

GP5

Student Handbook

2024-25



GP5

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Welcome to GP5

Dear 5th Years,

Congratulations on passing your final exams and making it to 5th year! Welcome to learning in the GP5 clerkship. Primary care and all the GP teachers are looking forward to meeting you and integrating you into the team.

GP5 is a 9 week apprentice style block placement, with the focus on independent consultations with patients and practicing decision making. You will be in practice for 3-4 days per week in your GP pair. Every Wednesday you will be out of the practice at central cluster based teaching.

The following drivers have shaped the GP5 clerkship:

- **Preparing for professional practice.** Passing finals shows you have the knowledge, so now is the time to consolidate that with clinical application in preparation for your foundation jobs. The focus of the attachment is student-led surgeries which gain in complexity as you gain confidence. The student project allows you to improve a small area of practice, both contributing to your team and equipping you with skills necessary for future jobs.
- **Safety in practice.** Joint surgeries provide an opportunity for you to observe your GP supervisor and for them to observe you. This will allow you to complete your necessary assessments, but should also highlight areas for improvement.
- **Core competences and learning from each other.** Cluster based teaching sessions provide an opportunity to reflect safely on clinical cases, standardize learning in core areas and develop skills required for clinical practice.

Primary care offers a unique learning environment with the opportunity to see a wide range of acute and chronic presentations under the supervision of a senior doctor. This is a popular placement, and we hope you very much enjoy it.

We are keen to learn from you how it all works and what would make it better. Please do let us know if things aren't going how you would like, or if you can think of things to improve.

With our best wishes



Dr Veronica Boon and Dr Lizzie Grove

Year 5 GP Co-Leads

Primary Care Staff Contacts

- **Our year 5 administrator is Sam Walker**
- 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 GP5 as it is monitored 5 days per week. Please email any concerns or queries as soon as they arise.

Speak Up Guardian

Hopefully you are able to raise any concerns with your GP tutor or GP5 leads in the first instance (via phc-teaching@bristol.ac.uk).

However, if you wish to speak to someone outside of GP5, the UoB Primary Care Speak Up Guardian is very willing to be contacted by you.

Our speak up guardian is Dr Imogen Llewellyn: imogen.llewellyn@bristol.ac.uk
Dr Llewellyn is a Lecturer at the University of Bristol and a GP. A speak up guardian works independently and supports you to be able to raise any concerns that you have (and ensure follow-up) and to support GP5 to further evolve as an open learning, continuously improving clerkship.

Dates of Primary Care attachments

The dates of the GP Attachments are:

1. **Stream A** - Thursday 31st October 2024 – Friday 10th January 2025
(Not in practice 21st December 2024 – 5th January 2025 inclusive due to Winter Break)
2. **Stream B** – Monday 13th January 2025 – Friday 14th March 2025
3. **Stream C** – Monday 17th March 2025 – Friday 6th June 2025
(Not in practice 7th April 2025 – 25th April 2025 inclusive due to Spring break and Career's Week)

Teaching and Assessment at University and Academies

You will have some days where you need to be back at your academy for certain pieces of assessment and teaching.

Allowable academy absences include:

- Prescribing safety assessment (PSA) and resit
- Intermediate life support course
- Resit long cases
- Cluster Based Teaching every Wednesday

Academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc. must be done in your own time or **exceptionally** may be agreed by your GP tutor but in this case, time must be made up appropriately, and your tutor should be notified with plenty of notice.

Flexible Annual Leave (FAL)

- Students can take up to five FAL days during year 5.
- A **maximum of 2 days can be taken during your GP placement** at your tutors discretion. The only exception to this is if you want to take all your 5 FAL days as a whole week block of annual leave. This will need to be discussed and approved by the primary care team, and will only be granted in very exceptional circumstances after midpoint of A3.
- Your GP tutor must approve your FAL initially and ensure that you will not be missing any essential teaching then you will need to email phc-teaching@bristol.ac.uk for final confirmation.
- **We ask that you avoid taking Flexible Annual Leave days on a Wednesday so you do not miss Cluster Based Teaching.** In particular we would expect you to attend the final cluster teaching session where you present your outside the box project. If there is an exceptional reason to take a FAL day on a Wednesday you will need to get approval from both your cluster tutor and the primary care team (phc-teaching@bristol.ac.uk.)
- You need to give your GP tutor at least **4 weeks' notice** and it is your responsibility to make up any teaching missed.
- After agreeing a flexible annual leave day with your tutor, you need to complete the MBChB Absence Reporting ProForma which you will find on the 'How Do I?' section of SharePoint.

