MBBS Undergraduate Rural Clinical Program 2010

Teaching & Learning Activities in Primary Care
Introduction to Semester 2 2010

Thank you for taking our students this semester. In response to feedback we are trialling a mixed model of last semester and previous semesters.

- All students attending every Tuesday
- ½ day consulting
- ½ day self directed/flexible learning
- Lunch time meeting for all students

In my meetings with GPs and students there is some anxiety about what we should be learning in General Practice and how.

I have put together some ideas on teaching medical students in General Practice which you may find helpful. These are not meant to be prescriptive but I would value your feedback if you try them. I am also looking for your ideas so we can share them across the North West.

I have left them in note form with references for further reading however I am keen to come and meet with GPs to clarify these teaching techniques and tasks if they are not clear.

We will be asking you and the students for feedback on the changes.

I hope we can develop it over this semester so that it is a useful teaching resource.

Please don’t hesitate to contact me if you have any queries.

Lizzi

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Developing a learning plan for the semester

What do they want/ need to learn?
- History taking
- Examination
- Management plans- have they done any? What areas would they like to do?
- Skills- - in particular ECG, Spirometry, blood taking, dressings, minor ops, urinalysis, blood sugars, peak flow, pap smears, breast examination, eye examinations, immunisations, administration of complex medications- inhalers, depot ,implants.
- Clinical areas – relating to previous and current attachments in particular areas which may be seen less in hospital include dermatology, endocrinology, neurology, care of the elderly, rheumatology and autoimmune conditions.

Targeted use of consulting and non consulting time to achieve learning plan

Example

<table>
<thead>
<tr>
<th>Learning need</th>
<th>Consulting activity</th>
<th>Non consulting activity</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience of Management plans.</td>
<td>Joint consultation for implementation GPMP Revise paper work</td>
<td>Identify patients who need GPMP Prepare GPMP</td>
<td>Confidence in management of common chronic diseases Preventative health</td>
</tr>
<tr>
<td>Never used spirometry</td>
<td>Identification of patients who require spirometry Interpretation of spirometry Alter management plans according to spirometry.</td>
<td>Observe then undertake spirometry with nurse Could use lunch time session to practice with other student</td>
<td>Know when spirometry should be undertaken Ability to undertake spirometry Interpret spirometry Understand implications of spirometry on management plan.</td>
</tr>
<tr>
<td>Don’t understand medicare billing</td>
<td>GP explains how and why bills common item numbers</td>
<td>Work with reception to understand how billing processed and patients journey.</td>
<td>Understanding of GP as a business. Understanding of impact of billing on patients. Reception as the face of the business. Role of reception in triage patient appointments.</td>
</tr>
<tr>
<td>Haven’t seen any skin problems</td>
<td>Identifying skin problems in consultation to show student</td>
<td>Attend minor ops sessions Visit local skin clinic</td>
<td>Identify common skin conditions and their management.</td>
</tr>
<tr>
<td>Why don’t patients take their medications?</td>
<td>Identify barriers to compliance in consultation</td>
<td>Attend local pharmacist</td>
<td>See how prescriptions dispensed Understand financial and patient barriers to compliance</td>
</tr>
</tbody>
</table>
## Developing Consulting skills in General Practice

