



MBChB Primary Care Tutor Guide

2022-23

Academic Unit of Primary Care
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INTRODUCTION

This guidebook is intended for General Practice Tutors / Honorary Lecturers who teach on the MBChB programme, their staff and other primary care team colleagues who teach medical students at the University of Leeds.

Welcome to another academic year in the MBChB programme.

This guide is in two sections, with general information about the curriculum, placements and assessments in Part 1, and year-specific information in Part 2.

Lizzie, Louise and Paul
Primary Care Placement Team

PART 1 - PLACEMENT INFORMATION

GENERAL CONTACT DETAILS

MBChB Placement team Allocations. First contact for student issues, attendance, placement concerns.		medicine-placements@leeds.ac.uk
Primary Care Placement management team Contracts, quality assurance, academic leads.	Lizzie Luff Dr Louise Gazeley Dr Paul Lord Dr Dariush Saeedi	e.m.luff@leeds.ac.uk l.gazeley@leeds.ac.uk p.lord@leeds.ac.uk d.saeedi@leeds.ac.uk
Student Support Any student welfare concerns.		somstudentsupport@leeds.ac.uk
Individual Module Leads, Year Leads and support teams	Year 1 CARES Dr Alison Brown	a.l.brown@leeds.ac.uk
	Year 2 CARES Dr Abbie Finders	a.j.flinders@leeds.ac.uk
	Year 3 C2C Dr Kristan Toft	k.toft@leeds.ac.uk
	Year 4 CCC Dr Carol Reid	c.reid1@leeds.ac.uk
	Year 5 Dr Michelle Eldridge	m.eldridge@leeds.ac.uk

Link to School of Medicine Placements [website](#).

PRIMARY CARE PLACEMENT DATES

Year 1	Rotation 1	Tuesday mornings 17/01/23 to 07/03/23
	Rotation 2	Tuesday mornings 14/03/23 to 28/03/23, 02/05/23 to 23/05/23, and 06/06/23
Year 2	Rotation 1	Thursday 03/11/22 to 01/12/22
	Rotation 2	Thursday 12/01/23 to 09/02/23
	Rotation 3 (same cohort as rotation 1)	Thursday 16/02/23 to 16/03/23
	Rotation 4 (same cohort as rotation 2)	Thursday 23/03/23 to 30/03/23, 27/04/23 to 11/05/23
	Rotation 5	Mon/Wed/Thurs/Fri 05/06/23, 07/06/23 to 09/06/23
Year 3	Rotation 1	Mon/Tues/Wed 26/09/22 to 25/10/22
	Rotation 2	Mon/Tues/Wed 31/10/22 to 29/11/22
	Rotation 3	Mon/Tues/Wed 09/01/23 to 07/02/23
	Rotation 4	Mon/Tues/Wed 13/02/23 to 14/03/23
	Rotation 5	Mon/Tues/Wed 20/03/23 to 29/03/23, 17/04/23 to 02/05/23 (1 st May Bank Holiday)
Year 4	Rotation 1 Cohort A	20/09/22 to 07/10/22
	Rotation 1 Cohort B	11/10/22 to 28/10/22
	Rotation 2 Cohort A	08/11/22 to 25/11/22
	Rotation 2 Cohort B	29/11/22 to 16/12/22
	Rotation 3 Cohort A	10/01/23 to 27/01/23
	Rotation 3 Cohort B	31/01/23 to 17/02/23
	Rotation 4 Cohort A	28/02/23 to 17/03/23
	Rotation 4 Cohort B	21/03/23 to 31/03/23, 18/04/23 to 21/04/23
	Rotation 5 Cohort A	25/04/23 to 12/05/23 (2 nd May university teaching)
	Rotation 5 Cohort B	16/05/23 to 26/05/23, 01/06/23 to 02/06/23 (30 th May Bank Holiday and 31 st May university teaching)
Year 5	Rotation 1	19/09/22 to 14/10/22
	Rotation 2	17/10/22 to 11/11/22
	Rotation 3	14/11/22 to 09/12/22
	Rotation 4	09/01/23 to 03/02/23

	Rotation 5	06/02/23 to 03/03/23
	Rotation 6	06/03/23 to 31/03/23

THE MBChB CURRICULUM IN LEEDS

Our challenging curriculum combines thorough training in the medical sciences with a strong emphasis on communication and practical skills. Students continually build and reinforce core professional skills, throughout the course.

Clinical experience at Leeds is second to none and begins in Year 1 of the programme. The diversity of the region and our strong partnerships with general practice, the teaching hospitals in Leeds and Bradford, and local acute and regional general hospitals mean we offer a wide range of placements. Digital technology is embedded in the MBChB course and we continue to invest and innovate on placements, through assessments and education pedagogy.

Click [HERE](#) for more information about the MBChB curriculum.

The course consists of vertical strands that run through the course, and horizontal modules that build strong knowledge base and professional skills each year.

IDEALS (Innovation, Development, Enterprise, Leadership, Safety)

This theme addresses the challenges and requirements of modern practice.

CARES (Clinical Assessment, Reasoning, Ethics and Patient Safety)

Developing clinical decision-making and patient safety skills.

RESS (Research, Evaluation, and Special Studies).

RRAPIDS (Recognising and Responding to Acute Patient Illness and Deterioration)

Using simulation-based methods to allow medical students a safe environment to acquire and practice the skills required in recognising and responding to the acutely ill and deteriorating patient. This runs throughout the five years of the MBChB course.

SAFER-MEDIC (Safety, Awareness, First Principles, Ethics, Research, Meeting, Examining, Diagnosing, Investigating, Concluding)

A framework for integrating knowledge and clinical skills.

ESREP (Extended Student-led Research or Evaluation Project)

A 15-month project undertaken between year 4 and 5.

Year 1 - Introducing the fundamentals for clinical practice

The course starts with a four-week induction period, where students get to know the course requirements and there is an introduction to study and the challenges of

medicine. The first year introduces the core professional themes, which run throughout the course, and the biomedical scientific principles which underpin clinical practice.

Through the **IMS** (Introduction to Medical Sciences) and **BS** (Body Systems) modules students study biomedical sciences and integrate anatomy with radiology, physiology, clinical assessment, and pharmacology. Year 1 also includes the **I&P1** (Individuals and populations) module where students learn about the psychological and societal aspects of behaviour and human development, their role in health and illness and treatment of medical problems.

Clinical placements occur in the **CARES1** strand and student will complete two placements in primary care and secondary care settings. This is complemented by communication skills, ethics, law, and clinical skills campus teaching.

Year 2 - Building on the fundamentals

Students enhance their understanding of clinical conditions, whilst developing insight into clinical laboratory science and the role of ethics and law in healthcare provision. This includes anatomy of the musculoskeletal and nervous systems. Further exposure to clinical practice helps to develop consultation, diagnostic and practical skills. Students learn about different types of investigations carried out in diagnosing common conditions and diseases across populations, and the ways in which illness impacts on individuals and society in **I&P2**.

Modules include further learning in **EMS** (Essential Medical Science), **C&M** (Control and Movement) and Clinical Pathology.

Again, clinical placement occur in the **CARES2** strand with further teaching in clinical examination, communication skills, safeguarding, and mental health. Placements this year include primary care, secondary care and mental health.

Year 3 - Increasing clinical exposure with junior clinical placements

In the third year, students continue to develop and consolidate the programme's core elements and to learn about evidence-based medicine. They can integrate clinical skills and knowledge through five five-week clinical placements, which provide a thorough grounding in general medicine and exposure to a diverse range of conditions and patients. Placements include primary care, general surgery, general medicine, care of the elderly, radiology, and special senses (ENT, ophthalmology and dermatology).

The third year is an opportunity to put into practice everything that has been learnt in the first two years and this is supported by the **SAFER-MEDIC** programme, which teaches students how to frame their learning in a clinical setting. Through group work and personal tutor support, students can evaluate clinical cases that incorporate the multiple aspects of clinical practice which links to GMC-identified outcomes and standards of undergraduate medical education.

Year 4 - Gaining in clinical experience with speciality placements

In year four, students develop a greater understanding of the genetic, social and environmental factors that determine disease, appreciate the principles of treatment and response to treatment. Clinical placements include anaesthetic and perioperative care, acute and critical care, women and children's health, recurrent and chronic illnesses, mental and physical disabilities, rehabilitation, relieving pain and distress, and palliative care.

Students should now be expected to synthesise more complex clinical information for diagnosis and management. This will involve practice in clinical reasoning, generating differential diagnoses, making a diagnosis, and deciding appropriate management plans for all common and important conditions.

Students also start in a 15-month research project (**ESREP**) placement in a clinical setting of their choosing. This can be part of an academic research team, or clinical quality improvement project. In the summer between Year 4 and 5 students arrange their elective period in the UK or abroad.

Year 5 - The transition from medical student to doctor

Students participate in four-week placements with a strong focus on making the transition from student to qualified practitioner. These placements help to build strong relationships with clinical teams. All placements are in key clinical areas, with variations in clinical specialty to allow students to tailor this final year to suit individual learning needs.

Intercalation

Up to a half our undergraduate medical students choose to intercalate each year. This extra degree is usually after year 2, 3 or 4 of the MBChB. It's a chance to broaden your knowledge and enhance your career opportunities.

Gateway to Medicine

This course is designed specifically for students from widening participation backgrounds hoping to take their first steps into Medicine. During this one-year course taken prior to the five-year MBChB, students study material to refine your scientific understanding, develop your study skills and equip you with the skills and knowledge needed as the course develops. After successfully completing this Gateway year, including reaching the required grades on the assessment elements of the course, students join our established MBChB course.

PRIMARY CARE PLACEMENTS

Year 1	8 half-days (Tuesday morning). This is an introduction to Primary Care and an opportunity for students to see what goes on and who is involved in delivering healthcare outside the hospital setting. Students will get the chance to talk to patients and healthcare professionals.
Year 2	10 full-days (Thursdays) plus additional 4-day placement in the summer. Student usually return to the same placement location as in Year 1 to put their developing communication and clinical examination skills into practise. Tutorials on clinical topics and examination skills.
Year 3	14 days (Mon/Tues/Wed) over five weeks. Students spend a longer placement in a single practice where they can develop consultations skills and spend more time with direct patient contact. Complements central teaching on advanced communication skills, illness presentation and prescribing.
Year 4	12 days (Tues-Fri) over 3 weeks. The Year 4 Primary Care placement is part of the Continuing Care and Cancer module (CCC). The focus is on chronic illness presentation and management. Students meet patients with chronic and life-limiting conditions and learn how their care is managed in Primary Care. Students also complete placements in oncology and palliative care during the same module.
Year 5	20 days over 4 weeks Students develop their independent consultation and management skills in preparation for qualification as a doctor. Through integration in a practice team, students see the balance of clinical, management and leadership roles within Primary Care.
Paediatrics (Year 4)	20 days teaching one day a week) each one a different group of 4 students to give them experience of treating children in the community.
ESREP	The Extended Student-led Research or Evaluation Project (ESREP) offers medical students, in protected time and with an expert supervisor, the possibility to develop and deliver an extended piece of research, audit or evaluation in an area that interests them. The end point for the student and supervisor will be the production of a piece of research, audit or clinical service evaluation, through a student-selected and student-led project.