Attendance

If attendance drops below 80% you will be discussed at the exam board and risk not passing the attachment. **Any unplanned absence must be reported on the first day of absence by completing an online form and by emailing or phoning your GP practice/tutor when on placement, as well as the University.** On return you need to complete a self-certification form. If absent for more than five working days, a medical certificate is required. Further information on unplanned absence and the procedure for planned absence is available [here](#).

You should be timetabled for six sessions (5 x student led clinics, 1 x Joint surgery and protected time in middle of your day for your project). This can be spread over 3 or 4 days depending on your practices preferences and room availability. You will have two sessions (half days) of private study per week and one session on the same day as your cluster based teaching(CBT) for CBT preparation. This should allow you flexibility to organise personal appointments.

Travel to Practices

You may be able to claim for travel expenses to and from rotation or while on rotation. Please see the [Travel Reimbursement Policy and Procedure](#) for information on the full rules and processes for submitting a claim. Please keep your bus or train tickets and, if you are travelling by car, make a note of your mileage. If the car driver cannot claim travel expenses, it is helpful if the other student can help them with petrol costs.

Overview

- **9-week apprentice style placement**

- The overall aim is to develop and prepare you for life as a Foundation Year 1 (F1) doctor through independent consultations and practice decision making.
- No prescribed teaching themes
- You will be **out of practice every Wednesday** for Cluster Based Teaching (CBT)
 - You will need to complete pre-learning for this each week which will be outlined in your weekly session plan that will be available on OneNote one week in advance of the session. **Please also see table of tasks on page 12/13 below**
- You should have an induction and observed tutorial with learning needs analysis on your first day
- **Each week** you should have
 - 5 student-led surgeries
 - 1 observed surgery
 - Protected time in middle of day for a student-initiated project
- You should have run **at least 2 clinics individually** by the end of the attachment
- Ideally you should help with one “duty” session during your attachment
- You should spend one session with your local out of hours provider

To pass GP5 you must complete:

- At least 2 satisfactory Mini-CEX (only 1 if A3)
- At least 2 satisfactory Case- Based Discussion (CBD) (Only 1 if A3)
- 1 Team Assessment of Behaviour (TAB) – **Nov-Jan block ONLY**
- Your student assistantship log on OneNote
- Your student initiated project
- Your outside the box (OTB) project, see cluster based teaching student guide (sent together with the Week 1 session plan a week in advance)
- You will also need to have **>80% attendance** and satisfactory engagement and performance
- By the end of Block A (Nov-Jan) you need to have completed 30% of your EPAs.
- By the end of Block B (Jan-April) you need to have completed 60% of your EPAs
- By the 9th of May (Block C) you will need to have 5 signatures for each EPA 1-14.
- There are no minimum number of CAPS that need completing during your GP attachment but you should discuss outstanding tasks in your initial meeting to help guide learning opportunities. All CAPS need to be repeated in Year 5.
- You can take up to 2 days FAL in your GP placement. This needs to be approved by your tutor and you must give at least 4 weeks’ notice.
- If you have any questions about the course, please email phc-teaching@bristol.ac.uk

Structure of the Rotation

There is no specific structure to the block as this will vary depending on your learning needs and how your practice delivers care to its patients.

First Day

- **Induction – Getting your practice and new colleagues**
 - Use this time to familiarise yourself with the practice (demographic, number of patients, level of deprivation etc).
 - Discuss with your GP tutor about the structure of the practice and the staff that work there.
 - Familiarise yourself with how the practice manages appointments and patient requests (e.g. telephone triage, duty doctor, document management).
 - How does your practice manage emergencies and where is the emergency equipment.

Once you have your login you will also be able to review the appointment system. The following website is also a useful resource; <https://fingertips.phe.org.uk/profile/general-practice>.

