one consulting room per pair of students works well (depending on space available). Ensure each consulting room has a phone, and computer
- If possible, put together equipment for the students to use – BP monitor, oximeter, thermometer, tape measure, dipsticks, otoscope, ophthalmoscope, tendon hammer
- Timetable
 - Who will the students spend time with? Have they agreed?
 - Have supervision slots been blocked out to allow time for teaching and supervision?

Email the students in advance of their first day

- How to get to your Practice – parking/public transport arrangement
- Arrival and finish time
- Lunch – any kitchen facilities on site e.g. fridge/microwave, nearby supermarkets or shops
- Who their Lead GP teacher will be and a bit about yourself and why you are teaching
- Your plan for day 1
- Practice dress code
- Introduction to your Practice, or Medical Student Learning Guide if you have one
- Their title (for Practices using Emis – see above) In order to set you up on the computer system to see patients we need a title – “the options available to us are Ms/Miss/Mrs/Mr/Mx/Dr. Please would you let us know which title to use - these titles available are set nationally, however if you have a different title please also let us know and locally as a Practice we can use that too”

On the first day

A bit like the 'golden minute' in a consultation, the first day with your students is important for relationship building and setting up the placement. Get to know them, build relationships and help them bond with your practice

1. Tour of the Practice

- a. Including local needlestick policy, emergency drugs (adrenaline, oxygen), defib, fire exits, local infection control guidelines

2. Intro to computer system (log-ins) – last year students will have used either System One or Emis but not both

3. Short private meeting with each student

- a. **Pastoral check** to see if there are any significant health or social issues/triggers they wanted to share with you that might be triggered during the placement e.g. cancer/suicide/miscarriage/stillbirth etc. If so, do they want the other students in their group to know? Discuss how to manage it e.g. ok to ask for time out or to leave a teaching session. N.B. students may not feel comfortable sharing information with you on the first day, so consider re-checking in a few weeks once you have got to know each other

- b. **Level of experience** e.g. work as HCA, just returned from intercalating and not been on clinical placement for over 12 months – to help work out their learning needs

- c. **Pronouns:** if you feel comfortable, you could say something like: "Hello, I am Dr X your GP tutor, my pronouns are (she/her, him/his, they/them, ze/zir etc.)" Avoid directly asking someone's pronouns as part of this initial meeting, if someone chooses not to share theirs, do not pressure them as it may put them in an uncomfortable position if they do not feel ready to share them with you. If they do share their pronouns with you, it may be helpful to discuss if they are 'out' to the other students in their group and if they want to be 'out' to patients and/or other members of staff in the Practice or not. A trans or non-binary student may have worries which lead them to use a different name or pronouns when working with patients. This is down to the student and is a matter of safety. You can ask "are you happy for me to use that name/those pronouns around other staff and patients?" For more information see Improving gender inclusivity for medical students in primary care placements – a guide for staff (clinical and non-clinical) – online training - takes 15 mins and can be shared with all staff in your GP Surgery [here](#)

4. Agree group ground rules – suggestions include: Be punctual and kind, confidentiality, mutual respect, safe space for mistakes, can stop and ask for help if uncomfortable/stuck, try to remain physically and mentally present, listen actively, all mobile phones stored on silent in bags and away from workstations during consulting and teaching

5. Observe each student consulting with a patient –

- a. Gauge your students' ability and competence

6. Skill of the week - Get them ready for authentic tasks - Pulse, BP, RR, temp,

Example Timetable - First Wednesday for four students

Suggested timetable for day 1 – book 4 patients for student consultations

8.30-9am – GP preparation time

9-9.30am – tour of GP surgery, ground rules, expectations

9.30-9.45am – computer long-ins, intro to EMIS/System One

9.45-10.30am – individual one to one with each student – pastoral check

Break

11-11.30am – clinical skills (pulse, BP, rr, temp, sats)

11.30 – 12.30pm- observe pair A consulting with a patient each 30 min x 2, pair B sit in with HCA

LUNCH – students visit their assigned patient in pairs

2.00-3.00 pm – observe pair B consulting with a patient each 30 min x 2, pair B sit in with HCA

3.00-4.00pm – students sit in with 2 x GP/HCP observing in pairs

4.00-4.30pm – check-out

Model or framework for teaching consultation skills

In MB21 consultation skills training, badged as 'effective consulting' (EC), integrates clinical reasoning, clinical communication and clinical skills and runs through all five years. It uses a consultation skills model, called CogConnect.

