

# PRIMARY CARE SUMMER ELECTIVES

*Tutor Guide*



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# Introduction

Dear Tutor and teaching practice,

Thank you for taking 4<sup>th</sup> year medical students for the Summer Elective in Primary Care, especially during a time General practice is dealing with unprecedented pressures. The plan is that during the elective there will be a focus on intense Clinical Skills revision allowing students to interact and consult with patients.

The summer elective in Primary care was set up by the Primary Care Sub Deanery Pilot team in collaboration with QUB to create opportunities for mature medical students to tap into the wealth of possible learning experiences in primary care. Covid19 has made it difficult for students to have direct interaction with patients; the summer elective can partially address this gap in experience-based learning.

The Elective experience will be 'bespoke' for the individual student as the student will have to agree a formal timetable with their GP tutor for the duration of the elective period. Students are encouraged to choose a specific 'theme'/clinical area they want to concentrate on and the GP tutor will undertake to source where possible local learning experiences

The elective also creates opportunities to be involved in Entrusted Professional Activities (EPAs). This guide will explain more about what EPAs are, how they are organised and managed.

**PCSD office**

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## Learning outcomes

Enhance patient assessment skills and the ability to assign priorities to new problems presented

Refine history taking skills

Present a competent patient history

Formulate a differential diagnosis from history and physical examination

Develop own knowledge and skills in clinical medicine, and contribute to others' development, through active participation in clinical and other learning opportunities

Discuss disease processes

Understand the influence of social and cultural factors in health and illness

Manage time and resources effectively

Enhance understanding of the organisation of health care provision

## Practicalities/payments

The elective will last 2 or 4 weeks – 10 sessions each week.

We suggest the teaching practice provides:

1. Lead GP tutor and deputy
2. A mutually agreed (students/tutor) timetable based on learning objectives and student selected theme(s)
3. Effort to ensure in-practice and local learning activities are sourced based on learning needs/PDP and elective theme
4. A minimum of 8 clinical sessions /week with two sessions/week to be spent on 'other' learning activities
5. Venue and time to meet on 1st day

6. Welcome/induction and review learning needs assessment
7. Feedback to student during and at end of elective
8. Complete a minimum of two MiniCEXs
9. Facilitation of Entrusted Professional Activities including an optional Quality Improvement Project

## On the first day

Students will be asked to contact the practice before their arrival to make day 1 arrangements.

On day 1 tutor and student tutors should agree on the programme of activities. Students also appreciate an induction and orientation to the practice (e.g. where the coffee room/ toilets are etc).

Here are some areas to cover:

- Brief overview of practice: population size, doctors, computer system
- Introduction to other staff members
- Layout of practice
- Place where students can leave their coat, bag and belongings
- Facilities such as the toilets and area for tea/coffee
- Any important safety issues e.g. fire escape routes, personal safety
- Any student special circumstances / disabilities that are relevant for the GP tutor (and practice) to know about
- Any practice specific protocols around social distancing, PPE and additional hygiene measures

## Payment

1. The funding is £59.17 per session paid via SUMDE arrangements (10 sessions a week)
2. The GP must be a registered, employed GP at the practice that is stated to receive payment.
3. Sessions are deducted when students are not present, for example bank holidays such as 12th/13th July.
4. At the end of the Elective the student is required by the university to confirm their attendance and the dates of their Elective.
5. The university issue a form to the GP Supervisor to verify that these sessions took place and it must be returned to guarantee payment. SUMDE also email the GP Practice a 'Payment Agreement' confirming the sessions completed, normally at the end of August.
6. Payments are made quarterly but this will be subject to when SUMDE have received all payment information. The Elective payment period is normally in the December quarter so please do not expect payment before then.
7. If you have any queries surrounding payment initially send to QUB Elective Officer Anne McGuinness [a.mcguinness@qub.ac.uk](mailto:a.mcguinness@qub.ac.uk) . If she is unable to assist you will be referred to contact through the main SUMDE email [sumde@qub.ac.uk](mailto:sumde@qub.ac.uk)

## Portfolio

Students are asked to complete a Portfolio to record their experience, progress and reflection during the 2-weeks and 4-weeks electives. Please ensure your student has your preferred email address so that they can share access with you to this document to allow your input.