- **Joint Surgery**
 - Baseline MiniCex with patient
 - Discussion of learning needs/timetable
 - 1: 1 meeting with tutor to discuss any specific requirements

Rest of your placement

- **Daily 3-point check** – in with supervising tutor. You should have a named tutor for each clinic.
 - Start of day/After morning session/End of Day
- **5 student led surgeries per week**
 - consulting individually or in pairs with patients in your own room before presenting to supervisor and getting feedback on diagnosis and management plans
- **1 joint surgery per week**
 - Blocked time with your GP supervisor and student colleague
 - Consult with patients with direct observation and 1:1 feedback
 - Complete assessments
 - Discuss complex cases
 - Observe GP tutor consult with patients
 - Feedback on placement and adapt timetable as necessary
- **Undertake a small quality improvement project**
- **Home visits**
- **Opportunities to spend time with allied health professionals**
- **Opportunities to undertake clinical skills and get your CAPs signed off**

Some example timetables are shown below but there is flexibility in what you can do during your time. It is up to you and your supervisor to come up with a plan which works for you both.

Example timetable for 4 day working week (6 scheduled sessions)

	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>	Cluster Based Teaching (CBT)	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>
Lunch	Break <i>12:00-12:30</i>	Lunchtime Activity <i>12:00-13:00</i>		Break <i>12:00-12:30</i>	Project <i>12:00-13:00</i>
	Lunchtime Activity <i>12:30-13:30</i>			Lunchtime Activity <i>12:30-13:30</i>	
	Project <i>13:30-14:00</i>			Project <i>13:30-14:30</i>	
PM	Student-led Surgery <i>14:00-17:00 including admin/patient follow up</i>	Private study	CBT Preparation Outside the Box Project	Joint Surgery <i>14:30-17:00</i>	Private study

Example timetable for 3 day working week (6 scheduled sessions)

	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>	Cluster Based Teaching (CBT)	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>	Student-led Surgery <i>09:00-12:00 including admin/patient follow up</i>
Lunch	Break <i>12:00-12:30</i>	Lunchtime Activity <i>12:00-13:00</i>		Break <i>12:00-12:30</i>	Project <i>12:00-13:00</i>
	Lunchtime Activity <i>12:30-13:30</i>			Lunchtime Activity <i>12:30-13:30</i>	
	Project <i>13:30-14:00</i>			Project <i>13:30-14:30</i>	
PM	Student-led Surgery <i>14:00-17:00 including admin/patient follow up</i>	Private study	CBT Preparation Outside the Box Project	Joint Surgery <i>14:30-17:00</i>	Private study

Managing the lunchtime gap

Students have previously commented that the lunchtime gap can feel long. This year we have asked your practice to allocate time in addition to your break to complete your student project.

There are also other things that you can be doing during this time:

Educational activities

- Accompany GPs on home visits (does not have to be own GP teacher)
- Personal study – learning points from patients you've seen or pre-session work to complete
- Online learning - via Blackboard or other sites e.g. www.bradfordvts.co.uk
- Practice based educational events and meetings
- Review practice SEAs and summarise learning points
- Meeting with interesting patients in the surgery
- Time with allied health care professionals (ensure they are allowed time for teaching)
- Identify a condition seen recently and research, then present back to GP/ practice. Some useful sites:
 - www.patient.co.uk
 - www.gpnotebook.com
 - <https://cks.nice.org.uk/>

Prescribing

- **Review a list of all medications prescribed** in the previous session – for each look up the indications, contraindications, possible side effects, monitoring
- **Medication reviews**, look at a patient with polypharmacy and try to identify any medications to review

Test Results:

- **Review of blood results** - consider which ones may need action/ are important and decide management plans. Can encourage them to use the 'Haematology for GP' guidance on Remedy and the clinical biochemistry page

Documents:

- **Referral letters** - Students suggested they would like to practice this: can look up local referral pathways and draft a letter with all the relevant information
- **Reviewing incoming documents** e.g. discharge/clinic letters see what tasks there are for the GP/ are these appropriate/ has any medication changed etc.?

Further resources are available in [Appendix 1](#).

Patient Follow-up

Make the most of the opportunities of the long attachment by following-up your patients and reflecting on the outcomes of your consultation, tests you have requested and referrals you have made. Please consider discussing any interesting cases in your cluster teaching sessions.