The Primary Care placements form a significant contribution to the overall MBChB course in Leeds. During the various placements over the five years of the course students will:

- Integrate basic science and body systems learning with real-world patients.
- Develop communication and consultation skills with patients.
- Learn about multidisciplinary team approaches to patient care.
- Explore the impact of a health conditions on patients, and their families, and understand the role of the primary care clinician.
- Learn how to become safe prescribers.
- Benefit from the apprenticeship and role-modelling pedagogical approach that we use throughout Primary Care education.

ESSENTIAL REQUIREMENTS FOR STUDENTS

Each placement and the modules within which the placements sit have a range of requirements for students to complete. Some are completed by the student, while others need completing by the GP tutor.

All assessments for students are to be completed on a remote learning record, called PebblePad. More information about PebblePad can be found at [HERE](#).

Students are required to complete:



- An initial induction.
- Work-place based assessments (WBA) appropriate to the clinical setting. Students have a list of WBAs to complete over the entire year and can be completed on any placement while some are specific to the Primary Care placement.
- 100% attendance (80% attendance is mandatory to pass the placement).
- Final feedback session report, documenting feedback on performance and professionalism.

Further information on specific WBA requirements is available under the Year-specific sections throughout this guide.

PLACEMENT EXPECTATIONS

The majority of undergraduate medical education is undertaken on clinical placements. The GMC has guidance on the expectations of students, medical schools and placement providers for clinical placements, including patient safety, quality assurance and supporting learners.

You can access the full guidance [HERE](#). There is a summary of placement expectations in our Quality Practice Standards below.

Quality Practice Standards 2022-23

All GP practices hosting undergraduate MBChB student placements must agree to ensure the following quality standards are met:

FACILITIES

Teaching practices should provide the following for learners:

- Secure space for learners' belongings
- Study area
- Accessible building
- Appropriate clinical equipment. Students are expected to carry their own stethoscopes
- Adequate Wi-Fi
- IT facilities, including access to patient records as appropriate
- Smartcard facilities, with individual log in provided

INDUCTION/SUPPORT

- Teaching practices should provide students with an induction pack and planned timetable. This should be sent to the students 2 weeks in advance of commencing placement.
- Teaching practices should provide appropriate and effective induction, to include practice induction (Health and safety, infection control, GDPR, absence reporting, tour of practice and introduction to practice staff) and Initial Educational Induction.
- The students should all receive a final appraisal, informed with feedback from other PHCT (Primary Health Care Team) members involved in teaching.
- The practice should allow opportunity for the student to raise concerns throughout the placement.
- The practice should raise any concerns about a student with the University of Leeds in an appropriate and timely manner.

LEARNING ENVIRONMENT AND CULTURE

- There should be a named lead tutor who has responsibility and accountability for the overall quality and leadership of the placement.
- The student should be provided with a flexible timetable, based on the individual student's needs.
- The wider practice team should be involved in teaching
- The practice should aim to form links with the community-based team.
- Students should be made to feel they are valued members of the PHCT.
- Tutors should ensure the learning opportunities of placement meet the curriculum needs.
- The practice should value and champion education and training.
- The practice should provide inclusive support for learners of all backgrounds.
- Patients involved in teaching do so with adequate informed consent.



STUDENT ASSESSMENT

- The practice is required to ensure the learners are supported to complete appropriate summative and formative assessments, with full engagement with university learning environment (Pebblepad).
- The practice should ensure appropriate attendance monitoring is completed. Any concerns about attendance should be addressed to the student as soon as possible to allow time for improvement and adequate progress to pass the placement. If there are ongoing attendance concerns, the practice should raise this with the module lead.

RELATIONSHIP WITH MEDICAL SCHOOL

- The practice must engage in the University's Quality Assurance Process and Annual Review, demonstrating response to evaluation and feedback.
- The practice is required to ensure tutors are available to examine at the annual OSCE (Objective Structured Clinical Examination).
- Staff involved in teaching medical students should engage annually with CPD related to educational role. Lead tutors should aim to attend the annual GP Tutor Development Day.
- The lead tutor must engage in peer review of teaching every 3 years.
- The lead tutor should apply for the title of Honorary Tutor after the first year of teaching.
- The practice should provide a named administrator as point of contact for the university team. Any changes in this contact must be communicated with the University.

Primary Care Placements Team. June 2022.

QUALITY ASSURANCE PROCESS FOR PRACTICES

Regular review of undergraduate teaching practices and placements is a requirement of our quality assurance process within the MBChB programme. Students give feedback on each placement and this is collated and forwarded to lead tutors throughout the year. Students and tutors are able to raise concerns at any time and we will aim to address these as they arise.

Each teaching practice will have an annual review. For this we require tutors to complete an assessment form, including reflections on teaching and student feedback. This form will be sent out in advance of the review and needs to be completed promptly. All new practices (within three years of starting undergraduate placements) and practices who teach multiple year groups of students will have an annual meeting to review the feedback. Any practices where concerns have been raised and/or they have received a red card via the Clinical Reporting Tool will also receive an annual visit. This is a supportive process, where we can help with any placement issues and educational development within the practice. In established practices where no issues have been identified, the review meeting will be every three years. Meetings can be in person or on Microsoft Teams.

Feedback generally looks at the components of the Quality Practice Standards and any free-text responses about the placement from the students.

WITHDRAWAL OF PLACEMENTS

Persistent or serious concerns about placements from student feedback will prompt additional review of placement activity. Where individual student issues are the cause of the concerns we can work with the tutor, module leads, academic personal tutors and support teams within the medical school. Persistent concerns about the placement or practice may lead to the withdrawal of the placement. This is always in discussion with the lead tutor. Where it has been identified that facilities, educational environment or patient services are compromised (in CQC reports, for example) please let the Medical School aware of the changes, as this may impact the suitability of the practice to host students.

Fluctuating student numbers may mean we need to adjust the number of teaching placements each year. Individual practice issues, staffing and clinical demands can also require changes in number of rotations and placements offered by a practice. If you have any concerns about the ability to host students please let us know and we will always try to accommodate any circumstances.

YOU AND THE MEDICAL SCHOOL

We enjoy a great relationship with our GP tutors and teaching practices. We arrange a series of CPD events throughout the year, including year-group drop-in sessions. These are a great opportunity to catch up with other tutors and share any concerns and ideas about placements.

Each summer we hold a Primary Care Development Day which includes talks on medical education, tutor forums and workshops. This is an important opportunity to meet up with colleagues in Primary Care medical education and receive updates on the programme. We expect each teaching practice to release the GP tutors to attend this conference each year. More than one GP from a practice is welcome to attend, as we know many practices have different leads for each year group.

All GP tutors who have been hosting students for 12 months or more are eligible to apply for Honorary Lecturer status at the University of Leeds. This gives you access to University events and facilities, but also recognises your contribution to the education of the next generation of doctors. Application forms will be available on the Clinical Placements [website](#).

We ask that all tutors offer to participate in the OSCE exams each year. To do this you will need to complete OSCE examiner online training and update this every four years. Training can be arranged through the EventBrite booking site [HERE](#).

Peer review is also an essential part of continuing professional development and we ask that tutors participate in some form of peer review of their educational activity at least once every three years. Many tutors who also supervise GPSTs will already participate in peer review and there is no additional requirement for undergraduate teaching. Example peer review forms will be available on the Clinical Placements [website](#).

OTHER OPPORTUNITIES

We are always supportive of practices and tutors who would like to increase their involvement in healthcare education. Within the School of Medicine we also train a range of other healthcare professionals including Physician Associates. Clinical placement opportunities are available to host PA students in Year 1 and Year 2 of their studies. Please contact the placements team for more information.

We will keep you informed of career opportunities within the School of Medicine as we are always looking to expand our team of Primary Care medical educators. The University of Leeds and the Medical School are very research active and we may also contact you with research opportunities as they arise.

CLINICAL PLACEMENT REPORTING TOOL

A clinical placement reporting tool has been established as part of our ongoing development of support for students on clinical placements. We want to hear, from staff AND students, about any issues or problems which arise, but we also want to hear about good practice: about exceptional students who perform well or about staff who "go the extra mile" to make their students' experiences especially valuable.

Reporting Website for Staff

This site has been designed as part of our ongoing development of student support and recognition of exceptional student achievement whilst on clinical placements. One of the major activities of the School is to develop an electronic, assessment/support function to allow us to monitor longitudinally – allowing us to provide support and guidance for all students in a timely way. The system has been designed with feedback from our student representatives, with a strong focus on supporting students as they move through the MBChB course. Whilst we have a range of assessment forms and processes to celebrate, as well as record concerns about students – we know these do not always fulfil your needs as clinical supervisors. We have therefore developed a 'traffic light' system as a single point of access:

Red – a red card can be logged for a student for whom you have serious concerns that involve patient and student wellbeing, or significant concerns with professionalism. This will direct you to contact details for key NHS and School of Medicine staff to help deal with your concerns rapidly and at the right level

Amber – an amber card can be logged for lower level concerns – i.e. this may be useful for you to log concerns regarding professionalism, attendance, health, communications issues etc.

Green – rather like the 'green cards' in the Final MBChB OSCE; this is an opportunity to celebrate exemplary performance, particularly where the students have repeatedly gone 'above and beyond' expectations.

Reporting Website for Students

Very rarely on clinical placement students have bad experiences or want to raise concerns about the placement. Students can submit reports of negative experiences through the same website. Something which we hope is much more common is that students have an especially good experience on placement - and this tool will give students a means of commending this. These comments form part of the feedback after a placement.

These two reporting tools can be found [HERE](#).

CHAPERONE POLICY

Guidance for Medical Students on Acting as Chaperones and Conducting Intimate Examinations – LIME 2016

Purpose

The purpose of this guidance is to clarify to medical students and their clinical supervisors the role of students in acting as chaperones in clinical practice and provide information on their responsibility in being involved during intimate examinations.

Background

In 2004 the Committee of Inquiry looked at the role and use of chaperones, following its report into the conduct of Dr Clifford Ayling. It made the following recommendations:

- Each trust/organisation should have its own chaperone policy and this should be made available to patients.
- An identified managerial lead (with appropriate training).
- Family members or friends should not undertake the chaperoning role.
- The presence of a chaperone must be the clear expressed choice of the patient; patients also have the right to decline a chaperone.
- Chaperones should receive training.

