

# Year 5 GP Teacher Guide 2024/25



## Contents

<b>Primary Care Staff Contacts</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>4</b>
<b>Aim</b> .....	<b>6</b>
<b>Dates of Primary Care attachments</b> .....	<b>6</b>
<b>Year 5</b> .....	<b>6</b>
<b>Indemnity</b> .....	<b>6</b>
<b>Year 5 Curriculum Map 2024/5</b> .....	<b>7</b>
<b>Key Points of Primary Care Attachment</b> .....	<b>8</b>
<b>Planning for the attachment</b> .....	<b>9</b>
<b>Example timetable for 4 day working week (6 scheduled sessions)</b> .....	<b>11</b>
<b>First day</b> .....	<b>13</b>
<b>Typical Day</b> .....	<b>14</b>
<b>Student-led Surgery ** increased number new for 24/25**</b> .....	<b>15</b>
<b>Student documentation in the notes</b> .....	<b>16</b>
<b>Joint Surgery</b> .....	<b>16</b>
<b>End of Placement</b> .....	<b>17</b>
<b>Active Observation</b> .....	<b>17</b>
<b>Filling gaps between surgeries</b> .....	<b>18</b>
<b>Student Initiated Project</b> .....	<b>19</b>
<b>Bursaries for conferences</b> .....	<b>19</b>
<b>Cluster Based Teaching</b> .....	<b>20</b>
<b>Assessment</b> .....	<b>21</b>
<b>Mini-CEX</b> .....	<b>22</b>
<b>Cased Based Discussion (CBD)</b> .....	<b>23</b>
<b>Team Assessment of Behaviour (TAB)</b> .....	<b>23</b>
<b>Year 5 ePortfolio/EPAs</b> .....	<b>23</b>
<b>Clinical and Procedural Skills (CaPS) Logbook</b> .....	<b>26</b>
<b>Professionalism</b> .....	<b>26</b>
<b>Mid-placement feedback</b> .....	<b>26</b>
<b>End of attachment</b> .....	<b>27</b>
<b>Useful Documents</b> .....	<b>27</b>
<b>Student Attendance</b> .....	<b>27</b>
<b>Student Prizes</b> .....	<b>27</b>
<b>Student Concerns</b> .....	<b>27</b>
<b>Appendix 1 – Marksheet for Student Initiated Project</b> .....	<b>29</b>
<b>Appendix 2: Student Project Ideas</b> .....	<b>32</b>
<b>Appendix 3: TOP TIPS for GP5 from past tutors</b> .....	<b>33</b>

## Primary Care Staff Contacts

<u>Element Organisers</u>	<u>Element Administrator</u>
<p>Dr Veronica Boon and Dr Lizzie Grove                      Population Health Sciences                      Bristol Medical School                      University of Bristol                      Canynge Hall, 39 Whatley Road                      Bristol, BS8 2PS  <a href="mailto:Veronica.boon@bristol.ac.uk">Veronica.boon@bristol.ac.uk</a>  <a href="mailto:lizzie.grove@bristol.ac.uk">lizzie.grove@bristol.ac.uk</a></p>	<p>Sam Walker                      Primary Healthcare Teaching Office                      Bristol Medical School                      University of Bristol                      1<sup>st</sup> Floor, 5 Tyndall Avenue                      Bristol, BS8 1UD                      (0117) 42 82987  <a href="mailto:phc-teaching@bristol.ac.uk">phc-teaching@bristol.ac.uk</a></p>
<u>Academy Administrators</u>	
<p><b>Bath:</b> Becky Weston                      Tel: 01225 825479  <a href="mailto:ruh-tr.bath-academy@nhs.net">ruh-tr.bath-academy@nhs.net</a></p>	<p><b>Taunton:</b> Jessica Skinner                      Tel: 01823 342431  <a href="mailto:Jessica.skinner@somersetFT.nhs.uk">Jessica.skinner@somersetFT.nhs.uk</a></p>
<p><b>Gloucestershire:</b> Angie Coulson/Zaneta Jones                      Tel: 0300 422 6233  <a href="mailto:Angie.coulson@nhs.net">Angie.coulson@nhs.net</a>  <a href="mailto:Zaneta.jones@nhs.net">Zaneta.jones@nhs.net</a>                      Please use <u>both</u> email addresses when emailing Glos</p>	<p><b>Yeovil:</b> Hayley Topp                      Tel: 01935 384579  <a href="mailto:hayley.topp@ydh.nhs.uk">hayley.topp@ydh.nhs.uk</a></p>
<p><b>South Bristol:</b>                      Tel: 0117 3422256 / 3423912  <a href="mailto:southbristolacademy@uhbristol.nhs.uk">southbristolacademy@uhbristol.nhs.uk</a></p>	<p><b>North Somerset:</b> Lissette Lock                      Tel: 01934 881319  <a href="mailto:lissettelock@nhs.net">lissettelock@nhs.net</a></p>
<p><b>North Bristol:</b> Philip Collings                      Tel: 0117 414 8083 / 0117 414 8085  <a href="mailto:Philip.Collings@nbt.nhs.uk">Philip.Collings@nbt.nhs.uk</a></p>	<p><b>Swindon:</b> Sharon McDonald                      Tel: 01793 605350  <a href="mailto:Sharon.mcdonald15@nhs.net">Sharon.mcdonald15@nhs.net</a></p>

## Introduction

Welcome to the Year 5 **9-week primary care attachment**.

This is an apprentice style placement with the focus on the student consulting with patients independently and practicing decision making. The 9-week attachment should allow the students to really embed into your team and become an asset to the practice. **Students will be OUT of practice all day on Wednesdays for central teaching.**

Students will have completed finals and will come to you in pairs as part of an extended 27-week course Preparing for Professional Practice (PPP).

