



# **Clinical General Practice Module Intercalated BSc in Primary Care**

## **GP Tutor Handbook 2024-2025**

**King's Undergraduate Medical Education in the Community**

**School of Population Health & Environment Science**

**Faculty of Life Sciences & Medicine**

## Introduction and Welcome

Thank you for agreeing to teach on the Clinical General Practice module, as part of the intercalated BSc in Primary Care. This module is run by the King's Undergraduate Medical Education in the Community (KUMEC) in the School of Population Health and Environment Science for undergraduate medical students.

This one day per week longitudinal placement takes place in Terms 1 and 2. It is an opportunity for students to experience real clinical practice in Primary Care and will help contextualise the theoretical learning and research undertaken in the iBSc. Students will be encouraged to consider everyday problems in Primary Care and ways in which health improvement initiatives, quality improvement and research can help improve patient care. In addition, this placement will allow students to maintain their clinical knowledge and develop their clinical skills.

You can choose whether to host students on a Tuesday or a Thursday. In most circumstances two students will be placed at your practice, but in some circumstances there may be one or three. Practices may also host two pairs of students on a Tuesday and Thursday.

We hope that you enjoy your teaching with us,

Dr Niki Jakeways and Dr Russell Hearn

[primarycareibsc@kcl.ac.uk](mailto:primarycareibsc@kcl.ac.uk)

## Useful Contacts

### **Course Lead**

Dr Niki Jakeways [niki.jakeways@kcl.ac.uk](mailto:niki.jakeways@kcl.ac.uk)

**Admin Enquiries** [primarycareibsc@kcl.ac.uk](mailto:primarycareibsc@kcl.ac.uk)

**Website** <https://www.kcl.ac.uk/kumec/primary-care-intercalated-bsc>

Further Course Details <https://login-keats.kcl.ac.uk/>

(to login in to KEATS you will need a King's login, if you don't already have this please contact us)

## Key Dates

Students will spend 19 days in General Practice in total (a Tuesday **or** a Thursday) between October and March. Please see email or 'Quick Reference Guide' for dates this year.

**Mid-point review:** please arrange to meet each student personally half-way through the placement to review their learning on placement and make a learning plan for the 2<sup>nd</sup> half of the placement.

## Learning Aims and Objectives

### *Aims*

- Develop consultation and clinical skills focussing on a patient-centred approach.
- Learn about the function of the multi-professional healthcare team and reflect on how the Primary Care team functions, how it interacts with the local population and secondary care, and the challenges and opportunities.
- Deliver health promotion interventions, working with the Primary Care team. Reflect on the challenges, opportunities and how this could be improved.
- Complete a Quality Improvement Project using the RCGP toolkit.
- Use the opportunities available in a General Practice setting to develop leadership skills by working with the team and helping to implement change.
- Lead on hosting work experience students at your GP practice hence developing your skills in mentorship and teaching.

### *Learning outcomes*

- Complete a quality improvement project
- Reflect on patients seen in a clinical environment and develop action plans for learning.
- Consult with patients in a patient centred way.
- Deliver health promotion interventions as part of a Primary Care team
- Mentor students with an interest in healthcare.

### *Employability skills*

The clinical aspect will provide practical opportunities to improve clinical and consultation skills which will put the students at an advantage when they rejoin the MBBS programme, enhancing future clinical practice. The knowledge and skills developed in primary care will be highly relevant for future clinicians in any medical discipline, developing the ability to practice integrated and innovative care. There will be a focus on quality improvement, leadership, teamwork as well as motivational interviewing skills and coaching, which are all highly transferable skills for a wide range of employment. The module fosters adult learning skills which will help students develop the ability and confidence to continue learning in a multitude of disciplines.

## **Student Activities**

The activities that the students undertake in your practice are not prescriptive and there are a range of activities that will allow the student to meet their learning objectives. The only mandatory activity is the Quality Improvement Project (QIP); however the students should also take part in a range of other activities.

**Student background.** All students are intercalating medical students and will have done the first 2-3 years of a medical degree. The majority of students will have done these initial years at King's and therefore have experience in GP, via the Stage 2 Longitudinal Placement. Other students will be from other UK medical schools and consequently their clinical experience will vary. During the induction week we will aim to prepare students for their clinical placement and revise / teach some basic clinical skills.