<table>
<thead>
<tr>
<th>Objective</th>
<th>Examples of Activities</th>
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</thead>
<tbody>
<tr>
<td>Familiarisation with computer</td>
<td>GP takes history. Student types history, looks up results, creates path and Xray forms etc. Write referral letters if needed.</td>
</tr>
<tr>
<td>Note taking</td>
<td></td>
</tr>
<tr>
<td>Observation of GP Consulting style</td>
<td></td>
</tr>
<tr>
<td>Developing history taking</td>
<td>Student takes focused history for first 5 minutes GP types notes and completes consultation</td>
</tr>
<tr>
<td>Developing history taking</td>
<td>Student takes history under observation GP types notes</td>
</tr>
<tr>
<td>Independent history taking</td>
<td>Student sees patient on own and presents case to GP. (Wave Consulting)</td>
</tr>
<tr>
<td>Practice examination skills</td>
<td>Observe GP examining Examine after GP</td>
</tr>
<tr>
<td>Develop examination skills</td>
<td>Examine while being observed Examination confirmed by GP</td>
</tr>
<tr>
<td>Competence in basic observations</td>
<td>Undertake pulse, BP, height, weight, girth, PF, urinalysis in all patients in whom these are indicated and not completed.</td>
</tr>
<tr>
<td>Developing diagnostic skills</td>
<td>Use 1 minute teacher SNAPPS technique Challenge pattern recognition</td>
</tr>
<tr>
<td>Developing management skills</td>
<td>Develop short cuts for common conditions</td>
</tr>
<tr>
<td>Observe GP discussing management with patient</td>
<td></td>
</tr>
<tr>
<td>Develop examination skills</td>
<td>Observe student Student can discuss aspects of management independently with patient</td>
</tr>
<tr>
<td>Student develops CDM plans with GP for patients</td>
<td></td>
</tr>
<tr>
<td>Developing skills on lifestyle changes</td>
<td>Student observes GP advising on lifestyle changes GP observes student Student then practices independently</td>
</tr>
<tr>
<td>Developing skills on lifestyle changes</td>
<td></td>
</tr>
<tr>
<td>Identifying preventative health opportunities</td>
<td>Familiarisation with computer and following prompts Developing CDM plans</td>
</tr>
<tr>
<td>Understanding of patients perspective</td>
<td>Watches GP explore ideas concerns expectations Student observes incorporating this into history taking Identification of cases with significant psychosocial element. Discussion on impact of issues on health</td>
</tr>
<tr>
<td>Understanding effect of illness on patients lives</td>
<td>Longitudinal Cases Following patients over attachment</td>
</tr>
</tbody>
</table>
Techniques for time effective teaching in practice

**Priming and focusing history taking for General Practice**

- Medical students can be over inclusive in their history taking, whilst in General Practice they can develop focused history taking skills. Initially they will need guidance on what aspects to focus on.
- **Priming** - Tell the student what information/ history they need to take
  
  *Mr X has come for his diabetes review, just concentrate on the diabetes you don’t need to look through PMH*

- **Focusing** - give them a specific task and time limit
  
  *Focus on patient’s diabetes today and do the foot exam, I will come in in 15 minutes*


**Dealing with conditions that are new to student (and or you)**

- Resist the mini tutorial

- Ask
  - What do you think?
  - Why?
  - Where could you find this out?

  *eg patient comes in on some new drug you have never heard of - get med student to look it up and present it to you.*

**Saving time in the consult**

**Lifestyle coaching and patient education**

- Patient education and encouraging lifestyle changes take up a significant proportion of consultation time.
- The students have all been taught how to do this and need as much practice as possible
  - Lifestyle changes: smoking, diet, exercise
  - Patient education- do you mind if the medical student goes through this with you?
  - You will need to use a spacer with this inhaler- after the consult the medical student can show you how.
  - Show one, Observe one, Let them do them

**Chronic Disease management**

- Get students to develop CDM plans. They can do the outlines before the consultation in line with your practice policy.
- They can discuss the plan with the patient before joining you for the joint consult where the GPMP is agreed.
**Wave Consulting**

- Wave consulting describes the scheduling of student appointments so that GP and student can consult independently and then meet every 30 minutes to see the student patient together.