The definition of a chaperone

A chaperone is an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship. (MPS April 2016).

The GMC guidance in Good Medical Practice 2013 indicates:

A chaperone should usually be a health professional and you must be satisfied that the chaperone will:

- *be sensitive and respect the patient's dignity and confidentiality;*
- *reassure the patient if they show signs of distress or discomfort;*
- *be familiar with the procedures involved in a routine intimate examination;*
- *stay for the whole examination and be able to see what the doctor is doing, if practical; and*
- *be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.*

The name of the chaperone should be recorded in the clinical records and the patient should be informed of this.

What is an intimate examination?

Obvious examples include examinations of the breasts, genitalia and the rectum, but it also extends to any examination where it is necessary to touch or be close to the patient; for example, conducting eye examinations in dimmed lighting, applying the blood pressure cuff, palpating the apex beat (MPS, 2016). The patient's perception of an intimate examination may extend beyond this and in particular regard should be taken of social, ethnical and cultural perspectives.

The General Medical Council (2013) has clear guidance for doctors, but this cannot be applied in quite the same way for medical students. **If you are conducting an intimate examination on a patient, you require a clinically qualified chaperone as you are not only examining an intimate part of a person's body, but also you may not be proficient in that examination.**

Informed consent must be obtained before all procedures, examinations, investigations or care. This means the patient must understand the procedure, benefits and risks. **You must always make it clear that you are a medical student, not a qualified doctor.**

You cannot:

- Act as chaperone to your clinical partner (fellow medical student) for **intimate** examinations.
- Proceed with an examination if you feel the patient has not understood (for example due to a language barrier).

You can:

- Once you have had the relevant training session in year 1, you can act as a chaperone for patients examined by your clinical supervisor or other qualified healthcare professionals.
- Conduct **non-intimate** examinations on patients with your fellow medical students present, or on your own during year 5 placements provided the patient has given informed consent (i.e. they are aware that you are a medical student examining them as part of your learning).

References

- DH (2004) "Committee of Inquiry- Independent investigation into how the NHS handled allegations about the conduct of Clifford Ayling"
- GMC (2013) Intimate examinations and chaperones
- Medical Protection Society 2016

STUDENTS IN CLINICAL EXAMINATION TEACHING

Learning clinical examination skills is an essential part of the curriculum and forms part of a fundamental set of skills our students need to develop during training. Whilst the expectation is that students consolidate these skills on clinical placement they are often taught clinical examination and anatomy in a classroom environment in the early years. During these sessions, on placement and in the classroom, it has been common practice for students to examine each other or be asked to volunteer for demonstration purposes.

Feedback from students has highlighted that this practice can often feel uncomfortable and embarrassing and at times can be a source of anxiety for some students.

This is a practice that we would not encourage to continue and have been working to put measures in place to manage. As you may be aware we have been gradually increasing the involvement of the Patient | Carer Community (PCC) and volunteer patients in both clinical skills and anatomy teaching during the last academic year. It has become clear that students benefit from this enhanced engagement with patients which mirrors the authentic contact within the clinical setting. This also gives the student the opportunity to practice their communication skills and receive direct patient feedback. Specifically we would expect students to gain appropriate consent and demonstrate professional respect and dignity during the physical examination of patients, simulated patients and student colleagues at all times.

During this academic year we intend to roll this initiative out to include all centrally delivered clinical skills, anatomy teaching and GP placements and partner trusts where students would have previously been involved in examining fellow students.

Whilst students can continue to volunteer to participate in teaching sessions there will no longer be an obligation for them to do so and alternative provisions will be in place.

Students wishing to continue with this practice for self-directed learning purposes may do so once appropriate consent has been sought.

STUDENT CONCERNS

If tutors have concerns about students on placement, there are a range of support options available, dependent on the issues involved. Please raise concerns with the student in the first instance. Whether these are about professionalism, attendance or academic progress.

Student absences:

- Students are told to inform the learning and teaching office in the medical school who will inform year / module management team.
- Students are also told to inform their placement tutors if absence occurs during a time when they should be on placement.
- If a student is absent please ask them to ensure they have registered this with the online absence reporting system.
- Continued issues with placement attendance, sign-off and assessments can be raised with the MBChB Placements team and/or the module lead (contact details in the year-specific sections).

Student wellbeing and support:

- Student welfare concerns will depend on each individual situation. All students have direct access to their allocated personal tutor. They can discuss academic and personal concerns with the tutors.
- All students have been encouraged to register with a GP locally, and can self-refer to the School of Medicine student support team, Leeds University Union, and the Student Counselling and Wellbeing service.
- If you have concerns you can contact any member of the module team, School of Medicine Support, or the Primary Care Placement team directly with any concerns.

A more comprehensive guide for students is available here:

https://students.leeds.ac.uk/info/10700/support_and_wellbeing/804/helpful_support_contacts

MBChB Curriculum overview 2022-23

Year 1	Term 1			Terms 2 & 3								
	Induction to medical degree every day for two weeks in September											
	Introduction to Medical Science (IMS)				Body Systems (BS)							
	Equivalent to 1.5 days per week in Term 1				Equivalent to 1.5 days per week in Term 2 & 3							
	Individuals and Populations (I&P 1) Lectures and small group teaching for 3 hours on Wednesday mornings in Terms 1,2 & 3											
	ENQUIRE Self-directed study or lecture and/or small group work. Every Friday afternoon plus Tuesday mornings (Term 1) and Monday afternoons (Term 2)											
	CARES (Clinical Assessment Reasoning Ethics & Safety) CARES (Clinical Assessment Reasoning Ethics & Safety) Campus activities include Communication Skills, Ethics, Law, Clinical Skills teaching and a Community Report. Placements commence during Term 2 & 3 on Tuesday morning, 8 half days over 8 weeks, each in Primary Care and Secondary Care. Placements include GP practices from Thirsk to Bradford. Hospital placements include Bradford, Leeds and Mid Yorks.											
	IDEALS (Innovation, Development, Enterprise, Leadership and Safety) 'Interactive sessions run every Friday morning including small group work, lectures and an online self-directed learning package (via TopHat)											
	NOTES: Most but not all Wednesday afternoons are free for personal choice activities (sports, social or self-directed learning). All core-units have assessments to provide feedback on your learning that take place throughout the year, including: essays, placement attendance forms, reflecting learning logs, reports, presentations, quizzes and tests. The summative integrated exam takes place in June. Students are not expected to remain at University to wait for their integrated exam results. Completing all assessments to the standards required is needed to progress to Year 2.											
	Year 2	IDEALS a half day per week. Every Monday morning. Interactive sessions run on Monday mornings and include small group work, lectures, online student-directed learning package (via TopHat) and completion of an e-portfolio										
CARES (Clinical Assessment Reasoning Ethics and Safety) 1.2 days per week: Clinical cases online learning modules, clinical examination teaching, Communication Skills, Ethics, Law, Safeguarding, Mental health and Clinical Skills teaching. Placement 1.					CARES 1.2 days per week, content as in Term 1. Placements 2, 3, 4. Total placement time of 20 days split between Primary Care, Secondary Care & Mental Health. RRAPIDS will be taught on Secondary care placement. A further 4 day extended placement in either primary or secondary care will take place in term 3 after the ISE.							
RESS Lectures, small group teaching and self-directed study on Monday afternoons and Tuesday mornings.					I&P 2 Lectures, small group teaching and self-directed study on Monday and Tuesday afternoons in Term 2.		RESS and I&P 2 are half a day per week in Term 3, consolidating both together.					
Control and Movement (C&M) Every Tuesday afternoon plus Wednesday morning					Control and Movement (C&M) Every Tuesday afternoon plus Wednesday morning							
Essential Medical Science (EMS) 1.5 days per week					Clinical Pathology 1 day per week							
NOTES: Most but not all Wednesday afternoons are free for personal choice activities (sports, social or self-directed learning). All core units have assessments to provide feedback on your learning that take place throughout the year, including: essays, placement attendance forms, reflecting learning logs, reports, presentations, quizzes and tests. The summative integrated exam takes place in June. Students are not expected to remain at University to wait for their integrated exam results. Completing all assessments to the standards required is needed to progress to Year 3.												
Year 3		Intro to Year 3		General Medicine	General Surgery	Clinical placement recovery or placement research	Campus week	Medicine for the Elderly including Radiology	Primary Care	Special Senses (Dermatology, Ophthalmology & ENT)	Revision and exams	RESS Project Preparation for ESREP
		2 weeks		4½ weeks	4½ weeks	2 weeks	1 week	4½ weeks	4½ weeks	4½ weeks		4 weeks
		Ethics: 4 meetings over the year										
		SAFER-MEDIC: 5 sessions over the year										
	RESS: regular lectures, lectorials and tutorials over the course of the year											
	IDEALS: 3 sessions over the course of the year											
	NOTES: Year 3 is a full time programme. Placement attendance and professionalism form part of the assessment for progression to Year 4. Assessments for learning take place during and at the end of each ICU. Assessments for Progression (OSCE and written examinations) are at the end of the academic year. There are interim essays and projects for SAFER-MEDIC, Ethics and RESS. Hospital placements include Airedale, Bradford, Halifax, Harrogate, Huddersfield, Pinderfields, Dewsbury, Pontefract, Leeds and a private provide clinic. Transport will be provided for some placements, for others students will have to make their own arrangements. Students are expected to remain at University until the results of formal examinations are known.											
	Year 4	Theme Days spiral across the ICUs										
		ESREP (start of 15 month project)										
		ESREP project prep	Gynaecology, Obstetrics & Sexual Health	ESREP project time	Paediatrics & Child Health	ESREP project time	Psychiatry	ESREP project time	Continuing Care & Cancer	ESREP project time	Acute & Critical Care	Revision, exams and beginning of Elective
2 weeks		6 weeks	1 week	6 weeks	1 week	6 weeks	1 week	6 weeks	1 week	6 weeks		
NOTES: Year 4 is a full time programme. Some placements require attendance on late evening and/or night shifts. Placement attendance and professionalism form part of the assessment for progression to Year 5. Assessments for Learning take place during and at the end of each ICU and during ESREP weeks. Assessments for Progression (OSCE and written examinations) are at the end of the academic year. Hospital placements include Airedale, Bradford, Calderdale, Huddersfield, Harrogate, Pinderfields, Dewsbury, Pontefract, Leeds, Bradford District, Leeds & York Partnership Trust, South West Yorkshire and Tees Esk & Wear Valleys (Harrogate). Sexual health placements in GOSH are 1.5 days which take place in the following sites: Locala, Spectrum, Leeds Community Health, Leeds and Calderdale Sexual Health. GOSH, Paediatrics and Psychiatry include community placements. A 3-week Primary Care placement and a 4-day hospice placement (at hospices in Leeds and Yorkshire) occur within CCC. Travel to all placements is the responsibility of the student although there may be shuttle buses between hospitals within the same Trust. Students are expected to remain at University until the end of term. Electives will only be undertaken by students who successfully complete Year 4. The sequence of placements is outlined above, but students may begin on any ICU before rotating to the others over the year.												
Year 4-5		Elective Period of Study										
		A minimum of six weeks during the eight week elective period. The remaining two weeks may be used for travel.										
Year 5		Preparation for Professional Practice placement – teaching & workshop programme										
		ESREP (completion of 15 month project)										
		Intro to Year 5	Professional Practice Placement			Campus week	Exams	Professional Practice Placement	Campus week	Revision	Exams	Post Finals Assistantship
	1 week	3x4 weeks			2 weeks		3x4 weeks	1 week			3 weeks	
	NOTES: Year 5 is a full time programme. ESREP project completion, placement attendance and the Elective forms part of the assessment. Written Finals exams will take place at the start of term 2 (early January), with OSCEs and written exam resits taking place at the end of the academic year. Some placements require attendance on late evening and/or night shifts. Hospital placements include Airedale, Bradford, Calderdale, Huddersfield, Harrogate, Pinderfields, Dewsbury, Pontefract and Leeds. There is one placement rotation in Primary Care. Travel to the placement is the responsibility of the student although there may be shuttle buses within the same Trust. Students are expected to remain at University until the results of formal examinations are known. During the year, students will apply for registration with the GMC and apply to the UK foundation programme where appropriate.											