With any students, it is important to assess their **individual learning needs**. Initially you will need to find out about their background and experience. As the year progresses please check in with them about how they are getting on with their current placement and what they would like to focus on. You will most likely see an evolution in their skills and abilities over the year.

We would like students to be part of the practice team and contribute towards work in the practice, so the activities chosen should take into account the areas that the students would like to focus on and what is helpful for your practice team. Below are a range of activities that you might like to consider.

### **Clinic observation and participation**

Sitting in with:

- GPs
- Nurses
- Healthcare Assistant
- Pharmacist
- Other allied healthcare professionals that might work at your surgery

We'd encourage the student to contribute to the clinic by activities such as: taking a history / examining patient prior to see you, performing basic observations, etc.

### **Health Improvement Clinic**

With the support of the practice clinical team, students could run their own health improvement clinic. This would involve seeing and following up patients to support them in an area of behaviour change such as smoking cessation, weight loss.

Students will be trained in motivational interviewing and behaviour change during the induction week and will complete the online training for the National Centre for Smoking Cessation and Training (NCSCT) course. <http://www.ncsct.co.uk/>

During the taught courses we will also discuss communication of risk and Q-risk scores. With appropriately screened patients, students could discuss q-risk, lifestyle modification and the use of statin treatment with patients.

### **Student Observation and feedback**

You could observe the student (either directly or via video), especially during their first few health improvement clinics. Please see the later section on feedback in this handbook or speak to a member of the KUMEC team about developing this skill further if you would like.

### **Health Promotion Activities**

Students could research local health promotion activities and promote these within the practice.

### **Quality Improvement Project (mandatory)**

During their time with you, students should identify (in consultation with the practice team) an area of improvement within the practice and undertake a project to try to improve this. They can do this in line with the RCGP guidelines: <https://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement.aspx>. This could be a clinical initiative or more community focussed and could link in with one of the initiatives below.

### **Community Action Project**

After identifying an area of need in your practice population, and in consultation with your practice team, students could lead on a community initiative such as setting up and facilitating a carers group, health promotion in a community setting, producing translation material, going to a homeless shelter and helping people to register with the surgery.

### **Parkrun Practice Initiative**

Students could lead on making your practice a parkrun practice:  
<https://elearning.rcgp.org.uk/course/view.php?id=723>

### **Doctors of the World 'Safe Surgeries' Toolkit**

Students could lead on making your practice a Safe Surgery to help ensure that it is safe and accessible for everyone: [https://www.doctorsoftheworld.org.uk/useful-resources/?nabm=0&utm\\_referrer=https%3A%2F%2Fwww.google.com%2F](https://www.doctorsoftheworld.org.uk/useful-resources/?nabm=0&utm_referrer=https%3A%2F%2Fwww.google.com%2F)

### **Flu vaccine clinics**

King's students will have completed training on how to administer flu vaccines in their Stage 2 GP placements. Training will be available for external students in this area. Please note that the supervision needed in this area will depend on the individual. Students should always have a clinician available onsite whilst undertaking this activity.

### **Clinical Humanities Project**

Clinical humanities involve the arts and the humanities to help us gain a more meaningful understanding of some of the more complex concepts in clinical practice such as critical analysis, the ambiguity of

decision making and patient-centered care. The Clinical Humanities provides learning opportunities to promote students' higher order reflective and critical thinking skills. Some students may have done a project in this area already in their Stage 2 placement: they could use their prior experience of this or use the resources for Stage 2 to develop a new project.

### **Green Impact for Health Initiative**

The Green Impact for Health toolkit, supported by the RCGP, helps GP practices improve their sustainability and reduce their impact on the environment. There are lots of ideas there of initiatives that you might like to help implement. To access the site, register yourself as a new user, select your practice team (or register them) and use the registration code

134. <https://www.greenimpact.org.uk/giforhealth>

### **Work experience student mentoring**

Students could lead on welcoming school pupils on work experience at the practice, and provide mentorship for them. We can facilitate putting students in touch with pupils on the Widening Participation scheme to try and encourage applications from underrepresented groups.