Self-care Activation

Please consider **self-care activation** of all the patients you consult. You may wish to bring back patients you have seen specifically to focus on this, see [Appendix 2](#)

Allied Health Care professionals

In previous years you would have been timetabled to observe an Allied Health Care professional once a week. Many students felt like they had already had this opportunity so we haven't timetabled it, but if you are keen to sit in with a particular Allied Health Care professional, we are happy for you to use some of a student-led clinic sessions to do this. You may want to use this time for some of your CAPS sign offs.

Some examples include:

- Chronic disease clinics with specialist nurses
- Social prescriber/ care-coordinator / Mental health specialist nurse / Drugs project worker
- Pharmacist/FCP/ANP/Paramedic
- Practice manager – learning about business side of GP
- District nurses/Palliative care team/Midwives/Health visitors/Rapid response teams/ Frailty team
- GPSIs – coil clinics, minor surgery
- Sexual health clinic/Abortion services

Out of Hours

We would like you to experience the Out of Hours (OOH) setting. There are more 'out of hours' in the week than there are 'in hours' yet there is very little exposure to this setting for you in the curriculum.

Attending one OOH session is compulsory for all students. You are entitled to a session back in lieu from your surgery for this – please discuss this with your GP supervisor. If your shift ends after a time public transport is not feasible to use, you may get a taxi and claim this expense back via your bursary or your academy.

- SevernSide (Bristol/North Somerset), Medvivo (Bath/Swindon), HUC SW (Taunton/ Yeovil) are offering all students in these academies' sessions for various evenings/weekends during your GP attachment.
- Practice Plus (Cheltenham and Gloucester) are being taken over by another provider in November we are still liaising with them about placements and will update you accordingly.
- **You will be informed which session you have been allocated. If you cannot make your allocated session you will need to arrange a swap with another student and let the person who initially emails you with a shift know.** If this is not possible, please reply to the initial email as soon as you can, and they will try to find you an alternative date. Please do not leave this until the last fortnight to re-arrange.

Please see [Appendix 3](#) for more information including contact details for your out of hours provider.

Student Initiated Project

The purpose of the student initiated project is to:

- explore further an area of interest / need for you or the practice
- provide a useful improvement to the patients
- instill you with confidence in carrying out a quality improvement project ready for your foundation jobs.

This is an opportunity to think beyond the individual patient and explore health improvement at a practice or population level. There is lots of flexibility within the project to choose something that you find interesting. You will have a minimum of 2 hours / week allocated for this in between your clinics. Please see the separate [handbook](#) to guide you.

We would encourage you to present completed projects at a practice meeting and consider submitting for a conference.

Bursaries

If you complete an interesting audit or QIP please consider presenting this at the National RCGP conference. We had several students who have successfully done this. We are happy to support you with this, please email phc-teaching@bristol.ac.uk if you would like our help.

There are a couple of bursaries available to students to attend conferences – please see links below:

- www.bristol.ac.uk/primaryhealthcare/teaching/prizes-and-bursaries
- www.rcgp.org.uk/rcgp-near-you/faculties/south-west-england-region/severn-faculty.aspx

Student Prizes

We would like to formally recognize exceptional students that have particularly impressed their tutors during the primary care attachment. At the end of the attachment, we will ask your tutor if they would like to nominate you for a prize. This is a monetary prize and can count for additional points on future job applications.

Criteria for nomination would include:

- Excellent attendance
- Excellent engagement and performance
- Excellent patient and colleague feedback
- Presented outstanding project work
- Went above and beyond that expected from a 5th year medical student

Cluster Based Teaching

You will be out of practice every Wednesday for Cluster Based Teaching.

You will meet with 4-8 other students from local practices for either a morning or afternoon session. **A separate email will be sent to you by the PHC team with individual details on timings and location for this.**

The aims of the placement are to:

- Meet with colleagues to share experiences and learning from GP placement
- Reflect on patient cases and how this relates to current guidelines
- Develop advanced consultation skills
- Understand how General Practices can differ in terms of population demographics and care delivery
- Reflect on General Practice as a speciality and potential career option
- Further expand on non-clinical areas to develop as a well-rounded practitioner

Each session has a suggested theme and outline, the table below has an example summary but this is subject to change so please use as a guide only.