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 for the students, and we hope that they will be able to contribute positively to your team during your attachment.

*It's a pleasure to have a pair of fifth years embarking on the start of their career, feedback has been really positive from everyone in the practice.*

YEAR 5 GP TUTOR

*Best preparation for future practice I have had in the entirety of medical school.*

5<sup>TH</sup> YEAR STUDENT

*Teaches how to manage a variety of conditions that you do not see in secondary care. The generalised nature of GP keeps you on your toes and gives you an idea of what your strengths and weaknesses are.*

5<sup>TH</sup> YEAR STUDENT

We hope that you enjoy this placement. Please do not hesitate to contact us if you have any questions or feedback.

Kind regards,



Dr Veronica Boon and Dr Lizzie Grove

Year 5 GP Co-Leads



## **Aim**

To prepare students for working as F1 doctors by learning in the primary care setting.

## **Dates of Primary Care attachments**

The dates of the GP Attachments are:

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

## **Year 5**

Students complete their final examinations at the end of Year 4. Year 5 is an apprenticeship year which starts with an 8-week elective placement. This is followed by three Preparing for Professional Practice (PPP) rotations which include 'Primary and Community Care (PCC)', 'Ward Based Care (WBC)' and 'Acute and Critical Care (ACC)'. Each rotation lasts for 9 weeks. See Schematic on page 6.

## **Indemnity**

Since the introduction of the Clinical Negligence Scheme for General Practice in 2019 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.

## **DBS**

All Students have a DBS check completed in their first year at medical school. In subsequent years, they are asked to complete a self-declaration form to confirm nothing has changed since this initial check.



## Key Points of Primary Care Attachment

- 9-week apprentice style placement
- No prescribed teaching themes
- Main focus is on the student consulting independently and practicing decision making
- **On the first day students should have an induction and a joint surgery with learning needs analysis**
- Students are out of practice every Wednesday for central teaching
- By the end of Year 5 the students need to complete:
  - An online ePortfolio with 16 Entrustable Professional Activities (EPAs)
  - An online Clinical and Procedural Skills (CaPS) logbookThese skills/activities will need signing off during their placement
- Each student should aim to have run at least 2 clinics individually (without their student colleague) by the end of the attachment
- Students should assist with at least one duty clinic
- Students can have time off for University Exams and up to **five days flexible annual leave (FAL)** during the year and this does not affect their attendance. A maximum of **TWO days of FAL can be taken whilst on their GP placement. This is at your discretion, but you will need to inform phc-teaching@bristol.ac.uk of these days. The exception to this is for students who want to take all 5 of their FAL days to have a whole week of leave. This must be discussed and approved by the primary care team.**
- If you are unable to teach, we would expect you to arrange for a colleague to cover, or to reschedule the missed session during future private study sessions. If this is not possible, please let us know.
- **If you have any questions about the course, please email [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)**

### Essential components

- ✓ **6 sessions scheduled teaching in practice / week**
  - Each session should be approximately 4 hours
  - This may be spread over 3 or 4 days.
- ✓ **Each week** students should have:
  - 5 student-led surgeries
  - 1 joint surgery
  - Protected time over lunchtime for a student-initiated project
- ✓ During their GP attachment, students must complete:
  - At least 2 satisfactory Mini-CEX (1 if in block C)
  - At least 2 satisfactory Case- Based Discussion (CBD) (1 if in block C)
  - 1 Team Assessment of Behaviour (TAB) – block A+B ONLY
  - This is documented on the Assistantship Progress Review (APR) form
- ✓ We expect 100% attendance but the GMC stipulates that students need a minimum of 80% attendance by the end of the attachment. Students will be contacted by us if their attendance drops below 90%. **Please email [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) with any student attendance concerns as early as possible.**



## Planning for the attachment

- **Decide who is doing the teaching:**
  - **One GP should have prime responsibility** for the students, including doing the introductory and final sessions and supervising the student project.
  - The rest of the sessions can be shared between **two or three** GPs.
  - We recommend that the main tutor is allocated **two sessions of admin time** prior to the attachment to attend the workshop, familiarise themselves with the course handbook and devise the timetable.
- **Contact the students:**
  - Introduce yourself and the practice
  - Advise about parking and access to the practice for the first day
  - Advise about lunch facilities, showers, bike locks etc
  - Ask about any planned absences
  - Ask about any necessary adjustments/Discuss Student support plan (SSP), see below
  - Advise about **dress code** if necessary: The students have been provided with University of Bristol scrubs which they may choose to wear during the placement. The University has a dress code policy the students should follow. If you do not want your students to wear scrubs or have a particular practice dress code policy you would prefer them to follow, please share this with them.
  - Provide them with an initial timetable
  - **Exchange emergency contact details for each other in case of absences/ issues.**
- **Arrange access to computers in advance.**
  - The two students will need access to computers (ideally one each, although they could share) to carry out the various tasks associated with the GP attachment. They will need access to the internet and the medical records.
  - **Please arrange relevant computer logins for the students in advance e.g;**
    - **Windows**
    - **EMIS/SystemOne**
    - **Docman**
    - **Accurx**
    - **Econsult**
    - **Students will need an NHS email to be able to use Accurx and Office 365 for referrals. This can be requested through your local IT team. ICE access is also useful and can be requested directly from your referral hospital.**
- **Equipment.** If possible, put together equipment for the students to use – BP monitor, oximeter, otoscope, thermometer, tape measure, dipsticks, tendon hammer, tuning fork, peak flow meter. They have their own stethoscopes.
- **Student Support Plans (SSP):**
  - 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 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.