Key:	Induction	Clinical placements	RESS / ESREP	All other colours - campus teaching	Elective	Exams
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MBChB Year 1 Primary Care Tutor Guide

CARES 1

2022-23

INTRODUCTION

Thank you for hosting Year 1 medical students and giving them their first experience of general practice during the undergraduate course. This guidebook is intended for General Practice Tutors/Honorary Lecturers who will teach on Year 1 Primary Care Placement, their staff and other primary care team colleagues who teach medical students.

The **CARES** course aims to give students a grounding in the **Clinical Assessment** of patients, diagnostic **Reasoning**, **Ethical** and legal aspects of patient care and patient **Safety**. By the end of year 1 placements, students should be aiming to use their knowledge and skills to be able to communicate with patients and members of different medical teams and to carry out a range of practical skills. One of the key aspects of CARES 1 placements is gaining confidence in the clinical environment. Placements are designed to support this, and students should approach placement prepared to become a member of the clinical team and interact with patients.

Students should aim to enjoy your time on placement, seek out opportunities to ask questions and practice your skills to get the most out of this opportunity.

Dr Alison Brown

CARES Year 1 ICU Manager

PLACEMENT DATES

Year 1	Rotation 1	Tuesday mornings 17/01/23 to 07/03/23
	Rotation 2	Tuesday mornings 14/03/23 to 28/03/23, 02/05/23 to 23/05/23, and 06/06/23

There are 2 rotations each lasting 8 weeks, once a week on a Tuesday morning. Each student will have one primary care and one secondary care placement.

All primary care placements are in-person.

CONTACT DETAILS

CARES Year 1 ICU Lead	Dr Alison Brown	A.L.Brown@leeds.ac.uk
CARES Year 1 ICU Administrative Team		Y1mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk
Secondary Care Placements Academic Lead	Dr Abbie Flinders	a.j.flinders@leeds.ac.uk
Primary Care team contact	Lizzie Luff	E.M.Luff@leeds.ac.uk
Head of Year 1&2	Dr Richard Bishop	R.I.Bishop@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

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

- Experience the different environments in which medicine is practised.
- Be aware of the importance of patient safety and the part that they play in this as a medical student.
- Develop the communication skills needed to interact with patients, carers and other healthcare workers and understand the impact of their behaviour and communication.
- Understand the ethical and legal principles that underpin patient encounters
- Develop Year 1 clinical skills so that students can carry these out safely and efficiently in clinical practice.
- Learn about the important elements of safe prescribing and drug administration.
- Understand how the clinical skills being developed are used in practice to aid diagnosis or clinical management decisions.
- Recognise the role of the doctor as part of a team of health professionals and as part of the wider community in which they practise.
- Learn from patients, and how to work in partnership with patients.
- Understand what constitutes professional behaviour in the clinical setting.
- Recognise how interactions with others may affect them personally and develop coping mechanisms for this.
- Develop the skills of lifelong, reflective learning.

- Learn the indications, interactions and contraindications and pharmacodynamics of five over-the-counter medications: paracetamol, ibuprofen, co-codamol, chlorphenamine, Gaviscon.
- Learn infection control measures.

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All placements should facilitate students spending direct contact time with patients and students should seize these opportunities when presented. Nothing is as valuable as bedside teaching with real patients to demonstrate communication skills, diagnostic reasoning & for students to practice clinical skills. Observation of student's interaction with patients and provision of feedback is central to their development.

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are required to complete

- An initial induction
- Workplace-based assessments (WBAs) appropriate to the clinical setting. Students have a list of WPBAs to complete over the entire year, some are more suitable for Primary Care, while some are generic and can be completed anywhere.
- 100% attendance (**80% attendance is mandatory to pass the placement the two placements. Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the CARES1 / Year 1 team**)
- End-of-placement evaluation form.

MANDATORY WBAs

Domain	Skill	Minimum level practice requirement	Maximum safe practice limit	Additional information
Consultation Skills	History Taking	OBS	OBS	
Consultation Skills	Communication Skills	DIR	IDR	Min of 1 on each placement requires feedback from HCP
Infection Prevention	Handwashing	INIT	INIT	Requires feedback from HCP
Infection Prevention	Use of basic personal protective equipment (PPE)	INIT	INIT	Requires feedback from HCP
Infection Prevention	Safe disposal of waste	INIT	INIT	Requires feedback from HCP

Diagnostic Procedures	TPR – Temperature Pulse Respiratory rate	DIR	IDR	Requires feedback from HCP
Diagnostic Procedures	Blood Pressure	DIR	IDR	Requires feedback from HCP
Diagnostic Procedures	Oxygen saturations (SpO2)	DIR	IDR	Requires feedback from HCP
Diagnostic Procedures	Peak Flow	DIR	IDR	Requires feedback from HCP
Diagnostic Procedures	BMI- Body Mass Index	DIR	IDR	Requires feedback from HCP
Diagnostic Procedures	NEWS- National Early Warning Score	OBS	DIR	
Diagnostic Procedures	Urinalysis	DIR	IDR	Requires feedback from HCP
Investigations (Requesting & Interpretation)	Urine Test	OBS	OBS	
Information Retrieval and Handling	Record Keeping	OBS	DIR	
Medicines Management	General Principles of prescribing	OBS	OBS	
Clinical Management	Choking	OBS	DIR	Through simulated practice
Clinical Management	Recovery Position	OBS	DIR	Through simulated practice
Clinical Management	Basic Life Support	OBS	DIR	Through simulated practice
Professionalism	Attitudes and Behaviours	OBS	OBS	
Professionalism	Role Awareness	OBS	OBS	

MEDICINES MANAGEMENT

One of the key aims of the undergraduate curriculum is to make students safe prescribers. Medicine management is therefore an important thread throughout all the years, and the clinical placements across the 5 years will allow students to learn about the drugs that they are most likely to use as pre-registration (F1) house officers, building on what you have learnt in pharmacology and therapeutic teaching sessions at the university.

In Year 1 students need to learn about over the counter drugs:

- paracetamol
- ibuprofen
- co-codamol
- chlorphenamine
- Gaviscon

Students should build drug profiles on these 5 drugs during the year. Blank drug profiles can be found at the end of their study guide. Students may be asked questions about these in the end of year exams.

These are some of the ways students can learn about these on placement in the following ways:

- Talk to a pharmacist about the side effects of the medications
- Watch a drug round, see how many patients are taking the above medications, what formulations do they come in?
- Talk to a patient about their medications, ask them which over the counter medications they have used in the past or continue to use and for what symptoms
- Talk to your GP tutor about when and why they would prescribe the above medications for, when would they avoid them and why? What advice do they give patients?
- Have an 'over the counter medicines quiz' with your placement group

We recommend students start accessing the **PILLS eBook** from year 1 to understand the whole medicines curriculum, it is also a valuable resource for tutors.

<https://resources.time.leeds.ac.uk/pills/contents.html>

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

Week	Activity	Suggested WBA or Reflective task
1	Sit in on a GP clinic & observe communication skills & clinical reasoning	PPE use/handwashing/waste disposal
2	Join the community matron for visits	T/P/R, urinalysis, BP
3	Join the practice Health care assistant – practice obs/urinalysis	Drug profiles
4	Sit in on a virtual/telephone clinic with the GP, reflect on how this differs/communication barriers, use of technology	Communication skills
5	Join other team members e.g practice nurse, receptionist to understand their role	Record keeping
6	Session with tutor to be observed communicating with a patient about their health	Role awareness.
7	Join GP/Pharmacist/prescriber to learn about over the counter medications & how medicines are managed in the community as well as IT systems to support this.	Record keeping, clinical skills, role awareness.
8	Session with tutor to complete any outstanding assessments and complete end of placement form.	END OF PLACEMENT FORM

MBChB Year 2 Primary Care Tutor Guide

CARES 2

2022-23

INTRODUCTION

Welcome to Year 2 CARES. The CARES 2 course aim to give students a grounding in the **C**linical **A**ssessment of patients, diagnostic **R**easoning, **E**thical and legal aspects of patient care and patient **S**afety. By the end of Year 2 students should be aiming to use their knowledge and skills to attempt a holistic clinical assessment of a patient. They should aim to be able to present a case history and to discuss possible diagnoses and ethical dimensions of the case. We do not expect them to be experts by the end of Year 2 but to have gained the confidence to have a good attempt at this, which you will then build on in Year 3.

There are many aspects to CARES taught through multiple strands:

- Communication skills
- Clinical cases teaching
- Ethics & Law
- Clinical skills
- RRAPIDS
- Mental Health
- Voluntary sector organisation visits

Clinical placements will bring all of these aspects together as students begin to assess patients, work with team members and use your clinical skills in the community and hospital environment. It is important that students have an awareness of this, so that they can identify all of these aspects on placement and enhance or consolidate their learning.

Here is a common example of the type of case students may come across on placement and which illustrates the coming together of all these aspects (highlighted in **red**).