<table>
<thead>
<tr>
<th>Time</th>
<th>Teacher schedule</th>
<th>Student schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00</td>
<td>See patient X</td>
<td>Review notes patient A</td>
</tr>
<tr>
<td>9.15</td>
<td>See patient Y</td>
<td>See patient A</td>
</tr>
<tr>
<td>9.30</td>
<td>See patient A with student</td>
<td>Present patient A</td>
</tr>
<tr>
<td>9.45</td>
<td>See patient Z</td>
<td>Write up notes patient A</td>
</tr>
<tr>
<td></td>
<td>Repeat cycle</td>
<td>Repeat cycle with pt B</td>
</tr>
</tbody>
</table>


**What to do if you only have one room**

- Active observation- use consultation check list
- Type while you consult and vice versa
- Look up medications, results, letters etc
- Get them to do aspects of consult or examination- BP, PF, Urinalysis.

**Identify ‘teaching patients’**

- Studies show that many patients feel very positive about working with medical students.
- Identify patients with interesting histories and conditions and ask them to come back on a Tuesday when you have a medical student.
- Encourage follow up on Tuesdays so student gets continuity of care.
Are repeat scripts or certificates boring?

- Many of the routine aspects of General Practice can be an opportunity for medical students to take histories and find out about practical pharmacology.
- Medical students can see ‘repeat scripts’ before or after to go through reasons for taking medication, side effects and what routine monitoring should be done. They can check notes to see if any of this is outstanding.
- They can also offer lifestyle advice if relevant.
Quick teaching

**One minute teacher**
- Get a commitment from the learner e.g. What do you think is going on?
- Probe for evidence e.g. What led you to that conclusion?
- Teach general rules e.g. In this situation . . .
- Give specific positive feedback e.g. I really liked it when you did . . .
- Give specific comments for improvement e.g. Next time you might try . . . You could look up......

**Encourage succinct**
- Tell me in 1-2 sentences what you think the diagnosis is and what we should do?

**SNAPPS**
- Summarise the case
- Narrow the differential
- Analyse the differential
- Probe thinking (the learner asks questions)
- Provide feedback
- Select an issue for self-directed learning

**Giving Feedback**
- Ask the learner what went well
- List the tasks that you thought went well
- Ask the learner what they thought could be improved
- Add anything else that you think could be improved


What should the non consulting student do?

The non consulting student can be called in to see / work with any of the other members of the practice team if they have something they feel would be of interest to the student

- Learning tasks
- Visit nursing homes or undertake home visits with other GP’s,
- Attend home medication reviews,
- Follow up their long cases,
- Research on the conditions or medications they see in consultations.

Team Work

- Working with receptionists to develop an understanding of how practice works and how patients present to non clinical staff.
- Working with the practice nurse and other members of the team. Activities could include blood taking, immunization clinics, dressings, developing GP management plans, practical skills INR testing, BSL, spirometry, health checks etc
- Shadowing any other allied health professionals that attend the practice

Community placements

- Following long case
- Attend placements where student has identified a need.
- Community Pharmacist
What is a good learning task?

**Virtual surgery**

Students could be given a ‘virtual’ surgery sheet with patients and tasks on so they can familiarise themselves with the computer system and management of common conditions. See appendix of virtual surgery tasks.

**PUNS and SENS (adapted from PUNS and DENS)**

Get student to keep a PUNS and SENS chart for follow up in non consulting session.

<table>
<thead>
<tr>
<th>PUN (Patient Unmet need)</th>
<th>SENS (Student educational need)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient with RA on new drug</td>
<td>Never seen a patient with RA, No idea about new drug</td>
<td>Read about RA, Look up Rx for RA and new drug, Develop short cut for methotrexate blood monitoring, Develop GPMP short cut for RA, Put in reminders to patient notes</td>
</tr>
</tbody>
</table>

**Results are exciting.**

Print out some results and let the student read the notes and see if they come up with the same as you do.

- Why did I do it?
- What does it mean?
- What should I do next?