## Structure of the placement

The tables below are an overview of how you could structure the placement based on a 3 or 4 day working week. Please remember it is only a suggestion to assist with your planning. You can be flexible with what works for you as a practice and the resources you have available and the learning needs of your students.

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

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

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

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

- **Reserve Wednesdays for Cluster Based Teaching:** The Students will NOT be in practice on Wednesdays. They will have central cluster based teaching.
- **Reserve sessions when students have Academy/University teaching.**
  - Allowable academy absences include:
    - Prescribing Safety Assessment (PSA): Thursday 30<sup>th</sup> January 2025, Thursday 20<sup>th</sup> March 2025, Thursday 1<sup>st</sup> May 2025.
    - Intermediate life support course: varying dates
    - Resit long cases: TBC (only in stream C if necessary)
    - F1 induction days
  - Academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc. should be done in the students' own time or **exceptionally** may be agreed by you but in this case, time must be made up appropriately.
  - **Flexible Annual Leave Days (FAL):**
    - Students are allowed to take 5 FAL days during Year 5
    - Flexible annual leave does not count as an absence as it is approved leave.
    - A maximum of 2 of these can be from their GP placement at your discretion (the other 3 from the rest of the year).
    - An exception to this is for students who want 5 consecutive days for any reason. This will need discussion and approval from the primary care team. Only in exceptional circumstances should it be taken after the midpoint review in block C.

- The students will need to request this leave **at least 4 weeks** in advance for you to approve it otherwise leave taken will be unauthorised and count as an absence.
- The students should not miss any essential teaching (e.g. an observed surgery that is essential for signing of their Mini-CEX by the end of the attachment).
- FAL must be taken in whole days
- You cannot approve leave for cluster based teaching, they will need to request this directly with their cluster tutor.
- If you would like to discuss any request prior to approving, do contact us. If you do approve leave, please let us know via [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk).
- We will ask you to let us know how many Flexible Annual Leave days your students have taken at the end of the attachment.
- **Absences:** Students need to log all absences with the University, this includes flexible annual leave days and sick leave.
- **Out of Hours Placement:** Students will be offered one session with the local OOH provider. **They are entitled to ONE session in lieu during the day if they undertake an OOH session ideally the following morning.** The students have been advised to make you aware of their allocated OOH session date as soon as possible.
- **Please timetable the students for 6 sessions a week in practice.** Students are required by the GMC to complete a 40-hour working week. For flexibility we are stipulating that the students must have 6 scheduled sessions/week in the surgery. We appreciate a 'session' can vary in time based on the day but the total scheduled time should be between 24-28 hours per week. The remaining time will be made up by cluster based teaching and private study. These 6 sessions can be timetabled over 3 or 4 days, see examples above. If students are in practice for more than 5 hours they are required to have one 30 minute break. If they are in practice for more than 9 hours they are required to have two 30 minute breaks. **Please note if students attendance falls below 80%, they will be expected to make up time during these untimetabled sessions.**
- **A minimum of 5 sessions per week for Student Led Clinics.**
- **One Joint Surgery per week.**
- **Protected time over lunch time for Student Initiated Project. Minimum of 2 hours per week.**
- **Lunchtime activities;** these can be flexible based on available opportunities/students needs
  - Home visits
  - Practice meetings/educational events
  - Signing off CAPS in treatment room/mini-HCA clinics
  - CBT preparation work
  - Patient follow-up
  - Helping with duty
  - Further project time
- **Please schedule time/opportunities for students to complete pre-session tasks for Cluster teaching, see learning requests in table below**
- Where possible it would be ideal to have some flexibility in the timetable to address the students' needs e.g. some students may want to spend time with the HCAs, nurses practicing phlebotomy or doing spirometry.
- **Allied health care professional/community health clinics.** Please discuss if your students would like to spend some time with allied health care professionals to better understand their role. Some may feel they already have a good understanding of these roles. Some students may want to

spend some time in the treatment room getting their clinical skills signed off, see [CaPS logbook](#). This time could replace a student-led surgery or the student led surgery could be shortened to allow time for this. Please see [this](#) video resource that could be used to help prepare AHCP's for supervising students in their clinic. (Video has audio)

- **Home visits:** We would expect students to undertake home visits. Initially, students will need to be accompanied by a supervising GP or allied professional. By the end of the attachment, you may feel that the students could start the visit in their pair independently, but it is essential that the GP supervisor still reviews the patient face to face at the end of the visit. We would not expect any students to conduct home visits on their own – they should be done as a pair. Exceptionally, there may be some routine home visits that are appropriate for students to visit without a supervising GP reviewing that patient face to face. For example, if you and the students are confident in their ability, they could conduct a routine diabetic review in their pair.
- **Tasks for students separately.** Although the students will be sitting in with GPs and nurses as a pair, it is important that they carry out tasks during surgeries and afterwards individually, and that you see evidence that this is done.
- **Please note that students will have had a lot of time observing GPs/HCPs consult and we would not expect them to be sitting in on your surgeries after their first couple of days.** However, there can still be some value in students observing different consultation styles and if they are keen to do this then that is acceptable. I would advise making these active learning surgeries, please see [active observation](#) section below.

## First day

### Morning

- Introduce the student to the practice and your team.
- 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. There is a sample document that you can use for this titled General Practice: Medical Student Undertaking – available on the PHC website [here](#).
- Brief the students on Health and Safety issues in the workplace.
- The students have been given a list of questions to ask to help get to know your practice, the patient population and local community. Please assist them with answers to these.
- If time, other activities for the morning could include familiarising themselves with the computer system, sitting in on a clinic, having a walk around the local community, accompanying clinicians on home visits.