One week in advance of each session, a session plan and compulsory pre-session work will be uploaded onto Blackboard/OneNote for you to complete prior to the session. We would hope that the pre-learning will be covered naturally during the placement, largely self-directed by yourselves or discussed during the observed surgery/tutorial. You can use your private study to complete this work.

These sessions are facilitated by a tutor, but should be predominantly student-led with students deciding each week what they would like to discuss and bringing relevant cases, articles and pre-prepared presentations. The more you prepare for this session, the more you will get out of it. You will also get the opportunity to practice advanced consultation skills with pre-prepared role play sessions.

Week	Topic	Pre-learning
Week 1	Introduction/ Common GP conditions/ Resources/Remote Consulting	<ul style="list-style-type: none"> • Find out about practice demographics (example questions provided to facilitate this) (10 minutes) • Read UKCCC guide to writing in the clinical record: https://wakelet.com/wake/JwJZF06v9tnKnBn9ICDhE (10 minutes) • If needed, refresh your knowledge of remote consulting by reading this resource for students
Week 2	Emergency Care	<ul style="list-style-type: none"> • Look at post-event communication from Integrated Urgent Care (IUC) • Contact ONE patient who has had a recent discharge from the primary care out-of-hours provider to find out about their experience
Week 3	Investigations and Results/Breaking Bad News.	<ul style="list-style-type: none"> • Find out how results are processed in practice • If possible, review a set of results and discuss how you would deal with them • Find a patient case with abnormal results, review how they were managed and present this back to your group

Week 4	End of life conversations	<ul style="list-style-type: none"> • Read about a ReSPECT form and review training modules at learning.respectprocess.org.uk. • Articles have been provided on Lasting power of attorney, place of death and DNAR discussions.
Week 5	Medical Complexity, discharge summaries and referrals	<ul style="list-style-type: none"> • Find a case that you have found challenging and present this to your group • Find out how your practice deals with medication requests/reviews • Spend time with a pharmacist looking at complex medication reviews if possible. • Find out how your practice deals with discharge summaries • Phone/visit a patient who has recently been discharged and speak about their experience. Reflect on the information on the discharge summary and how this could be improved.
Week 6	Managing Uncertainty and complaints	<ul style="list-style-type: none"> • When reviewing patients with your tutor, discuss how they manage uncertainty • Bring details of a case where you have had to manage uncertainty • Discuss with your tutors about how complaints are managed in practice • Attend a significant events meeting if possible
Week 7	Using an Interpreter	<ul style="list-style-type: none"> • Read pre-prepared background material • Find out how interpreters are used in practice • If possible observe a consultation using an interpreter
Week 8	Being a GP	<ul style="list-style-type: none"> • Talk to GPs in your practice about their job and experience of being a doctor. How do they look after their health? • Reflect on your experience of being a patient and how you look after your health
Week 9	Present Outside the Box project	<ul style="list-style-type: none"> • Prepare 5 minute micro teach session

Assessment

To complete the Year 5 Primary Care attachment you need to:

- Complete two satisfactory Mini-CEX (one in A3)
- Complete two satisfactory Case Based Discussion (CBD) (One in A3)
- Complete a Team Assessment of Behaviour (TAB) – **Nov-April streams ONLY**
- Complete your student assistantship log on OneNote
- Complete your student initiated project
- Present your outside the box (OTB) project during cluster based teaching (CBT)
- Have at least 80% attendance
- Have satisfactory engagement and performance

To complete PPP you need to:

- Complete your EPAs in MyProgress
 - **By the end of Block A (Nov-Jan) have completed at least 30% of EPAs**
 - **By the end of Block B (Jan-April) have completed at least 60% EPAs**
 - **By the 9th of May (Block C) have 5 signatures for each EPA 1-14.**
- Complete the CAPs logbook (no minimum entries required in primary care. All completed by the end of the year.

Mini-CEX

In Primary Care, your Mini-CEXs should assess a complete consultation. **At least two mini-CEX's from primary care should be used as a contributing tasks in your EPA's.** The choice of which EPA to put them against should be made in conjunction with your GP teacher.

- In your first tutorial you should consult a patient and your tutor completes Mini-CEX form. This can be used to plan the rotation based on any strengths or areas for improvement.
- Your joint-surgery allows further Mini-CEX's to be completed.
- Finally, a Mini-CEX can be completed in the last week to allow you to see how you have developed and plan goals for the rest of PPP or for your F1 year.