Case:

You are observing a primary care consultation of a man who has recently had a heart attack and been discharged following successful treatment. The initial focus of the consultation is on **cardiac symptoms** and the GP **examines** the patient looking for signs of heart failure. You notice that the GP **communicates effectively** with the patient asking 'is there anything else you want to discuss'. The patient admits he has had a **low mood** since his heart attack and is worried about how he will continue **caring** for his wife. The GP completes his assessment looking for features of **depression**. The GP also recommends a referral to a **voluntary sector organisation** that supports carers and gains the patients **consent** to refer him to this.

We want students to enjoy their time on placement, start to feel what it's like to be part of a clinical team, to learn from how teams have adapted to the new ways of working, and gain as much practical experience as possible. If students or tutors have any concerns or queries about placements, don't hesitate to contact any of the team listed below who will be happy to assist you.

You will also receive a copy of the Student Placement Handbook, which gives a comprehensive guide to placements and assessment across the entire year. Students should be directed to this as a source of information and to answer any questions relating to the course in the first instance. This Primary Care guide is selected information from the complete study guide.

Additional information about Rotation 5 (June dates) will be provided in an update later in the year.

PLACEMENT DATES

Year 2	Rotation 1	Thursday 03/11/22 to 01/12/22
	Rotation 2	Thursday 12/01/23 to 09/02/23
	Rotation 3 (same cohort as rotation 1)	Thursday 16/02/23 to 16/03/23
	Rotation 4 (same cohort as rotation 2)	Thursday 23/03/23 to 30/03/23, 27/04/23 to 11/05/23
	Rotation 5	Mon/Wed/Thurs/Fri 05/06/23, 07/06/23 to 09/06/23

Deadlines for end-of-placement sign-off is the last day of each placement.

CONTACT DETAILS

CARES Year 1 ICU Lead	Dr Abbie Flinders	a.j.flinders@leeds.ac.uk
CARES Year 1 ICU Administrative Team	Rosa Tillison	y2mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk
Primary Care team contact	Lizzie Luff	E.M.Luff@leeds.ac.uk
Head of Year 1&2	Dr Richard Bishop	R.I.Bishop@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

CARES element	Learning outcome	Placement opportunities/Tasks
Clinical Assessment	<p>Develop the history taking and examination skills to assess a range of clinical presentations</p> <p>Continue to develop communication skills with patients, carers and clinical colleagues in a variety of settings</p> <p>Understand patient and carer strengths, resources and problems in the context of their illness</p>	<p>Be observed by a clinician taking a history and examining a patient and receive feedback on how to improve using your clinical skills template in Pebblepocket or Pebblepad</p> <p>Work in pairs to take a history from a patient and deliver peer to peer feedback – use COFS tool (appendix in study guide) to guide you.</p> <p>As you gain confidence and skills work in pairs to practice your examination skills on patients (identified by the clinical team) and use the examination templates in the clinical skills eBook to guide peer to peer feedback clinicalskills.leeds.ac.uk</p> <p>Observe consultations, ward rounds, clinics and reflect on communication methods used</p> <p>Spend time talking to patients about their illness</p>
	<p>Gain an appreciation of the importance of mental health issues. Develop skills to assess mental health as part of holistic clinical assessment</p>	<p>Mental health placement</p> <p>Primary care consultations</p> <p>Emergency department/medical admissions</p>
	<p>Develop an understanding of multidisciplinary team working in a range of settings.</p> <p>Understand how different members of the team contribute to the clinical assessment of patients</p>	<p>Take opportunities to work with a team:</p> <p>Ward team/MDT</p> <p>Theatre team</p> <p>Multidisciplinary OP team</p> <p>Primary care practice team</p> <p>Neighbourhood team</p>
Reasoning	<p>To start to recognise patterns of symptoms and signs that relate to common disease presentations</p>	<p>Weekly opportunities to observe and carry out history taking and examination</p> <ul style="list-style-type: none"> • Ward rounds • Clinics • Pre theatre assessment • Emergency department • Primary care consultations
	<p>To understand how the clinical skills you are learning are used in practice to aid diagnosis or clinical management decisions</p>	<p>Each time you carry out a clinical skill start to review and interpret test results (try to learn the normal ranges)</p> <ul style="list-style-type: none"> • Blood tests • CBG <p>Review tests results with doctors on ward rounds, consider how they use these results to further patient management</p>

<p>Ethics</p>	<p>Understand the ethical and legal principles underpinning patient encounters.</p> <p>Develop skills in ethically analysing health care decisions</p>	<p>Observation & reflection of:</p> <ul style="list-style-type: none"> • Consultations • MDT working • Difficult decisions • Consent being gained: theatres, procedural departments, wards, primary care examinations <p>Discuss your reflections with your clinical tutors or attend an ethics drop in session on campus</p>
<p>Safety</p>	<p>Be aware of the importance of patient safety, how this is optimised in different clinical setting and the role different team members play in this</p> <p>To learn to recognise and respond to acute illness</p> <p>Continue to develop year 1 clinical skill and engage with learning and practicing year 2 skills so that you can carry these out safely and efficiently in clinical practice</p> <p>Develop the skills of lifelong, reflective learning</p> <p>Learn about the important elements of safe prescribing and drug administration</p> <p>To demonstrate professional behaviour in the clinical environment and understand how unprofessional behaviour may impact on patient safety</p> <p>To develop an understanding of what abuse is and how it relates to health, what your safeguarding roles and responsibilities are as a developing clinician which includes seeking support for yourself if needed</p>	<p>Theatre/interventional areas (procedures/checklists)</p> <p>Nursing drug rounds</p> <p>Observation of prescribing</p> <p>Safety huddles</p> <p>Use of IT systems</p> <p>Correct patient identification (test requesting/interpreting, blood transfusions)</p> <p>Observation of NG tube insertion/procedures.</p> <p>RRAPIDs sessions</p> <p>RRAPIDs in practice:</p> <ul style="list-style-type: none"> • Shadow a junior doctor as they assess an unwell patient • In primary care, observe how GP's/matrons decide whether to admit a patient to secondary care or manage in the community <p>Opportunities for student to practice skills</p> <ul style="list-style-type: none"> • Joining obs rounds/HCA in primary care • Ward based clinical educators <p>Junior doctor teaching primary care phlebotomy</p> <p>Clinic phlebotomy</p> <p>Use PebblePad and reflective exercises to reflect on and learn from your feedback and experiences</p> <p>Medicines management opportunities:</p> <ul style="list-style-type: none"> • Join the community/ward pharmacist • Shadow a nurse for a drug round • Take a medication and allergy history • Watch a doctor prescribing ask about how they avoid errors <p>Shadowing of health care professionals</p> <p>Feedback on placement/CSP tasks</p>

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

Students are required to complete

- An initial induction
- Workplace-based assessments (WBAs) appropriate to the clinical setting.
Students have a list of WPBAs to complete over the entire year, some are more suitable for Primary Care, while some are generic and can be completed anywhere. Students will be required to complete WBAs regularly (recommended at least one entry per placement session).
- 100% attendance (**80% attendance is mandatory to pass each placement. Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the CARES2 / Year 2 team**)
- End-of-placement evaluation form for each placement rotation.

MANDATORY WBAs

Skills highlighted in orange need assessment and feedback by a suitable person in the clinical environment. E.g. History and examination by a doctor or advanced practitioner, urinalysis by a health care assistant. The remaining skills can be observed and recorded by the students. The deadline for completion of the mandatory placement tasks is the end of each placement. Also listed below are the Secondary Care skills, which students can complete in Primary Care if appropriate.

Placement 1 (whether Primary or Secondary Care)

Basic personal protective equipment use (non-sterile gloves and aprons)
Demonstrate the appropriate selection, use and disposal of basic PPE in the clinical setting

Primary Care Placement 1

History

Please evidence an opportunity that has arisen to practice supervised (adult) history-taking in a clinical setting.
Was this a cardiac/respiratory/gastro/neuro/vascular/urology/msk/thyroid history?

In your history you should clarify the details of the presenting problem, and ask questions about any associated symptoms, past medical history, medications, family history and social aspects of the case. Also include a systems review. Try presenting your history to a colleague or doctor.

Interpretation of the findings – use the information to consider possible diagnosis. Consider if there were any barriers to you obtaining your history and how you could overcome these next time.

Communication

Please evidence a consultation that you have **observed** or were directly involved with where specific communication skills were needed to enable an effective consultation. If you have led the communication, ask the person observing you to record feedback on your progress app. Think about the role communication played and please consider the relevance of the following: creating rapport, eliciting patient ideas, concerns and expectations, explanation, making a shared management plan or safety-netting.

TPR - temperature, pulse, respiratory rate Perform an accurate radial pulse check manually and record the result. Perform an accurate respiratory rate and record in the patient's notes. Take an accurate temperature using a hand-held digital thermometer and record the result.
Blood pressure Perform an accurate, manual blood pressure reading (systolic / diastolic) using an appropriate cuff and record the result
Urinalysis Perform urinalysis using a clean and accurate technique to analyse results
Urine test LABORATORY TESTS – observe or under direct supervision complete the request forms noting the required information and the interpretation of results by qualified staff.

Primary Care Placement 2

History Please evidence an opportunity that has arisen to practice supervised (adult) history-taking in a clinical setting. Was this a cardiac/respiratory/gastro/neuro/vascular/urology/msk/thyroid history? In your history you should clarify the details of the presenting problem, and ask questions about any associated symptoms, past medical history, medications, family history and social aspects of the case. Also include a systems review. Try presenting your history to a colleague or doctor. Interpretation of the findings – use the information to consider possible diagnosis. Consider if there were any barriers to you obtaining your history and how you could overcome these next time.
physical exam Perform all/part of a physical examination under direct/indirect supervision. Ensure verbal consent obtained. Consider general appearance (age, emotional state, nutrition, colour – jaundice/cyanosis/anaemia – skin, hands, SOB) and bedside cues (oxygen, drugs etc.). Explain the purpose of the exam, and describe which body system(s) were assessed. Was the focus cardiac/respiratory/gastro/neuro/vascular/urology/msk/thyroid? Try to split the exam into specific skills (E.g. Cardiac – observation, palpation, auscultation), commenting on the findings. Consider whether any of your findings support a particular diagnosis. In your reflection provide an action plan.
Decision-making, clinical judgement Observe a real-life scenario involving significant choices being made by a clinical team member and consider which factors have influenced their decisions / how they plan to make progress
General principles of prescribing (& bnf use) Discuss a prescription completed by a qualified doctor, nurse practitioner or pharmacist, with consideration of factors such as: drug choice, route, frequency, dose calculations, documentation, and information giving.
Ethical and legal responsibilities From your clinical placement experience consider any ethical / legal issues that arise and describe how these impact on patient care

Secondary Care Placement DOPs

The list below includes skills that can be completed in Primary Care if the opportunity arises, but are only mandatory on Secondary Care placements. Students have a complete list in their study guide and this includes descriptions of each assessment and some which must be completed on hospital placements or in clinical skills sessions e.g. management of choking and BLS.