### Afternoon

- Schedule your first **Joint surgery** with both students
- Establish their learning needs. Students all have individual strengths and weaknesses. On top of this, your students are likely to have different learning priorities depending on whether they are coming to you in their first, second or third PPP block. **We also ask you to allocate some time to speak with each student 1:1 to establish if there are any health or learning needs that need to be considered**

- **Book in a patient for each student to consult with independently.** We suggest using a Mini-CEX to 'assess' each student performing a complete consultation in a 20-minute time limit. This could be a telephone call, a video call via AccuRx or a face-face appointment. Patients should be advised they will be seeing a final year student under the supervision of the GP and they should be presenting with a new problem. You will then have a feel for what level the student is at. This assessment, along with any gaps in the student's Year 5 Workbook or CAPS logbook, can be used to plan learning goals and activities for the placement. It is also a useful baseline for you and the students to observe progression over the placement.
- Please also use this session to discuss ideas for the student project, see page 18.

## Typical Day

Each day the students should be clear who their supervisor is, and they should have 3 'check-in' points with the students. **We suggest that you have additional appointments blocked to give yourself time for this.**

### Start of Day: Check in with GP tutor (10 mins)

- Hello and Welcome
- Check if any issues they want to discuss
- Discuss any clinical learning needs they would like you to alert them to.
- Check they know what they are doing and know how to contact you if consulting independently.
- Consider ice-breaker to help build rapport with your students – most recent film watched, favourite restaurant, what do they do outside medicine? Students and tutors have both highlighted the benefit of this for helping the students feel included and part of the team.

### After Morning Session: Debrief with GP tutor (20 mins)

- How did it go?
- Key take home messages?
- Any learning needs identified?
- Anything that could be done differently?
- What are they doing over lunch break ? visits ? help with admin/care reviews? spend time in treatment room
- Have they decided on project? How is it going?
- Any interesting patients to follow-up?
- Any tasks they need to do for Cluster-teaching?
- Do they know what they are doing this afternoon?

### End of the Day: Check out (10 mins)

- How did session go?
- Key take home messages?
- Any learning needs identified?
- Anything that could be done differently?
- Planning for the next day.

## Student-led Surgery **\*\* increased number new for 24/25\*\***

The focus of this placement is on the students consulting independently rather than observing your surgery. Feedback from the students highlighted that this is what they valued the most and wanted more of.

**We suggest a minimum of 5 student-led clinics per week (This has increased from 4 in previous years, with the extra clinic replacing the student project session – this should now be timetabled over the lunch break)**

### Typical Session

- Student consults individually or in pairs with patients in their own room before asking you to come through to review
- 4-6 patients with at least 30-minute appointments per patient.
- The students should aim to spend up to 20 minutes conducting a complete consultation from history and examination through to diagnosis, management and safety netting.
- The supervising GP would have one slot blocked out for every patient the student consults. In this time, the student will present the case, discuss the differentials and management plan and the GP would review the notes.
- Telephone call or a face-face appointments (majority face-face)
- **Patients should be advised they will be seeing a final year student under the supervision of the GP and they should be presenting with a new problem.**
- You may want to start with fewer patients and more blocks in between patients and then gradually build up over the attachment.
- **If possible, it is beneficial for students to be able to book patients in for follow-up with them.**
- Please also allow some time at the end of each session for students to follow-up previous patients and look at results, outcomes from referrals etc.
- **Each student will also need to run at least 2 clinics individually rather than in a pair by the end of the rotation** – If you don't have enough room for both students to consult individually, the other student can sit in and observe different GP's or do their project work.
- **We would like the students to assist with at least one duty clinic.**
- The patient remains the ultimate responsibility of the allocated supervisor for that clinic so the clinician needs to do enough to satisfy themselves that the patient has been consulted and managed appropriately. The level of supervision will vary depending on the ability of the student and the complexity of the case **but we advise that all face to face patients should be seen and reviewed in person.** We are keen that students take initial responsibility for referral and checking results for their patients but again these will all need to be reviewed by the allocated supervisor.

### Example student clinic

This can be revised as placement progresses. Gradually increasing the complexity and decreasing the allotted time.

**9-9.40:** 1<sup>st</sup> booked patient

*9-9.20: Student consults patient*

*9.20-9.30: Student presents patient to GP tutor and discusses management plan. GP tutor reviews patient face-face. GP tutor has one slotted booked.*

*9.30-9.35: Student explains diagnosis to patient and discusses management/safety netting*

*9.35-9.40: Student completes record keeping.*

**9.40-10.20:** 2<sup>nd</sup> booked patient

**10.20-11.00:** 3<sup>rd</sup> booked patient

**11.00-11.40:** 4<sup>th</sup> booked patient

**11.40-12.00:** admin and patient follow-up

## Student documentation in the notes

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

1. Include the full name, identity and supervisor of all students consulting and that patient has consented to student consultation e.g. Jo Kahn and Jessie Ball, 5th year medical students supervised by Dr Lang. Patient consented to student consultation.
2. The student should discuss and review their 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
3. We advise to make student notes visible to patients i.e. not to remove online visibility. This is to avoid confusion e.g. the patient wondering why they consulted with a student but there was not anything written by them in their notes. It is also to give authenticity to medical student consultations as part of their learning and as valued members of the team. We do however appreciate that different GP Practices may have different views on this and in this case the Practice Policy would take precedence.

## Joint Surgery

We would like the students to have one joint surgery a week. **A whole session should be allocated to the supervising GP to facilitate this.**

This session entails the students consulting individually with patients whilst you and the other student observe them and give feedback. A typical session would involve seeing 2-4 patients with 30-minute appointments and 10 minutes feedback time after each patient. These sessions can be used to work towards and complete the compulsory Mini-CEX.