## Learning needs assessment and elective 'theme'

Prior to starting the summer elective, students are asked to complete a learning needs assessment (as part of the Portfolio) to help identify key areas that students want and need to focus on during

their attachment. This will allow the tutor and teaching practices to set up a time schedule with clinical activities to try to address the needs and to source possible local learning activities.

Students should also choose an elective theme. The following table proposes themes and possible learning activities based on the paper of the Society of Academic Primary Care and RCGP (2018); 'Teaching general practice, Guiding principles for undergraduate general practice curricula in UK medical schools'.

<b>Elective 'theme'</b>	<b>Possible learning content and activities</b>
Mental Health in Primary care	<ul style="list-style-type: none"> <li>- Work alongside the Mental Health practitioner/GPs assessing, diagnosing, treating patients with Mental ill health (first presentations, follow up etc.)</li> <li>-Work alongside Community link workers/care navigators setting up Health and Wellbeing plans/befriending/visiting community projects</li> </ul>
Care of the elderly in Primary care	<ul style="list-style-type: none"> <li>-Work alongside NH nurses/care assistants in a local NH</li> <li>-Work alongside a care navigator in the community linking in with the elderly</li> <li>-Pro-active care for vulnerable elderly: identify 2-3 patients in the practice with complex health and social care needs- link in with the patient/family/carer/health care professionals involved in the care</li> </ul>

Community Practice	<ul style="list-style-type: none"> <li>-Work alongside a Care navigator</li> <li>-Join in with Community activities and groups</li> <li>-Help to raise the profile of Community Practice (promotional material, liking in with practices in the Federation area)</li> <li>-Learn how to signpost</li> <li>-Identify a 'gap' in the existing Community care options and help an organisation write a Business case/proposal eg. consider how primary care and community care can work in collaboration to help reduce health and health inequalities</li> </ul>
MSK in primary care	<ul style="list-style-type: none"> <li>-Work alongside the First point of Contact physio</li> <li>-Join Trust physio clinic</li> <li>-Observe how to give joint injections '</li> </ul>
Family planning and women's health in primary care	<ul style="list-style-type: none"> <li>-Join Elective Care gynae service</li> <li>-Join FP services</li> <li>-Prescribing of FP methods</li> <li>-Audit on gynae referrals</li> <li>-Setting up of an educational resource for other students on FP to be added to PCSD website</li> </ul>
Health Service Management and the management of General Practice	<p>Work alongside the Practice Management team learning about the business aspects of GP.</p>

<p>The interface – primary and secondary care</p>	<ul style="list-style-type: none"> <li>-Discharges: work with practice-based pharmacists reconciling medication and consulting patients about their recent admission and changes in treatment/follow up etc.</li> <li>-Following patients on their journey: guiding hospitalised patients through the discharge process, making follow-up telephone calls after they leave the hospital, and provide a supervised home visit (if possible) to ensure patient safety and reduce preventable readmissions</li> <li>-Follow up referrals</li> </ul>
<p>Medical IT</p>	<ul style="list-style-type: none"> <li>-Familiarise yourself with the current IT systems used within a practice</li> <li>-Identify learning needs within the practices on how system(s) could be used more efficiently - make suggestions on how these could be addressed</li> <li>-Work with management</li> </ul>
<p>Developing educational skills</p>	<ul style="list-style-type: none"> <li>-Work in a teaching practice</li> <li>-Develop educational materials which could help enhance the GP clinical placement experience (can be shared on the PCSD website)</li> </ul>
<p>Chronic disease management</p>	<ul style="list-style-type: none"> <li>-Student-led chronic disease clinic (EPA) reviewing patient with COPD/asthma, CHD, Hypertension, diabetes etc. under supervision of Practice Nurse and GP</li> <li>-Attend/facilitate a group consultation and learn about the benefits of peer-supported care</li> <li>-Attend community projects addressing chronic disease/lifestyle changes eg. chronic pain projects, Falls prevention, activation schemes</li> </ul>