Oxygen saturation
News scoring system
Venepuncture
Blood test
Obtaining Swabs
Informed consent
Preparation of injections and infusions
Differential and working diagnosis
Capillary blood glucose
Aseptic technique (complete this when you complete Cannulation or IM/SC injections)

Intramuscular and subcutaneous injections
Safe disposal of waste and sharps (complete this when you complete Cannulation or IM/SC injections)
Intravenous cannulation

MEDICINES MANAGEMENT

In Year 2, students are encouraged to build 10 drug profiles (a drug profile sheet can be on Minerva). They should have knowledge of common antibiotics, emergency drugs and analgesics.

Common Antibiotics

Students learn about common antibiotics in clinical pathology in term 2, some of these are listed in the table below.

Penicillins	Vancomycin
Cephalosporins	Metronidazole
Aminoglycosides e.g. gentamicin	Carbapenems
Macrolides e.g. erythromycin, Clarithromycin	Chloramphenicol
Nitrofurantoin	Co-Trimoxazole
Quinolones e.g. Ciprofloxacin	Fusidic Acid
Tetracycline	Linezolid
Trimethoprim	Mupirocin
	Teicoplanin

Emergency Drugs

Students learn about emergency drugs during your RRAPIDS2 sessions but are asked to look out for these medications in clinical practice and take the opportunity to learn more:

- Ask a junior doctor to show you how to prescribe oxygen, look at some delivery devices, learn about why each one is selected.
- Look at insulin prescription charts – what is prescribed for hypoglycaemia in this patient?
- Take note if the patient you are seeing is receiving IV fluids, find out why and review the prescription.
- Which emergency drugs are available in GP practices?

Analgesics

- Opioid analgesics(e.g. co-codamol, morphine)
- Aspirin
- Paracetamol
- NSAIDs e.g. Ibuprofen
- Neuropathic agents e.g. amitriptyline
- Other opioid analgesics e.g. oxycodone, fentanyl

PLACEMENT ACTIVITIES

Each placement will be very different in the opportunities it can offer students to meet the learning outcomes. The 'placement opportunities' listed in the above table is not meant to be an exhaustive list but instead to help tutors plan placements and students to look for opportunities within their placements.

All placements should facilitate students spending direct contact time with patients and students should seize these opportunities when presented. Nothing is as valuable as bedside teaching with real patients to demonstrate examination techniques and communication skills and to observe student's interaction with patients and provide feedback. We therefore expect weekly student/patient interaction.

	Campus teaching	Placement focus
Placement 1	<p>Clinical skills 1: Cannulation, Venepuncture, Aseptic technique</p> <p>Communication skills: consultation models, structure of a history, open ended questions</p> <p>History & examination overview lecture (basic structure)</p> <p>History/clinical reasoning cases modules: CVS (chest pain), RS (cough), GIS (abdominal pain), Neuro (stroke).</p> <p>Ethics & Law – consent and mental capacity</p> <p>Mental health assessment</p>	<p>History taking and communication</p> <ul style="list-style-type: none">- CVS, RS, GIS, Neuro- History taking structure- Mental health assessment in primary care <p>Examination</p> <ul style="list-style-type: none">• CVS, RS, GIS• Large joint and GALS in primary care <p>Mandatory placement tasks for placement 1 & 2 (see list below)</p>
Placement 2	Clinical skills 2: CBG, Injections, BLS	History taking and communication

	<p>Clinical examination practical session: CVS, RS, GIS (December)</p> <p>Clinical examination practical sessions: CNS, PNS (Jan/Feb)</p> <p>History/clinical reasoning cases modules: CVS (palpitations), RS (breathlessness), GIS (PR bleeding), Neuro (headache)</p> <p>Communication skills & history taking</p>	<ul style="list-style-type: none"> - CVS, RS, GIS, Neuro - Mental health assessment in primary care <p>Examination</p> <ul style="list-style-type: none"> • CVS, RS, GIS • Large joint and GALS in primary care <p>Mandatory placement tasks for placement 1 & 2 (see list below)</p>
Placement 3	<p>History/clinical reasoning cases modules: Endocrine (thyroid & Diabetes), MSK (Rheumatoid), Vascular & Diabetes, Unconscious patient.</p> <p>Clinical examination practical sessions: CNS/PNS (Jan/Feb)</p>	<p>History taking & reasoning >>can students propose simple diagnoses & tests</p> <p>Clinical examination of Neuro system (CNS & PNS), MSK, GALS</p> <p>Clinical skills practice</p> <p>Mandatory placement tasks for placement 3&4</p> <p>Clinical reasoning – simple tests, requesting, interpreting</p>
Placement 4	<p>Communication skills patient mentor sessions</p>	<p>History taking & reasoning >>can students propose simple diagnoses & tests</p> <p>Clinical examination of Neuro system (CNS & PNS), MSK, GALS</p> <p>Clinical skills practice</p> <p>Mandatory placement tasks for placement 3&4</p> <p>Clinical reasoning – simple tests, requesting, interpreting</p>

History taking & Communication: It is really helpful to students to receive specific teaching time each week of approximately 60-90 minutes to support development of clinical history and examination techniques. The core systems covered are listed in the table above. Ideally these sessions would be with patient involvement and feedback to students using **Pebblepad** to document what they are doing well and what to work on for next time.

Clinical examination: Students should prepare for clinical examination teaching sessions and placement using the video resources provided in the [clinical skills e-book](#). We expect students to be ready and willing to practice hands on examination techniques on placement. Timetabling specific sessions on placement for students to practice these skills with real patients is very beneficial.

The rest of the time should spend time in clinical environments that allows them to further practice their history and examination techniques, practice their clinical skills and observe and join in with clinical work with team members. (see placement opportunities table for ideas).

- Student should be supported & encouraged to find opportunities to complete reflections and receive feedback on mandatory tasks using **PebblePocket or PebblePad** to record these as evidence of their progress.
- Students should be encouraged to see patient in 2s to take a history and use the COF form (see appendix) to give each other feedback. This form is based on the Calgary-Cambridge consultation model and students are familiar with using this during their central communication skills teaching sessions.
- Students should be encouraged to practice small parts of the clinical examination techniques during ward, clinical or primary care work e.g listening to heart sounds, percussion, palpation of the abdomen, so that they become comfortable with these techniques as well as starting to identify what is normal and what is pathological.

SAMPLE TIMETABLE

The timetables below are meant as examples only to give teams ideas of what the five-week placement could look like.

Week	am/pm	am/pm
1	GP Clinic DOP: observed history or examination	Tutorial Clinical History-taking or examination skills tutorial with invited patients, <i>ideally mapped to central teaching sessions.</i>
2	Practice Nurse/HCP DOP e.g. injection, phlebotomy	Tutorial Clinical History-taking or examination skills tutorial with invited patients.
3	Physio/Community Matron DOP e.g. Clinical examination, differential diagnosis	Tutorial Clinical History-taking or examination skills tutorial with invited patients.
4	ANP/Prescribing Pharmacist DOP e.g. prescribing, drug profile	Tutorial Clinical History-taking or examination skills tutorial with invited patients.
5	Selected patient consultation/Home visit in 2s DOP e.g. Communication skills feedback using COF End of placement assessment form completion	Tutorial Clinical History-taking or examination skills tutorial with invited patients.

MBChB Year 3 Primary Care Tutor Guide

2022-23

INTRODUCTION

Thank you for your continued support in teaching our year 3 medical students. We know the quality of the teaching in the practices is excellent and much appreciated by the students. Your enthusiasm and role modelling are essential for inspiring our future generation of doctors. This guidebook is intended for General Practice Tutors/Honorary Lecturers who will teach on Year 3 Primary Care Placement, their staff and other primary care team colleagues who teach medical students.

The aim of this guide is to give you the relevant information for teaching year 3 students during their placement. This document supplements the General Practice Years 1-5 Tutor Guide which outlines the course and has example timetables for each year and outlines the core tasks and assessments required on placement. The individual course documentation that the student receives will also be made available to you electronically on Minerva (Virtual Learning Environment).

PLACEMENT DATES

Year 3	Rotation 1	Mon/Tues/Wed 26/09/22 to 25/10/22
	Rotation 2	Mon/Tues/Wed 31/10/22 to 29/11/22
	Rotation 3	Mon/Tues/Wed 09/01/23 to 07/02/23
	Rotation 4	Mon/Tues/Wed 13/02/23 to 14/03/23
	Rotation 5	Mon/Tues/Wed 20/03/23 to 29/03/23, 17/04/23 to 02/05/23 (<i>1st May Bank Holiday</i>)

Placements are Monday to Wednesday for the first four weeks; Monday and Tuesday in the final week. On Thursdays, students are timetabled Primary Care central university teaching. This is a blend of on-line learning, and face to face.

CONTACT DETAILS

Year 3 Primary Care Lead	Dr Kristan Toft	k.toft@leeds.ac.uk
Year 3 Administrative Lead	Hazel Millichamp	y3mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk
Primary Care and Community Placements Manager	Lizzie Luff	e.m.luff@leeds.ac.uk
Year 3 Leads	Mr Paul Harwood Dr Paul Lord	p.harwood@leeds.ac.uk p.lord@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

By the end of the Primary Care Placement all students will:

- Understand the definition, scope and organisation of primary health care.
- Understand the health implications of the “individual in society”.
- Understand the primary care approach to prevention and health promotion.
- Understand the primary care approach to the consultation.
- Have explored the organisation and nature of general practice.
- Understand how illness presents to general practice.
- Understand information management and clinical information systems in primary care.
- Understand the therapeutics and prescribing in general practice.
- Be able to perform practical skills in primary care and general practice settings.