These sessions can also be used to:

- complete a Case-Based Discussion, please see Assessment section.
- Discuss pre-learning for Cluster based teaching.
- Discuss student project
- Discusses interesting cases in more depth and encourage patient follow up
- Review placement and adapt to learning needs if necessary
- Observe tutor consulting with 2-4 patients
- Complete necessary forms e.g. feedback and attendance forms, assessments

#### **Example joint clinic**

**14.30-14.50:** Student observes tutor consulting

**14.50-15.10:** Student observes tutor consulting

**15.10-15.40:** Catch up – Discuss EPA's, project, complex cases

**15.40-16.20:** Student A consults (complete mini-CEX)

**16.20-17.00:** Student B consults (complete mini-CEX)

## **End of Placement**

- A summing-up tutorial should be completed where a final Mini-CEX can be run to show where progress has been made.
- Feedback for the placement overall should be discussed and identification of learning for the next rotation or first job be made.
- Please make time to discuss and reflect on the student's project if this has not been done earlier in the week.
- One to one feedback and completion of the **Assistantship Progress Review (APR) form. Students can give you access to this form. Please allow 30 minutes to complete this.**
- Whilst one student is doing the APR the other should be directed to a computer to **complete their online evaluation** of the placement. This is how we get individual feedback for you so please encourage them to complete this.

## **Active Observation**

There may be situations where students will be observers. Here are some tips on how to turn observation from simple absorption into active memorable learning. Giving students observation tasks engages students and enhancing learning.

- **Who to observe?** Should they be focusing on the GP or the patient? Could one student focus on the GP, the other on the patient?
- **What to observe?** Body language, consultation micro skills, i.e. are cues being noted and addressed? Have specific questions in mind – What is the mood of the patient? i.e. anxious.

Encourage your students to set their own observation tasks. Students consulting in pairs can set each other observation tasks

- At the end of a consultation ask your students to identify the aspect that they feel merited the most attention or identify something that caused them to think differently about the management etc
- Ask the students to write the notes whilst you are consulting – what would you have done differently?
- Ask the students to examine the patient
- Ask the students to summarise the consultation
- Ask the students to suggest the management plan or explain something to the patient

### **Examples:**

- *Watch Mr. Jones during this consultation and see what features of PD you can identify. I also want you to think about how this may impact on his ADLs and what help he may need.*
- *When you are joining the pharmacist/practice nurse for the Diabetes/Asthma, COPD, HT clinic I would like you to focus on*
  - Side effects mentioned by the patient
  - Adherence
  - How the patient is involved in decision making?
  - What monitoring is needed for a given condition /medication?
  - Whether and which ones of the medications need adjustment because of renal function
  - What are the medication changes that are being made and what factors are being taken into consideration?

### **Filling gaps between surgeries**

Students often feedback about the long lunch breaks in general practice which we appreciate are difficult to avoid due to the structure of a GP day.

This year we have replaced the stand-alone project session with an additional student-led clinic. We now expect the student to use some of the time in between surgeries to complete their project. Please ensure they are timetabled for a minimum of 2 hours per week over the lunchtime gap in order to complete this.

Other suggestions for the lunchtime gap include:

- Home visits
- Helping with duty
- Reviewing notes and following-up patients seen earlier in attachment
- Reviewing guidelines and doing mini research projects on clinical presentations seen in the morning
- Assisting with admin - processing documents, lab results, repeat scripts, script queries
- Getting clinical skills signed off in treatment room
- Mini HCA clinics
- Reviewing care plans/asthma/medication/dementia/frailty reviews
- Pre-learning for Cluster teaching
- Creating AccuRx templates

The timings of the students' sessions can also be altered so their morning session starts a bit later and their afternoon session finishes a bit earlier if that fits in with the practice.

## **Student Initiated Project**

We would like students to complete a student project that is of use to your patients and the community. A minimum of two hours per week should be allocated to this over the lunchtime gap. We would like the students to present their project to you/at a practice meeting in the last week of their placement.

- The students have been provided with a [Project Handbook](#)
- Students will have a remote introductory teaching session outlining the project and be asked to read the project handbook and think about ideas about potential projects.
- Whilst the project is remaining **formative**, we have now created a **mark sheet** to help guide some feedback which is found in the appendix 1 of this handbook.

**It is helpful to have a few ideas for potential projects that you could discuss with the students on their first day to get this off to a good start.**

You are probably best placed to know what is feasible with the local resources and what is of most benefit to the local population. If you have a registrar, do they want to engage with the students if this overlaps into any Quality Improvement Projects that they are working on? Does your pharmacist have any projects they need completing? Could they help with QOF work? Please see [Appendix 2](#) with some

## **Bursaries for conferences**

Students from previous years have been successful in getting a bursary to present their project work at the RCGP annual conference. Examples include;

- A 15 minute lecture to present an audit of lower GI two week wait referrals before and during the Covid-19 pandemic.
- A poster looking at the use of group consultations to improve the management of diabetes.

Please encourage all your students to submit an application to the National RCGP conference to present a poster or a short lecture.

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

<https://www.bristol.ac.uk/primaryhealthcare/teaching/prizes-and-bursaries/>

The Severn Faculty also offer bursaries to GPs as well as students if you would like to accompany your student.

<http://www.rcgp.org.uk/rcgp-near-you/faculties/south-west-england-region/severn-faculty.aspx>

## Cluster Based Teaching

During this attachment groups of 4-8 students from local practices will meet centrally in their academy/online each Wednesday similar to the VTS training programme.

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, available resources and how care is delivered
- 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. Students are encouraged each week to complete some pre-learning and bring relevant cases, articles and preprepared presentations, see outline of sessions and preparatory work for each week below. Students will also practice advanced consultation skills with pre-prepared role-play scenarios. Each group will be facilitated by a GP tutor who will link learning and discussion throughout the sessions to professional practice as a foundation doctor.