All of them, or two of them (one in A3) could be included in the ePortfolio depending upon how you feel about them and their outcome.

Cased Based Discussions (CBDs)

You will need to complete at least two CBD (one in A3) during your primary care attachment. This is a structured discussion of a clinical case, that has been seen by you, with your GP tutor. The CBD must be a planned event rather than completed after an informal discussion. You can use your joint surgery time to complete this assessment.

Team Assessment of Behaviour (TAB)

If you are doing your general practice rotation as the first rotation in PPP (Nov-Jan), you will complete a TAB; details are in your Year 5 Handbook.

Year 5 workbook – EPA's

Completion of the Year 5 ePortfolio is required to demonstrate that a range of people believe you 'entrustable' to perform a variety of activities as an F1 doctor. Entrustable Professional Activities (EPAs) are the key components of a competent F1. They are described in more detail [here](#).

Depending on when your primary care placement is during the year you will also be at various stages of completing your Year 5 Workbook and CAPS Log book. **It is important with each rotation, including Primary Care, that you identify the learning opportunities available and plan your rotation accordingly. Sitting down at the beginning of the rotation with your GP tutor to discuss this is, therefore, key.**

Within Primary Care, there are many opportunities to perform the various tasks that can contribute to EPA's, including during cluster based teaching if you are the lead, please see table below.

EPA	Description	Example activities <i>*please note all activities need to be reviewed by supervising GP</i>
1	Gather a history and perform a mental state and physical examination	Observed consultation
2	Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means	Observed consultation Use of translator Use of visual aids
3	Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	Discussion with GP/AHP Enable self-care Referral/Advice letter Documentation in notes
4	Recommend and interpret common diagnostic and screening tests	Arrange investigations for a patient – follow up results Interpret pathology results – comment on blood results before they are filed. Tutorial using local pathology guidelines for abnormal results or filing supervisors results Cluster Based Teaching session
5	Prescribe appropriately and safely	Initiate prescription for patient Alter doses of medication Medication reviews Mini-audits e.g. NSAIDs and PPI Cluster Based Teaching session
6	Document a clinical encounter in the patient record	Complete electronic patient record – whilst supervisor/colleague consulting or during/at the end of an encounter Discuss documentation during tutorials
7	Provide an oral presentation of a clinical encounter	Present patient to supervisor Present patient case at practice meeting

8	Form clinical questions and retrieve evidence to advance patient care and/or population health	Assign mini-topics each day to complete after surgery Student project Tutorials – patient-based discussions
9	Give or receive a patient handover to transition care responsibly	Admit patient to hospital or refer to ambulance
10	Communicate clearly and effectively with colleagues verbally and by other means	TAB Referral letter Handover patient to colleague
11	Collaborate as a member of an inter-professional team, both clinically and educationally	Work with allied health care professionals
12	Recognise a patient requiring urgent or emergency care and initiate evaluation and management	Assess patient on duty list Out of hours sessions
13	Obtain informed consent for tests and/or procedures	Obtain consent for a test Obtain a consent for a procedure e.g. rectal examination, speculum and swabs Enroll patient in practice clinical trial
14	Contribute to a culture of safety and improvement and recognise and respond to system failures	Mini audit Significant event reporting or meeting Reporting relevant illnesses to public health
15	Undertake appropriate practical procedures	CAPS logbook
16	Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor	TAB Cluster Based Teaching sessions

Feedback

We will be asking you for feedback at the end of weeks 3, 6 and 9. This is compulsory. You will receive an email link reminding you to complete this. It should take no longer than 5 minutes to complete and time should be allocated to do this within your working day.

If you have any concerns about the attachment please feel free to contact us on phc-teaching@bristol.ac.uk before the feedback forms.

Student Wellbeing

There are a lot of ways you can get support if you are struggling.