**Letters**

- Go through mail
- Highlight significant diagnoses and reminders
- Look up book/web site to see if anything else should be done
- Report back- Put on Computer
- Undertake a Discharge letter Audit

**Audits**

- NPS audits
- In house audits eg hypothyroidism,
  - How many patients? – How do I find them?
  - How many have had their blood checked in the last year?
  - Is that good enough?
  - What should we do?
  - Did it work?
Developing shortcuts

Develop computer short cuts for common conditions
eg: Lower back pain  area of pain
Onset
Movement restriction
Bladder/ bowel problems
Radiation
Fever
Pelvic pain
O/e movement  reflexes  abdo

Advice retain mobility, analgesia, leaflet given see sos if bowels or bladder problems or if pain progress or persists.

Don’t forget journals

• What’s interesting?
• What didn’t you know?
• Is that true?- what kind of study?
• How would that change your practice?

Critical incidents

• What happened?
• How did it happen?
• What have we learnt?
• What steps can we put in place to make sure it doesn’t happen again?

Case Based Learning tasks from Rural Clinical School

• Each fortnight the students will have a new GP case based learning task.

Preparing for lunch time meetings

• We want the students (and other members of the team) to meet at lunch time and discuss cases informally and formally so that they can share learning. Specific tasks eg cases could be delegated to non consulting student.
Too Many students

- Some practices have several learners GP reg, PGPPP, Students, IMGs, nursing students etc. Planning joint learning opportunities allows sharing of ideas and development of teaching skills.

- Example topics for joint clinical meetings on Tuesdays
  - GP registrar- ‘Things I wish I had known when I started?’
  - PGPPP Common minor illnesses
  - Students case presentations

- Other opportunities for learning together
  - Registrars more active in teaching- shared consultations with students, supervision of non consulting activities.

RCS Tutor visits

- Tutors aim to visit students in practice at least once a month
- Meetings will be lunch times or before surgery to suit practices
- Work with students and practices to develop learning opportunities
Resources

Educational resources

Books
- Murtagh, Oxford Hand book of General Practice

Web sites
- [http://www.patient.co.uk/](http://www.patient.co.uk/) UK disease encyclopaedia and patient leaflets- linked to UK EBM
- [http://www.gpnotebook.co.uk](http://www.gpnotebook.co.uk) GP encyclopedia ( UK based)
- Up to Date - via university license- American

Key educational resources

Incorporating medical students into your practice
DeWitt DE, Pinsky LE, Ferenchick G. Teaching in your office: a ...

[http://medicine.ucalgary.ca/node/123](http://medicine.ucalgary.ca/node/123) Calgary teaching notes for physicians-detailed teaching leaflets ambulatory = GP one, feedback and 5 steps to effective bedside teaching are all really good.

Teaching on the run
McMaster University, Hamilton, Ontario, Canada

Teaching in your office
Richard Hayes

References


Appendix 1

Cased Based Learning week 1 2nd Semester

Tired all the time
Mrs Smith presents with increasing tiredness over the last 6 months.
She has gained some weight and is struggling to cope with the demands of her job, 3 children and husband. Her husband has told her to go to the GP to get sorted and a tonic.
She is 36, works as a cleaner and was previously in good health

What else do you want to know?
What would you look for in examination?
What’s your differential?
What investigations would you ask for?

Reading
Where did you go for information?

Activities

• Take a history from someone with tiredness

• Take a history from someone with treated hypothyroidism

• Design a shortcut for a patient presenting with tired all the time

• What blood tests would you order and why?

• Prepare a short cut for iron deficiency anaemia

• Prepare a GP management plan for someone with hypothyroidism

• Identify some good patient information for someone with newly diagnosed hypothyroidism?

• What are the evidence based treatments for Chronic Fatigue?

• Design an OSCE for a patient presenting with Tiredness- choose one of the common causes for the GP to identify.