**Where possible, we would ask you to facilitate the opportunity for students to complete any practice based pre-learning for these sessions, see table below.** We would hope that the pre-learning would be areas that would be naturally covered during the placement, largely self-directed by the student or discussed during the observed surgery/tutorial. They can use their unscheduled/private study time and lunch breaks to complete this.

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

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

## Assessment

Please find assessor guidance on workplace-based assessments [here](#). You will need to confirm you have read these prior to completing the students assessments.

To complete the Year 5 Primary Care attachment, students need to:

- Complete TWO satisfactory Mini-CEXs (only 1 in Block C) – **this can be remote or face-face**
- Complete TWO satisfactory Case Based Discussions (CBD) ( Only 1 in Block C)
- Complete a Team Assessment of Behaviour (TAB) – **Nov - March streams ONLY, unless it needs to be repeated**

- 10 responses required, no more than 2 from peers.
- Complete a Learning Journal on OneNote
  - Mandatory brief daily activity log used as evidence if any attendance concerns. Please ask the students to show you this and briefly check it is completed and consistent with their attendance in practice.
- Have at least 80% attendance
- Have satisfactory completion of student project
- Have satisfactory engagement and performance

To complete PPP students need to

- Complete their Year 5 EPAs
- Complete their CAPs logbook

**This is documented on the Assistantship Progress Review (APR) Form at the end of the attachment.**

If students have not completed all the above tasks to a satisfactory level it is NOT your responsibility to ensure they do this. Please submit the APR highlighting any concerns and inform us on [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk). Please have a low threshold for highlighting any concerns. This will not automatically mean that the student will not pass the attachment but will enable this information to be reviewed and dealt with as necessary by the central university team.

### Mini-CEX

A Mini-CEX is an assessment of direct observation of a student/patient clinical encounter and should take no longer than 20 minutes. The student will provide you with an electronic device for you to complete the online form or email you a link to complete. If you wish to see the form in advance, the form is on our website along with the University of Bristol CCA guide for assessors with more information on completing a Mini-CEX:

<https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/five/>

We would expect you to complete this assessment during your Joint Clinics.

You can complete as many Mini-CEX's as you like. **Two must be completed to a satisfactory level during the GP placement (one if in block C)**

Many tutors find it helpful to print out a form and annotate it whilst the student is consulting. If a paper form is completed this must be transferred to the electronic form in your presence.

You need to decide if the student is:

1) Performing at the level expected of an FY1 doctor (the student is procedurally competent and safe, and has demonstrated at least the minimal level of competence required for commencement of FY1)

or

2) Not yet performing at level expected (you do not feel student has reached a standard that will allow him or her to function as an FY1, in particular if you feel they have demonstrated behaviour that could potentially compromise patient safety)

You will also need to remember to ask the patient for their comments. I would warn the student before the consultation that you will need to do this. We have also suggested tutors advise the patient that they will be asked for feedback before the consultation and that if they don't feel happy to do this in front of the student you can ask the student to leave the room.

### **Cased Based Discussion (CBD)**

This is a structured discussion of a clinical case that has been seen by the student. This is also an electronic form which is found on our website link as above. You will also find some assessor guidance which contains links to some useful videos on how to conduct a CBD and give feedback.

Two need to be completed in Block A and B and one if in Block C.

### **Team Assessment of Behaviour (TAB)**

During the first and second attachments, Students need to complete a TAB. They will need to send a ticket request (email) asking for feedback for their TAB to a range of different staff they have worked with in your practice. They need 10 responses with a maximum of 2 responses from peers. Staff will need to follow the link and complete the short form if requested to do this. If students have not managed to complete this successfully in the first rotation, they will need to repeat this in their second rotation.

### **Year 5 ePortfolio/EPAs**

The Year 5 ePortfolio can be used to guide learning needs and activities during the GP attachment. This is the student's key to getting signed off as completing PPP and Year 5 successfully. The online portfolio contains 16 Entrustable Professional Activities (EPAs), see Table below. EPAs are being introduced to every UK post-graduate training program as the core activities at which doctors should be competent. For PPP, we have used EPAs to guide the development of the core activities that we want students to become trusted to perform at the level of an F1 doctor to help Year 5 act as a bridge towards postgraduate training.

- **By the end of Block A (Nov-Jan) students need to have completed 30% of their EPAs.**
- **By the end of Block B (Jan-April) students need to have completed 60% of their EPAs**
- **By the 9<sup>th</sup> of May (Block C) students will need to have 5 signatures for each EPA 1-14.**

A maximum of 1 EPA can be signed off for a single activity but up to five EPAs for different activities can be signed off on the same form to save time. To try and facilitate the EPAs being signed off we have also allocated certain EPAs to their CBT sessions, and ask that their CBT tutors sign some off.

- **They can be signed by any doctor above F2 level and by allied health care professionals (AHPs) when the task is relevant to their role.**
- The student should fill in the scenario information on the EPA form and the assessor will only need to provide their name, position and GMC number. This should only take a couple of minutes.