Support within the University:

- You can request support by completing a [Wellbeing Access form](#), email wellbeing-access@bristol.ac.uk or call 0117 456 9860 (open 24 hours). If students are uncertain what kind of support they need, the University suggests contacting wellbeing access who will be happy to help.
- [Multifaith Chaplaincy](#): 0117 954 6600 | multifaith-chaplaincy@bristol.ac.uk
- [Students' Health Service](#): 0117 330 2720

Out of hours and outside the university, the following services are available 24/7:

- [Together all \(formerly Big White Wall\)](#): provides peer and professional support
- [Bristol Mindline](#): a confidential freephone helpline if you or someone you know is in distress
- [The Samaritans](#): freephone number 116123 available for anyone in distress

Links to useful documents

The [Assessments and Feedback](#) section of the MBChB SharePoint contains useful information for students and staff.

Appendix 1 – Self Directed Learning Resources.

- Review a patient information leaflet- see www.patient.co.uk.
- Learn about patient experiences at <https://www.healthtalk.org/>
- Review new NICE guidelines
- Read some medical literature and reflect on it with a colleague
 - This is going to hurt – secret diaries of a junior doctor
 - When breath becomes air
 - Being mortal
 - War doctor
 - Unnatural causes
 - With the end in mind
 - Also human
 - Elizabeth is missing
- **Prescribing**
 - <https://geekymedics.com/top-tips-for-the-prescribing-safety-assessment-psa/>
 - <https://www.bradfordvts.co.uk/wp-content/onlineresources/clinicalskills/prescribing/10%20tips%20for%20safer%20prescribing.pdf>
 - <https://www.pharmaceutical-journal.com/learning/learning-article/the-top-ten-prescribing-errors-in-practice-and-how-to-avoid-them/20206123.article?firstPass=false>
 - <http://www.polypharmacy.scot.nhs.uk/polypharmacy-guidance-medicines-review/for-healthcareprofessionals/7-steps/step-1-what-matters-to-the-patient/>
 - https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_177_35786&programmId=177
 - <https://portal.e-lfh.org.uk/MyElearning/Catalogue/Index>
 - <https://openprescribing.net/>
 - *Look at overall prescribing trends, rise and fall of the use of particular drugs.*
https://openprescribing.net/long_term_trends/
- **Other useful Websites**
 - <http://learning.bmj.com/> *there are some good eLearning modules available free to students (for first year at least)*
 - <https://www.qpnotebook.co.uk/homepage>
 - <https://elearning.rcgp.org.uk/mod/page/view.php?id=3927> – *some free e-learning modules.*
 - <https://www.nbmedical.com/podcast> - *short informative podcasts – currently free*
 - <http://cks.nice.org.uk/>
 - <https://remedy.bnssqccq.nhs.uk/>
- **Textbooks**
 - *Essential primary care - textbook. Edited by Blythe, A & Buchan J. Chichester : Wiley Blackwell, 2017.*
 - *Stephenson. A Textbook of General Practice 3rd Edition*
 - *Simon, Everitt & Kendrick. Oxford Handbook of General Practice 3rd Ed*
 - *Hopcroft & Forte. Symptom Sorter 5th Ed*
 - *Storr, Nicholls, Lea, Leigh & McMMain. General Practice: Clinical Cases Uncovered*

Appendix 2 – Self-care Activation/The Lifestyle Conversation

Self-care activation is a concept you know from the Effective Consulting course. It is what we can do as doctors to help our patients find ways of getting well, staying well and living well with persisting conditions. We can do this in loads of different ways – one of which is engaging in Lifestyle Conversations (*Lifies*).

What in general is the *Lifestyle Conversation*?

It is a style of medical interviewing that helps you identify, and where appropriate make interventions, related to your patient's self-care needs. It builds on the patient's needs and preferences rather than the doctor's perspective. The *Lifie* has stages, as explained in the infographic in the Appendix 1, and summarised as follows:

Opening (**Who** are we talking to?) [you can afford to spend extra time on this stage]

Scan/Zoom/Focus (**What** is the issue?) [note the need to assess "readiness to change"]

Kindling (**Why** make a change?) [helping the patient identify their motivation to make a change]

Planning (**How** might you make a change?) [leading with patient's idea but also seeding your own]

Closing (**When** – what's the immediate plan?) [you can follow-up on this at subsequent meetings]

What areas might you touch on in self-care activation/*Lifie*?