Primary care in a Global context	<ul style="list-style-type: none"><li>-Link in with international organisations like Rural seeds and Vasco De Gama Movement</li><li>-Speak to doctors working in or from other countries about the organisation of primary care in their country</li></ul>
Continuity of care	<ul style="list-style-type: none"><li>-Students to link in with 3-4 families with complex needs (EPA) - learn how they 'live' with illness and how various HCP are involved in their care</li><li>-Assess their met/unmet and unknown health and care needs</li><li>-Understand their medical and psycho-social challenges</li></ul>

# Timetable

At the beginning of the student’s elective, we would ask you to complete, as best you can, a timetable. The main learning tool for students in practice will be through patient contact and conducting consultations.

## Example timetable:

### Week 1

	AM	PM
<b>Monday</b>	<p>Welcome and introductions</p> <p>Induction and Learning Needs Assessment</p> <p>PDP</p> <p>Introduction to Elective, QIP and EPAs (live Webinar 14/6/2021 or student to watch recorded Webinar <a href="https://subdeanery.easternfsu.com/">https://subdeanery.easternfsu.com/</a>)</p>	<p>Joint Surgery with GP</p> <p>QIP- set up with lead GPP</p>
<b>Tuesday</b>	<p>Elective theme activity (clinical) (eg. Clinic with MHP, with physio etc.)</p>	<p>Elective theme activity (non-clinical) (eg. Community practice, join management team etc.)</p>
<b>Wednesday</b>	<p>Student surgery (4 patients) booked in advance.</p>	<p>Elective Theme activity (non-clinical)</p>

<b>Thursday</b>	Treatment Room Session  Observation and practical under supervision- phlebotomy, ECG, BPs, urinalysis-EPA	Student surgery (4 patients) booked in advance  Mini-CEX
<b>Friday</b>	Baby Clinic  Observation and practical under supervision-EPA	Evaluation and reflection Week 1  Self-directed learning

**Week 2**

	<b>AM</b>	<b>PM</b>
<b>Monday</b>	Elective theme activity (clinical) (eg. Clinic with MHP, with physio etc.)	Medication Reviews-EPA  3 Hospital Discharge Letters  EPA- reconcile medication under supervision of GPP
<b>Tuesday</b>	Student surgery (4 patients) booked in advance.	Home visits- accompany GP-EPA

<b>Wednesday</b>	QIP- deprescribing clinic-EPA	Following up results from Treatment Room Session (week 1)-EPA  Elective theme activity (clinical) (eg. Clinic with MHP, with physio etc.)
<b>Thursday</b>	Treatment Room Session  EPAs (phlebotomy, ECG, BPs, urinalysis)-EPA	Student surgery (4 patients) – same day appointments  MiniCEX
<b>Friday</b>	Baby Clinic  EPA - eg. supervised examination of six-week old baby	Elective Theme activity (non-clinical)  Evaluation and reflection Week 2 or Elective of two weeks  Self-directed learning

### Week 3

	<b>AM</b>	<b>PM</b>
<b>Monday</b>	Elective Theme activity (non-clinical)	Student surgery (4 patients) booked in advance.

<b>Tuesday</b>	Student surgery (4 patients) – same day appointments  Mini-CEX	Home visit  EPA- student to visit patient before GP joins patient and student
<b>Wednesday</b>	Student surgery (4 patients) booked in advance.	Elective theme activity (clinical) (eg. Clinic with MHP, with physio etc.)
<b>Thursday</b>	Practice Nursing session  Chronic disease Clinic (observation, reviews under supervision)-EPA	Elective Theme activity (non-clinical)
<b>Friday</b>	Student surgery (4 patients) – same day appointments	Evaluation and reflection Week 3  Self-directed learning

#### Week 4

	<b>AM</b>	<b>PM</b>
<b>Monday</b>	Elective Theme activity (non-clinical)	Student surgery (4 patients) booked in advance.
<b>Tuesday</b>	Elective theme activity (clinical) (eg. Clinic with MHP, with physio etc.)	Student surgery (4 patients) – same day appointments