\*\*\* Please note that the ePortfolio needs to be completed by 9<sup>th</sup> May which is in the middle of the 3<sup>rd</sup> block. \*\*\*

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 PSQ 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 Assigned patient
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  Reconcile discharge summaries  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
<b>7</b>	Provide an oral presentation of a clinical encounter	Present patient to supervisor  Present patient case at practice meeting
<b>8</b>	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
<b>9</b>	Give or receive a patient handover to transition care responsibly	Admit patient to hospital or refer to ambulance
<b>10</b>	Communicate clearly and effectively with colleagues verbally and by other means	TAB  Referral letter  Handover patient to colleague
<b>11</b>	Collaborate as a member of an inter-professional team, both clinically and educationally	Work with allied health care professionals
<b>12</b>	Recognise a patient requiring urgent or emergency care and initiate evaluation and management	Assess patient on duty list  Out of hours sessions
<b>13</b>	Obtain informed consent for tests and/or procedures	Obtain consent for a test e.g. PSA  Obtain a consent for a procedure e.g. rectal examination, speculum and swabs  Enroll patient in practice clinical trial
<b>14</b>	Contribute to a culture of safety and improvement and recognize and respond to system failures	Mini audit  Significant event reporting or meeting  Reporting relevant illnesses to public health
<b>15</b>	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
----	--	--

### Clinical and Procedural Skills (CaPS) Logbook

Students have a variety of clinical skills that they will need to get signed off before the end of year 5. This includes spirometry, performing urine dipsticks, taking a BP, taking a BM, ABPI's, IM injections and ECGs. There is no minimum amount that they need to do during their GP attachment, but students often find that it is a very useful place for completing them especially skills like spirometry which are difficult to do in hospital. **Please discuss any outstanding CaPS during your first meeting and help to facilitate completion.** Please note that this online logbook needs to be completed by the 9<sup>th</sup> of May which is a few weeks before the end of the last attachment.

#### IM injections/Flu clinics

Like all clinical skills, students should be observed performing IM injections under direct supervision and signed off as competent in their CAPS logbook. Whilst we recommend students should continue to give flu vaccines under direct supervision, we also realise that many GP teachers do allow students to vaccinate under indirect supervision once they feel the student has sufficient competency.

Students often assist with IM flu vaccines during GP5, in which case this should be in their normal hours and one session of IM flu vaccines should be sufficient for their learning.

Students are not taught on covid vaccination or nasal flu vaccination. Some Practices are offering students an extra paid role for assisting with flu vaccines outside of GP5. However, this is separate from the University and Practices would need to take responsibility for ensuring the students have full training, indemnity, authorisation and supervision etc. Please note that the Medical School Council advises that students can take up to 12 hours of paid work/week, as long as it does not compromise learning.

#### Professionalism

Please see the link below outlining the key areas of professional concern for medical students. Of particular relevance to this placement would be consistent poor time-keeping and communication, lack of engagement with the placement or student project and poor behaviour with staff and patients.

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/achieving-good-medical-practice/professionalism-key-areas-of-concern>

#### Mid-placement feedback

We will be asking both students and tutors for feedback at the end of weeks 3 and 6. It is compulsory that you complete these in timely fashion. You will receive an email link reminding you to complete

this. It should take no longer than 5 minutes to complete and time for you and the students should be allocated to do this within the last session of the week.

### **End of attachment**

- Complete an Assistantship Progress Review (APR) form with the Students.
- Return the Feedback and Payment form. This will be emailed to you at the end of the placement.

### **Useful Documents**

As well as this handbook, there are further useful documents available on the [Primary Care Year 5 Teaching Website](#).

### **Student Attendance**

Please email the Primary Care Teaching Office ([phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)) as early on as possible with details of any student with attendance concerns for whatever reason during their GP placement. **We will be asking for attendance information in the week 3 and 6 mid placement forms.** We will contact any students with less than 90% attendance, with the aim of supporting them to meet the attendance threshold by the end of the block. Students may fail the PPP course and have to re-sit if they have less than 80% attendance overall. You may be asked to complete a Student Referral Form. **Please note that flexible annual leave days (maximum of 2), permitted academy days and exams do not count as an absence.**

### **Student Prizes**

We would like to formally recognize **exceptional** students that have particularly impressed you during their primary care attachment. At the end of the attachment, we will ask you if you would like to nominate one of your students for a prize. This is a monetary prize and can count for additional points on their 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 5<sup>th</sup> year medical student

### **Student Concerns**

There are occasions that you may be concerned about a student's performance or wellbeing.

- Initially you may want to discuss amongst your primary care team, has anyone else taught or had contact with the student and shares your concerns?
- Keep good notes.
- Always try to discuss your concerns with the student.
- 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.

- There is a useful presentation and flow chart on our website which should guide you to the most appropriate course of action depending on the particular issue. <https://sway.office.com/sGWAcdTyzsmV4aVf?ref=Link>
- [Advice and Guidance for Bristol Medical School Teaching Staff if Worried About a Student](#)

There is a student wellbeing service available 24hrs a day and this should be the first point of contact for any welfare issues. You do not need to have the students consent to contact them. This can be via a Wellbeing Access form, by emailing [wellbeing-access@bristol.ac.uk](mailto:wellbeing-access@bristol.ac.uk), or calling 0117 456 9860 (open 24 hours). Information on the range of support can be found at [www.bristol.ac.uk/wellbeing](http://www.bristol.ac.uk/wellbeing).

- Please note that the medical school encourages teachers to have a low threshold for filling in student referral forms.
- Please do not hesitate to contact us if you want to discuss your concerns; [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)

**Appendix 1 – Marksheet for Student Initiated Project**

<b>Student Name</b>	
<b>Tutor Name</b>	
<b>Title of Project</b>	
<b>Brief Description</b>	
<b>Overall Project Rating</b>	
<b>Overall Comments</b>	

	<b>Requires improvement ( RI)</b>	<b>Satisfactory ( S)</b>	<b>Good (G)</b>	<b>Excellent ( E)</b>	<b>Mark</b>	<b>Comments</b>
<p><b>Background</b></p> <p>Is there a good reason for this project being chosen?</p> <p>Have they researched the root cause of the problem?</p> <p>Have they consulted relevant stakeholders?</p>	No clear reason for project	Clear reason for project	Reason for project justified by research/national guidelines	Reason for project discussed in relation to local or national priorities with consultation with relevant stakeholders		
<p><b>Aims</b></p> <p>Is the aim SMART? (specific, measurable, achievable, relevant to problem, time-bound)</p>	No clear project aim	A project aim suggested	A SMART project aim suggested	A SMART project aim which has been discussed and optimised in relation to problem, population and context		
<p><b>Measures and Method</b></p> <p>Is it clear how progress is measured?</p> <p>How was data collected?</p> <p>Do they follow the PDSA cycle? ( Plan, do study, act)</p>	No clear measures or methods	A measure suggested.  Follows the PDSA cycle	Clear and justified measures. Follows PDSA cycle and methods appropriate for achieving stated project aim.	Clear and justified measures including social and environmental impacts. Follows PDSA cycle. Methods clear enough to be repeated.		