More information about the KCL K+ widening participation program here:

<https://www.kcl.ac.uk/study/social-mobility/projects/prospective-students/k-plus>

More information about the KCL Extended Medical Degree program:

<https://www.kcl.ac.uk/study/undergraduate/courses/extended-medical-degree-programme-mbbs>

### **'Near-peer' medical student teaching / mentoring**

If you host Stage 2 medical students too, then the iBSc students could prepare a short teaching session for these students and receive feedback on their teaching. They could also mentor the second year students on their Active Practice / Clinical Humanities projects.

### **Mandatory Training**

Students should take any mandatory training that is required in your practice.

### **A Typical Day**

Our evaluations show that students value the flexibility that this module brings and so there is not a fixed timetable that you need to stick too. Some students have opted to focus more on Quality Improvement, and others on clinical activities.

To give you an overview of what students did last year, here are extracts from their 'typical days'

AM

"helping out with a clinic ... Usually we see patients who are booked in with us alone first, take a history and do basic observations/examinations and then see them afterwards with the GP to go through management of the patient"

“sit in on a clinic with one of the members of the practice team... From next week, we will be having our own clinic in the mornings.... These will be patients off the duty list. We also hope to hold some motivational interviewing clinics for smoking cessation and weight loss after Christmas”

“in a clinic with one of the GPs. The GP would let me lead on most of the consultations and then add any questions they had for each patient. In between each consultation I can ask them any questions I have about each case”

## LUNCH

“all team members discuss interesting cases they have seen that day/previous afternoon. Sometimes students do presentations, for example we delivered one yesterday on our plans for the QI project”

## PM

spent working on our QIP

work on QI project

“sit in with the nurse or run my own new patient health check clinic”

## Other iBSc Teaching

The components of the iBSc in Primary Care are:

- Taught Core Modules
  - Introduction to Primary Care (IPC) 15 credits
  - Research Methods (RM) 15 credits
  - Leadership, Management & Quality in Primary Care (LMQPC) 15 credits
- Taught optional module (undertakes one only) 15 Credits
  - Teaching in Primary Care **or**
  - Health Inequality
- Clinical Placement in General Practice 30 credits
- Research Project and Dissertation 30 credits

We hope that teaching in the other modules will help enhance this clinical placement and vice versa. Specifically, students will receive

- Induction week training in motivational interviewing, behaviour change and clinical skills.
- Regular sessions as part of the LMQPC module will include coaching activities and peer support to help students make the most of their clinical placement and develop their ideas for their Quality Improvement Projects.

## Assessment

Assessment for this module comprises a 1000-word reflective essay (80%) and the GP Supervisor's engagement report (20%)

The essay will be marked by the faculty team. The GP Supervisor will submit an engagement report: the marking scheme for this can be found at the back of this handbook.

## Payment for Teaching

Payment will happen automatically and you do not need to invoice us. All payments are processed once the placement has been completed and this process can take up to six weeks.

Payments are made, preferentially, direct to the practice (reflecting the participation of the whole practice in the teaching) and we ask the practice to sign a teaching contract with us. We can also arrange payment separately to an individual, via King's Talent, with a slight reduction in payment of 10% that reflects the additional employee benefits, which include holiday pay, sick pay, maternity pay etc. For further information about these benefits please contact Anup Mistry ([anup.mistry@keystone-jobs.com](mailto:anup.mistry@keystone-jobs.com)).



## **Working with Patients**

As one of our Community Teachers we ask you to:

- Discuss confidentiality of patient information with students
- Invite suitable patients to take part in teaching or the health improvement clinics, giving adequate briefing and gaining consent.
  - o More details and 'Patient Information Leaflets' are available below and online.
- Debrief with students every time they have seen patients without direct supervision.
- Provide students with space to see patients for the health improvement clinic.
- Provide students with a computer logon and access to electronic records.
- Involve the patient in discussion about health issues, management and effects on living.
- Give the patient the opportunity to feedback to students and you regarding their experience with the student.

## **Pastoral Care**

Effective teachers are advocates for students' learning. One aspect of this may mean seeking help from a member of the iBSc faculty team if you have concerns about students. Attendance, punctuality, attitudes, progress in learning, health or wellbeing may give you cause to contact us to discuss a student. We ask you to suggest a student sees their own GP if you or they have concerns about their health.