• Design an OSCE for a GP telling a patient they have hypothyroidism

• Audit the practices management of hypothyroidism
  How many patients? – How do I find them?
  How many have had their blood checked in the last year?
  How many were euthyroid?
  Is that good enough?
  What should we do to improve things?
  Did it work?
Appendix 2

Virtual Surgery

- Look up notes
  - Find out how to look at previous notes
  - results
  - the letters
  - current medications
  - past medications

Use the practice ‘phantom patient’

- Enter significant PMH eg IHD, allergies eg to penicillin, Family History of diabetes
- Write in today’s notes
- For the common conditions listed below develop short cuts
- (Set up your computer so you can have investigation strings and common templates in your favourites).
- Develop ‘blood investigation strings’ for diabetes, hypertension, fatigue.
- Know at least one drug for treating conditions- for prescribers print out prescription
- Identify skills you may need to manage these conditions.
- Identify patient information leaflets you may need.

- if not on main system look at:

  [http://www.patient.co.uk/](http://www.patient.co.uk/) UK disease encyclopaedia and patient leaflets- linked to UK EBM

  or


- Write a referral letter.
- Write a certificate.
- Write a centrelink certificate.
- Write a worker’s compensation certificate.
- Fill in a CDM template for the chronic conditions below
- Fill in a GP Mental Health Plan.
### 16 common GP problems
Adapted from Bristol Medical School hand book

<table>
<thead>
<tr>
<th>Problem</th>
<th>Presentation</th>
<th>Learning objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>The nurse said my blood pressure was high</td>
<td>Demonstrate how to diagnose and manage hypertension.</td>
</tr>
<tr>
<td>Asthma, angina</td>
<td>My chest feels tight</td>
<td>Describe how to diagnose asthma &amp; angina, when to refer &amp; how to manage these conditions.</td>
</tr>
<tr>
<td>Gastro-oesophageal reflux &amp; alcohol dependence</td>
<td>I’ve got heartburn</td>
<td>Describe investigation &amp; management of heartburn. Demonstrate ability to recognize alcohol dependence &amp; offer help with stopping drinking.</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD), anaemia, heart failure &amp; smoking</td>
<td>I get out of breath easily</td>
<td>Describe how to diagnose &amp; manage COPD and heart failure. Describe how to investigate anaemia. Demonstrate ability to help someone to stop smoking.</td>
</tr>
<tr>
<td>Diabetes, anaemia, hypothyroidism, insomnia, depression, early pregnancy, chronic fatigue syndrome</td>
<td>I feel tired all the time</td>
<td>List differential diagnosis of tiredness. Describe presentation, investigation &amp; management of each of these conditions.</td>
</tr>
<tr>
<td>Depression</td>
<td>I feel useless</td>
<td>Be alert to possibility of depression and use skilful questioning to confirm diagnosis. Be familiar with at least one antidepressant drug.</td>
</tr>
<tr>
<td>Migraine, tension headache</td>
<td>I’ve had a headache for the last 2 days</td>
<td>Demonstrate how to assess a patient with a headache. Discuss treatment &amp; prophylaxis for migraine.</td>
</tr>
<tr>
<td>Contraception</td>
<td>I’d like to go on the pill</td>
<td>Be familiar with at least one combined oral contraceptive pill. Demonstrate how to assess a patient before starting her on the pill and how to follow her up. Discuss methods of post-coital contraception.</td>
</tr>
<tr>
<td>Urinary tract infection, chlamydia &amp; common STDs</td>
<td>It stings when I go to the toilet</td>
<td>Demonstrate how to manage simple UTIs and be alert to possibility of prostatic hypertrophy/cancer in men. Be alert to possibility of STDs causing dysuria. Feel confident in taking a sexual history.</td>
</tr>
<tr>
<td>Mechanical low back pain</td>
<td>My back hurts</td>
<td>Demonstrate management of back pain &amp; discuss when investigation is warranted.</td>
</tr>
<tr>
<td>Common cancers: lung, bowel, prostate &amp; breast</td>
<td>I’m losing weight; I’m still coughing; I’ve got a pain here (left iliac fossa); I have to go to the toilet all the time; I’ve found a lump in my breast</td>
<td>Describe how these 4 common cancers might present and know how to reach a definite diagnosis. Describe how to manage a patient who is terminally ill as the result of any of these cancers.</td>
</tr>
<tr>
<td>Eczema</td>
<td>I’ve got this itchy rash</td>
<td>Recognise &amp; demonstrate how to manage eczema.</td>
</tr>
<tr>
<td>Acne</td>
<td>Can you do something for my son’s acne?</td>
<td>Recognise &amp; demonstrate how to manage acne</td>
</tr>
<tr>
<td>Viral sore throat, glandular fever, tonsillitis</td>
<td>I’ve got a sore throat</td>
<td>Discuss management options for each of these conditions. Communicate the potential benefits &amp; disadvantages to the patient.</td>
</tr>
<tr>
<td>Otitis media &amp; externa</td>
<td>My ear hurts</td>
<td>List differential diagnosis of earache &amp; management options for otitis media &amp; externa.</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>I’ve got diarrhoea</td>
<td>Describe management of food poisoning &amp; oral rehydration.</td>
</tr>
</tbody>
</table>
## Appendix 3