<b>Wednesday</b>	Student surgery (4 patients) booked in advance	Medication Reviews 3 Hospital Discharge Letters EPA- reconcile medication and communicate to patient under supervision of GPP
<b>Thursday</b>	Practice Nursing Session EPA- chronic disease reviews (independently with supervision)	Student surgery (4 patients) – same day appointments MiniCEX
<b>Friday</b>	Elective Theme activity (non-clinical)	Evaluation and reflection Self-directed learning

## Supervised EPAs

Workplace learning has been defined as experiential learning through participation in the workplace (Dornan et al., 2007). While it is widely recognised as a core element for postgraduate medical education, we argue it is essential in undergraduate medical education.

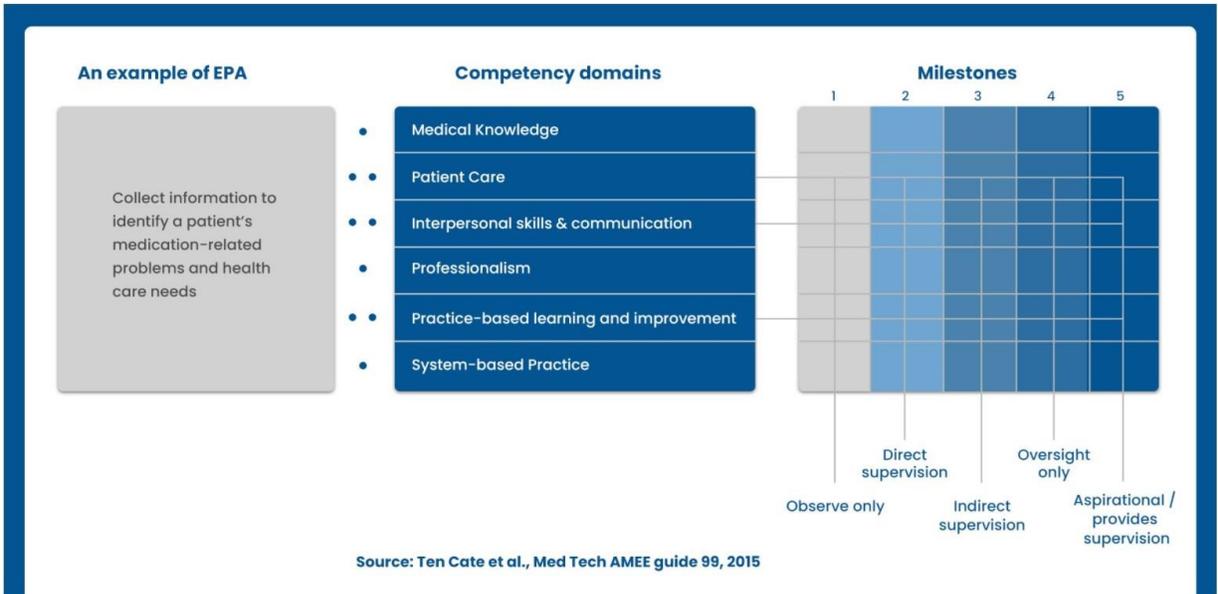
We encourage, in the Summer Elective, the use of Entrustable Professional Activities (EPAs) as a way to allow students to participate more actively in patient care, which could increase motivation and interest in Primary Care.

EPAs is a key task that an individual is "entrusted" to perform in any given healthcare unit (Clotilda, 2020), including General Practice. It is a way of teaching & learning that focuses on authentic clinical activities. There could be units of professional practice, small tasks, or responsibilities that a learner is entrusted to execute as his daily work. All these are executable within a given time frame at a level of supervision. The tasks are then observed, measured, and used for entrustment decisions (Clotilda, 2020).

According to Chen and colleagues (2015) "EPAs [...] allow articulation of how students can contribute to the care of patients from the very beginning of medical school, and make visible these student contributions and the value they add to patient care".