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are required to complete

- An initial induction
- At least 8 consultations with patients on their own (with / without a tutor present to observe), including:
 - Two observed consultations concentrating on **STRUCTURE**. The tutor acts as an observer identifying tasks carried out during the consultation and discusses the Calgary-Cambridge model.
 - Two consultations with “live patients”, concentrating on the **SECOND HALF** of the consultation. This will include explaining the diagnosis, eliciting the patient’s ideas, concerns and expectations, involving them in their own management, safety-netting and arranging follow-up.
 - Follow a patient through a series of three consultations with different members of the primary care team to show continuity (e.g. GP consultation, nurse appointment for tests, phlebotomy appointment and then GP follow-up).
 - Discussion with tutor about the real aspects of difficult or complex consultations, including confidentiality and sharing decision-making.
- Work-place based assessments (MiniCEX and DOPs) Students have a list of WBAs to complete over the entire year, with two MiniCEX specific to Primary Care.
Please note that completion of these MiniCEX are mandatory to pass the placement.
 - Primary Care MiniCEX 1 Mental Health: History, examination and management of a person presenting with a mental health problem.
 - Primary Care MiniCEX 2 Chronic condition: History, examination and management of patient with a chronic condition.
 - Range of mandatory DOPs which can be completed throughout the year, including advanced consultation skills, venepuncture, otoscopy, fundoscopy, ECG, principles of prescribing etc. A full list with descriptors is available on PebblePad and students should manage when they get each of these assessed.
- 100% attendance (**80% attendance is mandatory to pass the placement. Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the Primary Care Lead or Year 3 team**).
- Final feedback session report, documenting feedback on performance and professionalism

STUDENT CONCERNS

If tutors have concerns about students on placement, please raise this in the first instance with the student, however, the primary care lead, Dr Toft, is more than happy to be contacted for advice. If you have serious concerns about a student's wellbeing, the student support service can be contacted on somstudentsupport@leeds.ac.uk.

DETAILED PLACEMENT OBJECTIVES

The main objectives are divided into knowledge, skills and attitude components.

Knowledge

By the end of the Primary Care Placement all students will understand:

The definition, scope and organisation of primary health care

- the organisation and leadership of primary care in the UK
- self help and support networks for patients – including charitable, private and government organisations
- the expertise and contribution of nurses and allied professional colleagues to the management of diseases in the primary care setting
- the interaction between primary and secondary care
- the importance of primary health care in a global context

The health implications of the “individual in society”

- the interaction and consequences of physical, social, cultural and psychological factors affecting health and ill health
- health in the context of patients' lives
- role and support of social services, including benefits

The primary care approach to prevention of disease and health promotion

- patterns of health behaviour
- applied public health in terms of Quality Outcomes Framework (QOF).
- the issues around individual and population strategies for health promotion - individual strategies for health promotion and behaviour change

The primary care approach to the consultation

- structure of consultations in primary care and general practice
- focusing integration of information, clinical decision making, formulating management plans with the patient, sharing understanding and safety netting
- triadic consultations including dealing with children, relatives and third parties
- consultations with language barriers, including the use of interpreters
- the longitudinal consultation
- integrating IT systems into the consultation
- communication with colleagues in health and social care, voluntary services

The organisation and nature of general practice

- role of professional bodies (Royal College General Practitioners, Society Academic Primary Care)
- general practice as a career
- general practice as an academic career

How illness presents to general practice including

- the presentation and management of common illnesses
- how to deal with unplanned care- minor illness and emergencies
- the interaction of different illnesses
- how to deal with undifferentiated symptoms
- how to deal with diagnostic and clinical uncertainty
- the patient-focussed approach linking their illness to the context of their lives

Information management and clinical information systems in primary care

- have explored the uses of clinical information systems in general practice
- have an understanding of how clinical information systems support clinical care in terms of disease registers, clinical decision aids, clinical prompts, read coding, audit
- have explored other IT services including Choose and Book, Map of Medicine
- to support communication between services

Therapeutics and prescribing in general practice

- understand where to find information that supports evidence based prescribing decisions
- understand which drugs are prescribed commonly, their route, mechanism of action, adverse drug reactions and contraindications
- prescribing in common conditions

Practical skills in primary care and general practice

- explaining common investigations, tests and procedures

Skills

By the end of the Primary Care placement all students will be able to:

- Identify personal learning objectives and formulate ways of achieving them
- Perform practical skills commonly undertaken in primary care and general practice
- Effectively obtain a relevant, structured and accurate patient centred history and use this information to formulate clinical decisions and management plans involving the patient in the process
- Effectively communicate with patients, carers and other professionals
- Give patients information in a way they understand, and check that understanding
- Perform complex consultations – including triadic consultations, and the use of interpreters
- Integrating IT management systems into the consultation
- Write a safe and accurate prescription
- Perform certain diagnostic procedures

Attitudes

By the end of the Primary Care placement all students should:

- Become responsible for their own learning including learning through independent enquiry
- Listen to patients and respect their views, beliefs and principles
- Respect the rights of patients to be fully involved in decisions about their care
- Protect and respect confidential information
- Value team-working
- Appreciate the many forms of communication in order to ensure patient safety

UNIVERSITY-BASED TEACHING SESSIONS

Students attend University based teaching each Thursday

Week	
1	Introduction to Primary Care
	Consultation skills 1: 10-minute consultations
2	Communication Skills
	Technology Enhanced Consulting
3	Illness presentation 1
	Practical therapeutics
4	Illness presentation 2

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

1	Primary Care placement	Primary Care placement	Primary Care placement	Primary Care central teaching	Central teaching
2	Primary Care placement	Primary Care placement	Primary Care placement	Primary Care central teaching	Central teaching
3	Primary Care placement	Primary Care placement	Primary Care placement	Primary Care central teaching	Central teaching
4	Primary Care placement	Primary Care placement	Primary Care placement	Primary Care central teaching	Central teaching
5	Primary Care placement	Primary Care placement	Central teaching	Central teaching	Central teaching

MBChB Year 4 Primary Care Tutor Guide

Continuing Care and Cancer (CCC)

2022-23

INTRODUCTION

Thank you for hosting 4th year medical students in your practice and giving them the opportunity to learn about long term conditions and cancer from patients, carers, and staff in a primary care setting. We know the quality of the teaching in the practices is excellent and much appreciated by the students. Your enthusiasm and role modelling are essential for inspiring our future generation of doctors.

This guidebook is intended for General Practice Tutors/ Honorary Lecturers who teach on the Year 4 Continuing Care and Cancer Integrated Clinical Unit (ICU), their staff and other primary care team colleagues who teach medical students at the University of Leeds.

The aim of the Year 4 Tutor Guide is to give you the relevant information for teaching year 4 students during their CCC placement. This document supplements the General Practice Years 1-5 Tutor Guide which outlines the course and has example timetables for each year and outlines the core tasks and assessments required on placement. The individual course documentation that the student receives will also be made available to you electronically on Minerva (Virtual Learning Environment).

August 2022

PLACEMENT DATES

Year 4	Rotation 1 Cohort A	20/09/22 to 07/10/22
	Rotation 1 Cohort B	11/10/22 to 28/10/22
	Rotation 2 Cohort A	08/11/22 to 25/11/22
	Rotation 2 Cohort B	29/11/22 to 16/12/22
	Rotation 3 Cohort A	10/01/23 to 27/01/23
	Rotation 3 Cohort B	31/01/23 to 17/02/23
	Rotation 4 Cohort A	28/02/23 to 17/03/23
	Rotation 4 Cohort B	21/03/23 to 31/03/23, 18/04/23 to 21/04/23
	Rotation 5 Cohort A	25/04/23 to 12/05/23 (<i>2nd May university teaching</i>)
	Rotation 5 Cohort B	16/05/23 to 26/05/23, 01/06/23 to 02/06/23 (<i>30th May Bank Holiday and 31st May university teaching</i>)

CONTACT DETAILS

CCC Leads	Dr Carol Reid - Primary Care Paul Hatfield - Oncology Maria Cassidy - Palliative Care	c.reid1@leeds.ac.uk phatfield@nhs.net m.cassidy@leeds.ac.uk
CCC Administrative Team	David Hemming Frances Pearson	Y4mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk
Primary Care team contact	Lizzie Luff	E.M.Luff@leeds.ac.uk
Year 4 Leads	Dr Etienne Ciantar Dr Clare Rayment	E.Ciantar@leeds.ac.uk c.s.rayment@leeds.ac.uk

AIMS AND OBJECTIVES OF PLACEMENT

Students will:

- Find out how long-term conditions and cancer are managed in Primary Care, including the role of health informatics, audit and the Quality Outcomes Framework.
- Learn about multidisciplinary team approaches to patient care
- Build up their consultation skills expertise
- Explore the impact of a long-term condition or cancer, on patients, and their families, and understand the role of the primary care clinician
- Learn how to become safe prescribers

Throughout the placement, the students will integrate prior medical knowledge using workplace-based learning incorporating informatics.

While the emphasis of the placement is on long term conditions and cancer, students hugely appreciate the chance to see a range of patients presenting in the general practice setting. Feedback from students over the last few years suggests that their most valuable learning takes place when they have time to see patients on their own and then discuss the complexity of managing patients with several co-morbidities.

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are required to complete

- An initial induction report
- **A primary care observed consultation (this is mandatory to pass the ICU)**
- Work-place based assessments (WPBA) appropriate to the clinical setting. Students have a list of WPBAs to complete over the entire year, some are specific to CCC, some are generic and can be completed in more than one ICU.
- 100% attendance (**80% attendance is mandatory to pass the ICU. This is 80% over the entire 6-week ICU, not 80% of the Primary Care element. Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the CCC team**)
- Final feedback session report, documenting feedback on performance and professionalism

STUDENT CONCERNS

If tutors have concerns about students on placement, please raise this in the first instance with the student, however, the primary care lead, Dr Carol Reid, is more than happy to be contacted for advice. If you have serious concerns about a student's wellbeing, the student support service can be contacted on somstudentsupport@leeds.ac.uk.