Please see the CogConnect area of our website for full information around this: [COG Connect | Centre for Academic Primary Care | University of Bristol](#)

Linked here is a Sway which provides further details: [GP teachers COGConnect Sway 2024-25 \(cloud.microsoft\)](#)

Making students feel welcome – Feedback from year 4 students

What students value their GP Practices doing to make them feel a part of the team

- An official welcome with name on staff notice board or in coffee room or website
- Their own name for the door where they are consulting
- Being introduced to staff members early on (caretaker and cleaners through to PM and partners and everyone in between)
- Using the term "our" student
- Spending time with allied healthcare professionals so they know what all different team members do and can get to know them
- Being given authentic tasks to do so they can feel like valuable team members whilst learning e.g. student-led, supervised HCA clinics
- Practical skills for signing off CAPS skills are a winner
- Encouraging their participation in practice activities such as meetings, audits etc.
- Encouragement and company to go to coffee/lunch/staff-room early in placement so they have the confidence to go alone thereafter
- Biscuits, cake or fruit during tutorials – especially if near the end of the day
- Experience of intimate examinations as chaperones
- Help them to get to know you
 - Make short video of yourself and your practice and email it to your students
 - Send students a welcome email with some information about yourself, why you are teaching, and a positive message about what you are looking forward to with year 4
 - Write a Practice Medical Student Learning Guide
- Make it relevant – real world examples,

Teaching tips from GP4 teachers

1. Print clerkship clinical task list for each student
 - log what each one has done
 - plan for further activity for each student

2. Going with the flow more, having to do things ad hoc rather than being able to plan for everything
 - Finding patients on Monday and booking them in for Wednesdays
3. Students consulting in pairs works well
 - One to take the consultation, the other one to enter info in the computer
 - One student scribing while the other is consulting saves time
 - Can ask the scribing student what else they want to know, what is missing
 - Students learn from each other how much of the consultation to document
 - Consider discussing whether to mix up the pairs each week
4. Enter the following info for student consultations
 - Student consultation with patient consent
 - Student A consulting
 - Student B scribing (=typing consultation into EMIS as it unfolds)
 - Dr. X supervising
5. Check-in at the beginning of the day – get everyone to speak
 - How are they/how has their week been?
 - Any learning, reflections, issues or concerns from previous teaching/this session?
6. Check-out at end of the day
 - Discussing what worked well/less well – anything to stop/start/continue for future sessions
 - Encourage each student to share a learning point with the group
7. Role model vulnerability, independent learning and professionalism
 - Show students we continuously learn
 - Talk about what you do if you don't know, how common uncertainty is and how you manage it
 - Encourage them to identify their learning needs and find the answers themselves

“With regards to the structure of the day, we tended to do all the tutorial based work in the morning with a walk halfway through. Depending on what the drug of the week was sometimes we did it on the walk, but often I used it just to help us all refocus and they always had a lot of ethical and career related questions. We then did our clinic in the afternoon and they seemed to enjoy doing it that way round.”

Students getting ready for GP4

- Have signed a **DBS statement** - Students have had a DBS check in Year 1. Prior to starting year 4 students have to sign a statement declaring that their DBS status has not changed.
- Have signed a **primary care confidentiality statement**
- For information on the confidentiality statement, student mandatory training and dress code please see the [GP4 page](#) on the website.

Expectations of GP4 students – attendance and professional behaviour – what we have told the students

- GP4 sessions are compulsory and 100% attendance is expected and patients have been booked in especially to see you ($\geq 80\%$ attendance is required to pass the GP4 clerkship). If you are unable to attend a GP session, please let your GP teacher know in advance of the session. We monitor attendance and will follow up all non-attendance if no legitimate reason has been given
- This are **no flexible annual leave (FAL) days** in GP4. Students can still apply for planned absence (which will count towards their 80% attendance) by emailing phc-teaching@bristol.ac.uk (e.g. for an appointment, cultural/religious celebration, bereavement etc.) and should also inform their GP tutors of this.
- In Year 4 Wednesday afternoons are no longer free and Wednesday afternoon teaching is compulsory. In exceptional circumstances e.g. regional sports team, students can apply to the University in advance of starting Year 4 to attend matches etc. Students would still need to get $\geq 80\%$ attendance to pass the GP4 clerkship
- Complete the tasks in the GP4 clerkship clinical tasks to pass the clerkship
- You should expect to be assigned a named supervisor (GP tutor) for each session in Practice and be clear who this is. This supervisor should be present in the same clinical building during all student clinics. During the student led clinic all patients seen in person should be reviewed before they leave the practice, and all telephone consultations and home visits should be discussed.
- During GP4 your GP tutor may also need some time during the day to provide clinical care to their patients. During this time you could e.g. do preparatory work for the next tutorial/drug of the week, contact your assigned patient.
- Fill in the student end of placement survey (emailed to you)
- **Professional behaviour** – you need to adhere to the GMC code of practice for clinical students at all times. This includes
 - Treating all patients with respect (including respecting confidentiality)
 - Treating all staff and colleagues with respect (including not disrupting their teaching)
 - Attending all teaching on time and adhering to the clinical dress code.
 - Do not use your mobile phones or computers for private use during teaching
 - Being honest and handing in all required paperwork/assessments to deadlines
 - Taking care of your health and seeking help if your health may impact on patient care (e.g. ensure vaccinations are up to date, report any change in your health circumstance to the University Occupational Health, let your GP tutor know if you need any workplace based adaptations)