<p><b>Results and Analysis</b></p> <p>What was achieved?</p> <p>Did they discuss sustainable value?</p> <p>Reflection on strengths and weaknesses</p>	<p>Results not clear</p>	<p>Discusses key finding</p>	<p>Clearly presented key findings relevant to specific aims. Strengths and limitations discussed.  Health outcomes and social/environmental and financial impacts discussed</p>	<p>Strength and Limitations discussed in relation to literature.  Health outcomes and social/environmental and financial impacts robustly calculated.  Publishable.</p>		
<p><b>Implications for practice and further research</b></p>	<p>No comments on implications of project</p>	<p>Comments on usefulness of project and implications for practice and future research</p>	<p>Comments critically on the usefulness of the project and implications for practice/future research. Comments on potential to embed/spread lessons from the project</p>	<p>Has a plan to embed/spread lessons from project.  Could be used at a national level.</p>		
<p><b>Quality of Presentation</b></p>	<p>Unstructured presentation with little understanding of project and poor engagement</p>	<p>Well structured project, some errors or some parts unclear</p>	<p>Well structured, engaging presentation</p>	<p>Project presented at conference standard. Clear and structured, Engaging and evokes discussion</p>		

## Appendix 2: Student Project Ideas

- Producing a leaflet/poster/electronic screen message for patients
  - A mental health leaflet with information about online resources, crisis numbers, national charities
  - A leaflet on mindfulness
  - A leaflet on vaping
  - Leaflet on dosette box provision in local area
  - Video on social prescribing for practice website
  - Leaflet on healthy eating
- Updating Self-care section on surgery website
- Survey staff about useful templates for AccuRx and create them
- Running an education session for local nursing homes, new diabetics, new mums
- Spending time with local third sector organisations and running a teaching session for staff
- Inhaler project: phoning high salbutamol users and switching to MART. Switch low dose Steroid MDI's to DPIs.
- Cervical Screening uptake: Phoning non responders to explore reasons for non attendance. Creating an Accurx to explain the cervical screening process.
- Mini audits:
  - DOACS and Warfarin – do they all have indication e.g. for AF, lifelong for multiple DVT
  - DOACs – are patients on correct adjusted NOAC dose based on eGFR
  - Following review of asthma deaths are any patients getting more than 12 salbutamol a year. High risk patients, need review, asthma management plan and potential referral to secondary care.
  - Look at Vit B12 injections, are they still indicated? Can they be changed from IM to oral?
  - Antibiotic prescribing e.g 5 days of Amoxicillin, Use of broad spectrum antibiotics
  - Review of patients on long term bisphosphonates, did they require a DEXA at 5 years
  - HRT – are they having annual reviews? Have they got adequate progesterone cover?
- Review new NICE guidance, check how relates to current practice and put new protocol in place
  - E.g. review patients > 65 on NSAIDs/DOACs but not on PPI
  - Allopurinol prescribing in Gout
- Look at significant events meetings/CCG report – are there any outstanding issues the students can address
  - Audit on amitriptyline and opioid co-prescribing following patient death and coroner concerns.



### Appendix 3: TOP TIPS for GP5 from past tutors

#### Planning ahead/Structure

- **Read Handbook** – very comprehensive and helpful
- Well structured **timetable** before students start with **flexibility** for their interests/Skills
- Get students set up with Windows, EMIS/SystemOne, ICE and AccuRx before their first day
- Have a few ideas of possible projects before they start
- Make sure reception are expecting them and know what they will be doing in practice.
- Get clinical staff to screen message with interesting patients – look ahead at the days appt in first meeting to see if any interesting opportunities
- Meet at beginning and end of day so constantly outlining objectives/learning/feedback

#### Integrating into Team

- Consider having own sign or own tray. Email all staff with student photos and a short memo about them.
- Authentic tasks – make them feel useful – e.g. Housebound chronic disease reviews could be done independently during lunch breaks
- Get to know them – start each day with an icebreaker – what's your favourite food?
- Tailor to individual student – what are their interests? Signpost to relevant patients. Do they want to do clinical skills?

#### Promote independence/confidence

- Give them responsibility and make them believe in themselves
- Get them to see lots of patients to improve confidence.
- If you think they have got the wrong diagnosis –ask them for differentials and explore why it could be one thing or another
- Write down concrete examples of what they have done well. How did it affect the consultation
- Push them to come up with a management
- In final tutorial – look back at first consultation and talk about how they have progressed

#### Project

- Email GP colleagues/Pharmacist for ideas prior to attachment
- Have 2-3 ideas ready
- Encourage students to submit project to RCGP – bursaries available

#### Allied Health

- Only stay as long as useful
- A session with the practice manager about business side of GP really valued
- Consider involving students in peer teaching e.g. year 2's
- Get students running own phlebotomy

#### Feedback

- Give student a personal feedback form at the end of the attachment as feedback from the university dependant on students completing their form.

#### Be enthusiastic!