- Information needs on conditions – some patients really benefit from clear explanations
- Connecting the person to local or online resources related to their condition
- Assessment and support for the *carers* of your allocated patient
- Engagement with common lifestyle issues like smoking/ problem drinking/ poor dietary habits/ lack of physical exercise/ poor sleep/ emotional stress

Why is it important to promote self-care activation?

Patients generally love to feel actively involved. Life with persisting conditions can often be improved by better information and lifestyle choices. For conditions such as IHD and T2DM lifestyle approaches can alter hard outcomes. Lifestyle interventions are a formal part of many NICE guidelines and are actively encourage by the GMC (Outcomes for Graduates 2018).

How will I know how to do this?

You have had training in self-care activation in Y1-4 of MB21 – so draw on that, even if a distant memory! On your first encounter seek to get to know the patient and scope the issues. This will give you time to research possible options to explore on subsequent meetings, these may include lifestyle support around smoking, alcohol, exercise or weight, or signposting to support groups, websites or podcasts. See [appendix 1](#) for support on initiating a life-style conversation.

How will my efforts be appraised?

Hopefully by your patient but also by your GP tutor or cluster tutor in case based discussions.

A visual aid for The Lifestyle Conversation

The Lifestyle Conversation (Lifie) can be a stand-alone consultation or, in a briefer format, integrated into a normal clerking. The questions below are only indicative and can be adapted by style and circumstance.



Appendix 3 – Out of Hours (OOHs) shift – Key Facts 2024/25

Learning Objectives

- Gain insight into how the out of hours system works at the interface between primary and secondary care
- Gain some experience of assessing and managing acute presentations and understand how this differs from primary and secondary care

How does it work?

- You will be contacted directly by email by your local out of hours provider with details of an out of hours session. This will be an evening or a weekend session during your GP attachment. **If you have not received an email by the end of the second week of your attachment, please contact the relevant person in the table below.**
- It is compulsory for you to attend one shift during your GP block. You are entitled to one session (a morning or an afternoon) in lieu from your main placement for this – please discuss this with your GP tutor. If you are doing an out of area placement, this is not compulsory but we would encourage you speak to your tutor and see if you can arrange a shift directly with your local provider.
- If you have to cancel your shift due to illness, it is your responsibility to rebook shift.
- If you are finishing late at night and there are no suitable transport options then you will be able to get a taxi home and claim the money back either via your NHS bursary or if you do not have one through your academy.
- Your shift may consist of telephone triage, face to face appointments or home visits. Please do ask questions to all the staff at your base location to find out more about the service and how it works.

Background

- During a week, GP surgeries are open for about 50 hours, leaving 118 hours to cover! 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. 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 extremely useful.
- The environment is very time target based, like the emergency department. Calls to 111 are triaged by non- clinical health advisors 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 time. 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.

Contact details for OOHs providers

<u>OOH provider</u>	<u>Contact at OOH</u>	<u>Allocation of shifts</u>	<u>Address of shift</u>
<u>Brisdoc</u> (Bristol and North Somerset)	brisdoc.gp-trainee@nhs.net Tracy: 07495903417	You will be allocated a shift	<u>Clevdon</u> <u>Cossham</u> <u>Osprey court</u> <u>Marksbury road</u> <u>Greenway</u> <u>Weston</u>
<u>Practice Plus</u> (Gloucester/ Cheltenham/ Stroud)	Karen.Pond@bristol.ac.uk	You will be allocated a shift	<u>Gloucestershire Out of Hours Service</u> <u>Cheltenham hospital</u> <u>Stroud hospital</u>
<u>Medvivo</u> (Bath and Swindon)	rota.team@medvivo.com	Allocated by email in first 2 weeks – contact them straight away if you need to swap.	<u>Moredon Medical Centre</u> <u>Chippenham Community Hospital</u> <u>Keynsham Health Centre</u>
<u>HUC</u> (Taunton and Yeovil)	Shift Manager: 01392269455/ 07975237129 OOH Service Manager: 07970222330 shelley.fenton@huc.nhs.uk	Allocated by email in first two weeks Swap between each other in first instance and inform sw.usc@huc.nhs.uk of any swaps	<u>Taunton Base (Warwick House Medical Centre)</u> <u>Yeovil Base (Preston Grove Medical Centre)</u>

If you require any further information, please email phc-teaching@bristol.ac.uk.