- Make clear arrangements with your teacher/colleagues and communicate promptly
 - Introduce yourself as a medical student, correct patients who refer to you as 'doctor'
- The following list are some examples of poor professional behaviour which may trigger a student concern form
 - Relationships with patients e.g. failing to follow instructions, being disrespectful towards other healthcare professionals and students, persistently disrupting teaching
 - Probity – e.g. fraudulent behaviour, requesting money/gifts from patients
 - Learning e.g. persistent lateness or non-attendance, not responding to feedback, sending personal messages or posting on social media during teaching sessions
 - Health e.g. drinking or drug problem (may be referred to the Disability and Health Panel)
- GP teachers have been asked to assess your professional behaviour. If they have concerns they should discuss these with you and give you a chance to improve. If you do not act on the feedback or if the concern is of a particularly serious nature the GP should report their concerns to the faculty office. In our experience, this is a rare event.
- **Boundaries** – patient sometimes ask more of you than you are comfortable to do. Setting boundaries is part of professional growth
 - Use your judgement and be courteous, saying 'No' politely if necessary
 - Don't give medical advice which you do not know the answer to – suggest the patient speaks to the GP
 - Avoid involvement with the patient or family outside the attachment
 - You may be asked for your views and beliefs. You are entitled to these, but do not impose them on the patient or your colleagues.
- **Confidentiality and consent** – never discuss what you have heard, even anonymously outside the appropriate setting (clinical/teaching). Particular care should be taken in public areas (on a bus for example) and with written or taped records.
- **Patient Data** – a reminder that no patient identifiable data of any kind (including NHS numbers, names, date of birth) should be leaving the Surgery or be put on the student's patient log on OneNote under any circumstances. Only anonymous notes should be made.
- **Car insurance** - The University of Bristol "Travel Reimbursement Policy and Procedures" document advice about car insurance states
 - It is the student's responsibility to make sure they have adequate insurance for their own private vehicle if used to travel to study sites. Students are reminded that driving without motor insurance is a criminal offence.
 - Insurance certificates show whether cover for "business" use is included, if not shown as included, students must check with their insurance company before using their motor vehicle to travel to rotations"

Flexible annual leave days (FALD)

This are **no flexible annual leave days (FALD)** in GP4. Students can still apply for planned absence (which will count towards their 80% attendance) by emailing phc-teaching@bristol.ac.uk (e.g. for an appointment, cultural/religious celebration, bereavement etc.) and should also inform their GP tutors of this. Year 4 students are allowed to take 4 leave days over the academic year without giving a reason. This is in addition to the Christmas and Easter break and any sick leave.

Medical Indemnity for Teaching

Following the Secretary of State for Health's decision to introduce a state backed indemnity scheme it has been confirmed that GPs are covered for teaching activities. This applies to NHS activities but not private medical care. As before, we advise that your medical student has a named main GP supervisor. Should you delegate responsibility for teaching to another member of the practice team you should retain overall supervisory responsibility. Please also take care to brief the students on Health and Safety issues in the workplace

It is advised that you have an honorary contract between student and supervisor setting out the responsibility of each party, this can include data protection, confidentiality and other individual practice specifics if you like. Here is a [sample document](#) that you can use for this.