### How do EPAs work?

For each EPA there are various skills, or milestones, that are needed to perform that task. As a learner works towards entrustment, they will need to develop each of those milestones (Clotilda, 2020).



Clearly, these activities need to be appropriate to the students' level and the clinical situation. Indeed, there are **5 levels of entrustment** in EPAs:

1. **Observation** but no execution
2. **Execution** with direct supervision
3. **Execution** with indirect supervision, i.e., on request and quickly available
4. **Supervision at a distance** and/or post hoc (oversight)
5. Learner supervises less experienced peers (not expected within the Elective)

## How to evaluate EPAs?

There are three main elements in the roadmap of EPAs evaluation:

1. **Observation**
2. **Assessment**
3. **Feedback**

It is the student's responsibility to collect feedback and assessment. In order to demonstrate competence, the student should submit proof of achievements to the tutor, who will then be able to evaluate progress.

Tutors should provide constant, relevant feedback to students. Regular observation and comparison of students' performances against their benchmarked milestones in the EPAs is key for evaluation.

This approach will help tutors and students pinpoint problems early, and also to decide how much supervision is required (level of entrustment). As your trust in the student/increases, the need for supervision will decrease. So students will complete tasks more independently.

## Examples of possible EPAs

A bespoke plan of EPAs for the attachment AGREED with the student and the GP Tutor at the start for the duration of the elective – linked with the chosen 'theme' for the elective e.g. Mental Health, Community Practice, Women' health, practice management etc. (see page 6 to 9).

One possible EPA is the Quality Improvement Project on the anticholinergic burden in elderly patients with dementia. For more information see <https://subdeanery.easternfsu.com/qi-project-for-qub-students-during-their-primary-care-elective-the-anti-cholinergic-burden-in-elderly-patients-with-dementia>

See below the table of EPAs that the student will be filling in on their portfolio. Students will agree the EPAs with you, then they will fill in the competency domains and tick the milestones as appropriate.

EPAs	Competency Domains	Milestones			
		Observation	Direct supervision	Indirect supervision	Oversight
<i>Collect information to identify a patient's medication-related problems and healthcare needs</i>	<ul style="list-style-type: none"> <li>- Medical knowledge</li> <li>- Patient care</li> <li>- Interpersonal skills and communication</li> <li>- Professionalism</li> <li>- Practice-based learning and improvement</li> <li>- System-based practice</li> </ul>	✓ Week 1	✓ Week 3	✓ Week 4	

1. Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
2. Care for patients and families in multiple settings.

3. Provide first-contact access to care for health issues and medical problems.
4. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
5. Provide care that speeds recovery from illness and improves function.
6. Evaluate and manage undifferentiated symptoms and complex conditions.
7. Diagnose and manage chronic medical conditions and multiple comorbidities.
8. Diagnose and manage mental health conditions.
9. Diagnose and manage acute illness and injury.
10. Perform common procedures in the outpatient or inpatient setting
11. Manage prenatal, labor, delivery and post-partum care.
12. Manage end-of-life and palliative care.
13. Manage inpatient care, discharge planning, transitions of care.
14. Manage care for patients with medical emergencies.
15. Develop trusting relationships and sustained partnerships with patients, families and communities.
16. Use data to optimize the care of individuals, families and populations.
17. In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.
18. Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.
19. Provide leadership within inter-professional healthcare teams.
20. Coordinate care and evaluate specialty consultation as the condition of the patient requires.

(Examples of EPAs from [https://www.aafp.org/dam/AAFP/documents/events/rps\\_pdw/handouts/res18-06-entrustable-professional-activities-as-a-tool.pdf](https://www.aafp.org/dam/AAFP/documents/events/rps_pdw/handouts/res18-06-entrustable-professional-activities-as-a-tool.pdf))

# Your students

## Prior experience

Students should have the following competences at the start of their Summer Electives. **Remember that they are undergraduates**, so each competence is considered in terms of their stage of study.

In their 4th year course, they have already had some exposure to General Practice; they will be aware of the practice team and will have spent some time with the nurses, receptionists, practice manager, pharmacist etc.