### Referral Audits

<table>
<thead>
<tr>
<th>Audit of referral letters</th>
<th>Y/N/NA</th>
<th>Y/N/NA</th>
<th>Y/N/NA</th>
<th>Y/N/NA</th>
<th>Y/N/NA</th>
<th>Y/N/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgency of referral</td>
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<tr>
<td>Patient's problem</td>
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<td>as a title before the</td>
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<td>main text</td>
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<tr>
<td>Brief and relevant</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>history, Important PMH</td>
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<tr>
<td>current medication</td>
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<td>allergies</td>
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<td>examination findings</td>
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<td>Any treatment tried to</td>
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<td>date and outcomes</td>
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<td>Any investigations to</td>
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## Audit of discharge letters

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<th>2</th>
<th>3</th>
<th>4</th>
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### Problem list

- Is there a medical problem list?
- Are any obvious and significant problems omitted?
- Are any irrelevant problems listed?

### History

- Is the documented history appropriate to the problem(s) and question(s)?

### Examination

- Is the documented examination appropriate to the problem(s) and question(s)?
- Is the current state of health or progress clearly outlined?
- Are the family's problems or questions addressed?
- Is/are the referring doctor's question(s) addressed?

### Management

- Is a clear plan of investigation or non-investigation recorded?
- Are the reasons for the above plan adequately justified?
- Are all known treatments, or the absence of treatment, recorded clearly?
- Are all doses clearly stated in formal units?
- Is adequate justification given for any changes to treatment?
- Is there an adequate record of information shared with the family?

### Follow up

- Is it clear whether or not hospital follow-up is planned?
- Is the purpose of follow-up adequately justified?

### Clarity

- Is there much unnecessary information?
- Does the structure of the letter flow logically?
- Are there any sentences you don’t understand?

Adapted from SAIL (Sheffield Assessment Instrument for Letters)
GP Case Based Learning (CBL) Topics Semester 2 2010

Prostate/Men's Health, dermatology, teenage pregnancy, immunisations, arthritis, back pain menopause.

**Group learning CBL topics**

| GLP 7   | Psychosis/substance abuse  
|         | Depression/anxiety  
|         | Injury/Self harm  
|         | Poisoning  
| GLP 8   | Mental Health: child abuse, substance abuse  
|         | Seizures  
|         | Prostate/Men's Health  
| GLP 9   | Skin conditions  
|         | Eye conditions  
| GLP 10  | Indigenous health  
|         | Refugee health  
|         | Dementia  
|         | Fatigue  
| GLP 11  | Obesity  
|         | Disability  
|         | Falls prevention  
| GLP 12  | Back pain  
|         | Auto-immune disease :Rheumatoid arthritis  
|         | Menopause/osteoporosis  