Learning resources recommended to the students

OneNote

- This is the University platform for student learning materials and space for students to create their own files and keep notes
- It has the curriculum and learning outcomes for the whole of year 4 and for the five clerkships of year 4, incl. GP4
- It has the template for drug of the week
- Patient log for GP4
- It has the online version of the student clinical diaries, including the GP4 one
- GP4 tutorials – learning outcomes, practice OSCEs and questions, but not the answers

Recommended Textbooks

- Essential primary care - textbook. Edited by Blythe, A & Buchan J. Chichester : Wiley Blackwell, 2017.
- Simon, Everitt & Kendrick. Oxford Handbook of General Practice 5th Ed
- Hopcroft & Forte. Symptom Sorter 6th Ed
- Hitchings. The Top 100 Drugs, clinical pharmacology and practical prescribing, 2nd Ed
- Moin, Atlas of Black Skin, 2020
- Mind the Gap – a learning guide of clinical signs on black and brown skin

Medical Student Prizes in Primary Care

Each year we award Year 4 prizes to students for excellence in primary care. This is for academic performance, professionalism, all round talent and enthusiasm for general practice. We will need your help in deciding which student should be awarded a prize so we will

contact you for comments if your student has done exceptionally well in their exams. Please keep good records on the students attached to you.

MBCHB Programme Policies and Procedures 2020-2021

Intimate examinations policy and guidelines (last updated August 2020)

INTIMATE EXAMINATIONS POLICY AND GUIDELINES

POLICY AND GUIDELINES FOR GAINING CONSENT FROM PATIENTS FOR INTIMATE EXAMINATIONS FOR UNDERGRADUATE TEACHING PURPOSES.

1. Intimate examination is defined for the purpose of these guidelines as examination of the male and female genitalia and anus and rectum.
2. All students proposing to perform an intimate examination must know the medico-legal implications of performing any physical examination on a patient.
3. Where possible, students should have practised the procedure on a mannequin previously.
4. The performance of vaginal examinations during the second and third year attachments prior to formal gynaecological teaching is inappropriate and should be restricted to mannequins.
5. Vaginal examinations by medical students on patients from the fourth year onwards should be supervised and carried out after appropriate teaching.
6. One student only should perform an intimate examination on any individual patient on any one occasion.
7. It is mandatory that properly informed consent should be obtained prior to a medical student carrying out an intimate examination. This applies whether or not the patient is to be fully conscious, sedated or anaesthetized at the time of the examination. This could be undertaken by the supervising doctor or medical student. In the majority of cases this should be undertaken by the student. Both student and supervising doctor have a clinical and legal responsibility to the patient to ensure that the procedure is appropriate and that consent has been obtained. It is good practice to record in the patient's medical notes that consent for the performance of an intimate examination by a medical student has been obtained.
8. A student's right to refuse to conduct an examination under inappropriate circumstances or when valid consent had not been obtained must be fully respected.
9. Students who believe that their own position has been compromised by particular teaching situations must report the matter to the Academy Medical Dean or the Senior Tutor.

Medical School protocol for students examining each other

MBCHB Programme Policies and Procedures 2020-2021

Protocol for developing clinical skills by examining each other (last updated August 2020)

1 PROTOCOL FOR DEVELOPING CLINICAL SKILLS BY EXAMINING EACH OTHER

When practising on a fellow student, students are essentially screening healthy individuals for the presence or absence of an abnormality. There is a small but real chance that students could pick up something pathological e.g. a previously unrecognised heart murmur or a lump. It may be in their colleague's interest to know this - for example, they may have unknown mild congenital valve disease which is worth diagnosing as they will need prophylactic antibiotics for operative cover.

However, students could create a false sense of anxiety by thinking there is something wrong when there isn't (a false positive test result). To alleviate any possible problems, students should use the following protocol. Students may also find themselves examining friends and relatives – we think the same approach should apply.

Do not practice any examination before it has been properly demonstrated and students have practiced it under supervision. Students should not carry out any invasive examinations.

Before examining someone, students should ASK IF THEY WOULD LIKE TO BE TOLD IF THE STUDENT FINDS ANYTHING WRONG. IF THEY SAY NO, then students should not examine them (or at least not that system) and then there will be no problem. Otherwise students may have the emotional burden of thinking there is something wrong with their friend (even if there isn't) but not being able to tell them. IF THEY SAY YES, then this is fine as they have consented to be screened and students should let them know if they do think there is something wrong. Given the student's lack of clinical experience, it is quite possible that any abnormality found is not serious or simply not abnormal e.g. temporary flow murmur. If students do find something wrong, we recommend, if possible, they get another student to confirm the findings. If this is confirmed - then the friend should go to their own GP to have it checked out in case this is something substantial that needs further investigation. You should ensure you have appropriate medical indemnity through joining a medical defence organisation such as the MDU (medical defence union) or MPS (medical protection society).