In particular, students should be able to (source: QUB 4<sup>th</sup> Year Tutors guide):

### Providing good clinical care

- Take an appropriate history and physical examination from a patient presenting in General Practice
- Be aware that symptoms and signs vary in their predictive value
- Perform some basic procedures that are routinely performed in Primary Care
- Diagnose and formulate a differential diagnosis for some of the common conditions that present in General Practice
- Interpret results from some of the commonly performed investigations that are carried out in primary care
- Formulate management plans for some of the conditions that are commonly encountered in General Practice
- Demonstrate skills in therapeutics, including drug and non-drug approaches to the treatment of some of the common acute and chronic conditions that present in General Practice
- Accept the inevitability of uncertainty in some aspects of General Practice problem solving
- Develop a greater understanding of comorbidity, polypharmacy and the intersectional journey that patients take across primary / secondary care interfaces
- Have knowledge of some of the preventative activities that take place in the primary care setting

- Be able to write accurate and safe prescriptions
- Demonstrate the ability to produce accurate, legible and contemporaneous records of patients' health care

### **Relationships with patients**

- Demonstrate effective consultation and communication skills with patients and staff
- Communicate with individuals who cannot speak English, including working well with interpreters
- Determine the impact of a patient's problems in the context of their life and social context
- Apply an ethical framework to approach challenging dilemmas encountered in GP
- Demonstrate willingness to involve patients in management plans

### **Working with colleagues**

- Describe members and roles of primary healthcare teams and the important principles of team work
- Identify the importance of a primary / secondary care interface
- Describe some of the organisational approaches to the management of chronic disease

## **What to expect from your students**

- Willingness to identify and work on their learning needs
- Early warning of particular interests or predicted problems/absences
- Honesty if they feel uncomfortable, unhappy or out-of-their-depth
- Insight – never over estimating their abilities
- Punctuality, courtesy and respect to all staff
- Treating patients with respect and sensitivity – particularly mindful of confidentiality
- Seek, accept and reflect on feedback
- Show independence and motivation in completing learning tasks

- Professional appearance and behaviour at all times (all year 4 medical have been provided with 2 pairs of QUB scrubs for use on clinical placements)

### Professionalism

- The student should be able to demonstrate the generic attitudes essential to the practice of medicine as embodied in the GMC document “**Outcomes for Graduates**” ([http://www.gmc-uk.org/education/undergraduate/undergrad\\_outcomes.asp](http://www.gmc-uk.org/education/undergraduate/undergrad_outcomes.asp) ). The student should display an appropriate professional attitude towards the patient, their relatives and members of the multidisciplinary team caring for the patient. It is expected that students would be familiar with GMC guidance for medical students: <http://www.gmc-uk.org/education/undergraduate/26602.asp>
- The student should also begin to appreciate the benefits of continuity of care by a physician for an individual patient with chronic disease.

### Students in difficulty

Some students, for a variety of reasons, may experience difficulty. They may have personal or health problems. If so, they should consider speaking to their faculty tutor or a doctor in Student Health. Alternatively they may contact Rachel Hawkins at [rachel.hawkins@easternfsu.co.uk](mailto:rachel.hawkins@easternfsu.co.uk) as a first point of contact to the Subdeanery pilot team. Health related issues are best managed by their own Doctor. If students have had a recent life event such as a death in the family QUB encourages students to let the tutor know as well as the staff in the department of General Practice.

In practice, certain cases may be upsetting for the student. If such an occasion arises we encourage the student to talk to someone about the event. In the first instance we would recommend students to speak to their GP tutor for a debrief. They may also consider contacting staff in the Subdeanery pilot.

# Afterword

Thank you for supporting medical students in their Primary Care Summer Electives. We hope it is an enriching and rewarding experience for the whole Primary Care team. Please contact the Primary Care Subdeanery Pilot team via Rachel Hawkins at [rachel.hawkins@easternfsu.co.uk](mailto:rachel.hawkins@easternfsu.co.uk) if you have any concerns.

# References

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