CORE CONDITIONS

The following are the conditions students are expected to know about by the end of the placement:

Respiratory Conditions

Asthma (note there is a discrepancy between the NICE guidelines and BTS/SIGN guidelines. In an exam setting either guideline will be deemed to be the correct answer)

COPD

Bronchiectasis

Pulmonary fibrosis

Cardiology Conditions

Hypertension

Atrial fibrillation

Ischaemic heart disease (angina, myocardial infarction, primary and secondary prevention)

Heart failure

Gastrointestinal Conditions

Diverticular disease

Inflammatory bowel disease

Irritable bowel disease

Coeliac disease

Chronic liver disease

Gastro-esophageal reflux disease

Neurological Conditions

TIA

Stroke disease (primary and secondary prevention)

Epilepsy

Headache presentations, including migraine

Multiple sclerosis

Motor neurone disease

Parkinson's disease

Essential tremor

Musculoskeletal and rheumatological conditions and

Rheumatoid arthritis

Chronic back pain

Polymyalgia rheumatica

Fibromyalgia

Chronic fatigue syndrome

Chronic pain management

Osteoarthritis

Endocrinology conditions

Diabetes type 1

Diabetes type 2

Diabetic neuropathy

Diabetic nephropathy

Thyroid dysfunction

Obesity

Dermatology Conditions

Atopic dermatitis and eczema

Psoriasis

Renal and urology

CKD

Benign prostatic hypertrophy

Erectile dysfunction

Psychiatry conditions

Anxiety disorder: generalised anxiety, phobias, OCD

Low mood/affective disorders

Depression

Cancer and palliative care

Cancer prevention

NICE Suspected cancer referral guidelines (it is not necessary to know all the guidelines in detail, but you should know 'red flag' symptoms)

End of life care plans

MDT approach to palliative care in the community

General principles

Frailty

Multimorbidity

Disease prevention and screening

UNIVERSITY-BASED TEACHING SESSIONS

Students attend University based teaching on Mondays

The Primary Care teaching sessions are

- **Introduction to Primary Care CCC.** This session introduces the concepts of frailty and multimorbidity and encourages the students to think about the impact of having a long-term condition on their quality of life. It considers why deprivation has such a profound impact on health. It teaches the students about cancer screening and prevention.
- **Cased based learning-Ischaemic heart disease.** This is the first session of two, following the case of 'Bob' who gets progressively more unwell with Ischaemic Heart Disease
- **Case based learning-frailty.** This is the second session covering the case of 'Bob,' who is now frail and approaching the end of life, due to heart failure
- **Effective Communication.** OSCE (Objective Structured Clinical Examination) practice sessions with cases of patients who need a 2 week wait referral
- **Self-directed Learning modules.** There are modules on Asthma, COPD, Diabetes, Stroke disease, Hypertension, Atrial Fibrillation and Heart failure for the students to use as learning resources

ESREP

Each student must have one day per placement dedicated to ESREP (Extended Student-led Research or Evaluation Project). Students can decide which is the best day to dedicate to their project, taking into consideration placement activity and ESREP need. They are encouraged to inform the practice well in advance which day they propose to take, to allow practices to plan accordingly.

SAFE & EFFECTIVE CLINICAL OUTCOMES (SECO)

Students are being given the opportunity to attend SECO teaching sessions throughout Year 4 at the clinical skills department. They will be timetabled for a Thursday afternoon across the year, and this may fall in any rotation. As such, you may be informed that one, or more, of your students will be absent for a day of placement.

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

	Mon	Tues	Wed	Thurs	Fri
Week 1					
AM		Introduction to the practice. Who does what. Students' learning needs and initial appraisal	Pair 1 in surgery interviewing patients with GP Pair 2 with practice nurse in LTC clinic	Sitting in on clinics or parallel consulting	Clinical Educator session The breathless patient – presentation, differential diagnosis
PM		Chronic disease registers, audit, QOF targets, recall systems	Observed or student led consultations	Pair 1 with practice nurse/Pair 2 seeing patients with GP	Interviewing patient with long-term conditions or researching medications
Week 2					
AM		Pair 2 seeing patients with GP/Pair 1 learn about disease monitoring, prevention	Community visits in pairs: support services/carer group/McMillan nurse?	Clinical Educator session Diabetes: prevention, patient education, relevant examination	LTCs clinic (CHD)/use of decision support tools/ Spirometry use
PM		Pair 1 seeing patients with GP. Pair 2 learn about disease monitoring	Debrief from morning. Tutorial on role of support services in LTCs and cancer	Home visit in pairs to a patient with LTC or cancer. Debrief afterwards at the practice Seeing patients with GP	Seeing patients with GP or in parallel surgery
Week 3					
AM		Pair 1 seeing patients with GP/Pair 2 meet community physio/pharmacist/IHD rehab nurse?	Observed or student led consultations	LTC's clinic (Diabetes)	Clinical Educator session Neurological condition (Stroke, TIA, MS, Parkinson's)
PM		Observed or student led consultations	Pair 2 see patients with GP/Pair 1 meet community physio/pharmacist/IHD rehab nurse?	Discussion on patients seen with LTCs and common complications of LTCs	Conclusion and paperwork completed. Case study presentations Student appraisals

Thank you so much for providing placement for our Year 4 students. Please do not hesitate to get in touch if you have any questions or concerns

MBChB Year 5 Primary Care Tutor Guide

2022-23

INTRODUCTION

Thank you for hosting final year medical students in your practice and giving them the opportunity to consolidate their undergraduate clinical training. This guidebook is intended for General Practice Tutors/ Honorary Lecturers who teach on the Year 5 their staff and other primary care team colleagues who teach medical students at the University of Leeds and should be read in conjunction with the Year 5 Assessment Guide and Student Study Guide.

Year 5 is designed to co-ordinate undergraduate training culminating with entry into the Foundation Year Programmes, introducing students to shared themes of appraisal of professional attributes, assessment and continuing professional development that form part of a future medical career.

The Year 5 aims are threefold, ensuring students are equipped for professional practice through:

- possession and understanding of a suitable and relevant knowledge base
- clinical competence across a wide range of skills relevant to the Foundation year and beyond
- demonstration of appropriate professional attributes and ongoing professional development

Students really enjoy the Primary Care placement in Year 5. They are now focussing on their own preparation to be practicing clinicians and the role-modelling they get on placements is an essential part of that. We want them to be safe, competent clinicians, while developing their individual interests and thinking about the career in front of them.

We really appreciate the high-quality teaching that you offer in the practice and want to support you in delivery of your placements to our soon-to-be doctors. Please get in touch if you have any questions or concerns.

The placement dates and contact details are listed here. Additional information about the structure and requirements of the year will be sent separately in the Study Guide.

CONTACT DETAILS

Year 5 Leads	Dr Ian Clifton Dr Michelle Eldridge Mr Christopher Mannion	i.j.clifton@leeds.ac.uk m.eldridge@leeds.ac.uk c.j.mannion@leeds.ac.uk
Year 5 Administrative Team	Zoe Ferguson	Y5mbchb@leeds.ac.uk
Placements Team		medicine-placements@leeds.ac.uk
Primary Care team contact	Lizzie Luff	E.M.Luff@leeds.ac.uk
Year 5 Academic Sub-Dean	Dr Louise Gazeley	l.gazeley@leeds.ac.uk

PLACEMENT DATES

Year 5	Rotation 1	19/09/22 to 14/10/22 (excl ESREP presentation day 06/10/22)
	Rotation 2	17/10/22 to 11/11/22 (excl GMC registration day 27/10/22)
	Rotation 3	14/11/22 to 09/12/22
	Rotation 4	09/01/23 to 02/02/23 (Prescribing Safety Assessment (PSA) exam 03/02/23)
	Rotation 5	06/02/23 to 03/03/23
	Rotation 6	06/03/23 to 31/03/23

RRAPIDS teaching takes place through January to March 2023 and groups of students will be assigned specific days for this.

AIMS AND OBJECTIVES OF PLACEMENT

The key objectives for these Primary Care placements are to offer:

- High quality systematic teaching of the core curriculum.
- Student consulting across a wide range of undifferentiated medical problems.
- Development of your skills in consultation, communication, therapeutics and clinical reasoning
- Individual feedback on clinical skills & knowledge

The placements will:

- Emphasise the impact of illness on the patient's life.
- Demonstrate the management of acute and chronic disease in the community.
- Emphasise the importance of teamwork in medicine

ESSENTIAL REQUIREMENTS AND ASSESSMENTS

All assessments for students are to be completed on PebblePad. More information about PebblePad can be found at <https://digitalpractice.leeds.ac.uk/tools-and-systems/pebblepad/>

Students are responsible for managing their workplace-based assessments and sign-off, but it can be useful to understand the requirements to help facilitate students undertaking these.

Students are required to complete

- An initial induction report
- **One mandatory MiniCEX per placement for patient care and clinical reasoning (6 in total across the year).** Clinically assess patient, interpret investigations and instigate an appropriate management plan. Complete a MiniCEX entry of the integrated clinical scenario and receive feedback.
- **Six cross-year MiniCEX scenarios that can be completed during any placement, these must be completed by the end of the academic year.**
- **Students are also encouraged to record 'open MiniCEX' entries outside of the mandatory list to support their learning on placement and receive feedback.**
- A range of mandatory DOPs - Students have a list of WBAs to complete over the entire year that can be assessed on any placement. A full list with descriptors is available on PebblePad.
- **100% attendance (80% attendance is mandatory to pass the placement.** Students are required to mark absences on Minerva, this is then reviewed by the academic team. Tutors with concerns about student attendance should raise these concerns with the Year 5 team)
- Final feedback session report, documenting feedback on performance and professionalism

MiniCEX

Criteria	Requirement	Scenario Title
Complete 1 mini-CEX per placement	Clinically assess patient, interpret investigations and instigate an appropriate management plan. Complete a mini-CEX entry of the integrated clinical scenario and receive feedback.	Patient care and clinical reasoning
Complete at least 1 mini-CEX	Obtain a patients admission drug history and prescribe / withhold appropriate medication	Admission drugs
Complete at least 1 mini-CEX	Undertake a VTE risk assessment, discuss with patient and under supervision prescribe appropriate VTE prophylaxis for patient	VTE prophylaxis
Complete at least 1 mini-CEX	Engage with discharge planning via MDT and write discharge summary, reviewing medication, safeguarding issues and discharge plans	Discharge planning
Complete at least 1 mini-CEX	Review hospital discharge letter and instigate appropriate management actions with patient / GP	Review of discharge summary
Complete at least 1 mini-CEX	Contact a clinical team to make either verbally or written referral for a clinical review of a patient's case	Making a referral
Complete at least 1 mini-CEX	Undertake a falls assessment, discuss with patient and team and instigate appropriate pharmacological and non-pharmacological preventative management	Falls prevention/assessment

SAMPLE TIMETABLE

The following is a sample timetable. This is intended purely as a guide for practices, and practices are encouraged to develop their own educational activities.

	Mon	Tues	Wed	Thurs	Fri
Week 1	Induction and tour with PM. IT introduction Lead Tutor induction	Observe surgery	Clinical Skills	Parallel surgery in pairs	Parallel surgery in pairs
AM					
PM	Tutorial	Tutorial	Self-directed learning	Clinical Skills	Telephone clinic – for polypharmacy reviews
Week 2	Parallel surgery in pairs	Parallel surgery in pairs	Clinical Skills	Parallel surgery in pairs	Parallel surgery in pairs
AM					
PM	Tutorial	Tutorial	Self-directed learning	Clinical Skills	Telephone clinic – for case presentations
Week 3	Parallel surgery in pairs	IPL	Clinical Skills	Parallel surgery in pairs Polypharmacy review feedback	Case Presentations
AM					
PM	Mid-placement review with Lead Tutor Tutorial	IPL	Self-directed learning	Clinical Skills	Self-directed learning
Week 4	Parallel surgery in pairs	Parallel surgery in pairs	Clinical Skills	Parallel surgery in pairs	Parallel surgery in pairs
AM					
PM	Tutorial	Tutorial	Self-directed learning	Clinical Skills	Placement review and sign-off