When identified early in the course it is easy to help students who are having difficulties establishing appropriate professional behaviours. For this to work in such a diverse learning environment it is important that all tutors share information. It may be that you have a minor concern about a student, if so please do let us know as this may add to a portfolio of minor concerns resulting in a threshold to offer further support. Our professionalism and pastoral care approach is not intended to be castigatory but to offer support and guidance where needed.

## **Choosing appropriate patients for the Health Improvement Clinics**

### **What type of patient**

- Patients who would like to have regular support in helping them go through an area of lifestyle change such as smoking cessation, healthier eating or more physical activity.
- Patients able to give a clear history and work with medical students at this stage of their training.

### **How to recruit patients**

- Watch out for suitable patients in your normal surgeries
- Search your practice disease database

- Ask colleagues, GPs, practice nurses and your receptionists
- Consider if any of your housebound patients would be suitable
- Ask patients informally during consultations
- Keep a list of patients

## **Giving constructive feedback to students**

Educational research supports the use of challenging and personally supportive feedback in stimulating learning. This sort of effective feedback from a Teacher will serve as a model for interactions with patients. Thus, medical students will learn to maintain professional relationships with patients wherein difficult issues can be discussed.

Giving effective, challenging and supportive feedback is an active process that requires some effort. Here are some guidelines:

- Make notes whilst you observe.
- Be specific when giving feedback, give examples and reasoning.
- Be supportive (otherwise the student may be defensive and unreceptive) whilst being challenging enough to spur them on.
- Begin by identifying strengths, these may be:
  - Existing knowledge (e.g. basic principles)
  - Attitudes and suspicions (interpersonal and indices of suspicion)
  - Skills (clinical, technical and interpersonal)
- Suggest/discuss alternatives in terms of approaches, questions asked, conclusions drawn etc.
- Discuss lessons learned for the future and action points students can take to improve.

### *Examples*

*“Your history of the patient’s chest pain was great!”*

This may seem supportive, but it is non-specific and not at all challenging and so may be experienced as patronising or simply unconstructive.

*“That was OK”*

This is unsupportive, non-specific and unchallenging, and may be experienced as indifferent.

*“Your history of the patient’s breathlessness was extremely muddled.”*

This is certainly challenging, but unsupportive, non-specific, and unless you have already established a solid positive working relationship, it may be experienced as humiliating and demoralising. The student may switch off and be unlikely to take further learning onboard.

*“You asked lots of detailed questions about the patient’s physical condition which allowed me to hear about some important features such as breathlessness, cough and sputum production, all of which helped with the diagnosis. To improve, you could have asked about the impact that the shortness of breath has had on the patient’s life to give some idea of severity and of how the patient could be helped.”*

This is great feedback: it is supportive (specific strengths were identified with examples given) and challenging (suggests were made without putting the student down). This feedback should be experienced positively by the student. It reinforces their strengths and gives them some guidance for next time.

## Assessment

Students are assessed for this module via:

- Student written assignment (80%)
  - use two case studies to exemplify your learning on placement. Please write reflexively about what happened, how and what you learnt, and analyse any key issues
  - A learning diary of your placement activities should be attached as an appendix
- GP Supervisor's engagement report (20%)
  - This is provided by the GP tutor. Please use the marking criteria below to allocate a grade (note KCL is now using 'stepped' marking so please allocate e.g. a mid 'B' grade a 65; a low 'B' grade as 62; or a high 'B' grade as 68; etc.
  - Please also provide some written feedback to be given to the student alongside the numeric mark.

## Marking Criteria for GP Supervisor's engagement report: iBSc Primary Care

Depending on the style of projects undertaken, aspects of the criteria may not apply.

Grade	%	
A++	98	The student worked very proactively within the practice team, demonstrating a highly insightful and thorough regard for patient safety at all times. The student showed excellent self- organisation, seeking out and responding to feedback from the practice team.  Showed a very high degree of consideration for others. Was punctual and reliable. Worked safely. Kept excellent records. Accomplished more than was expected. Student attendance likely to be 100%.  The student made an exceptional contribution to the practice, demonstrating striking originality and excellent insight into the needs of the practice and patients.
	95	
	92	
A+	88	The student worked very proactively within the practice team, demonstrating an insightful and thorough regard for patient safety at all times. The student showed very good self-organisation, seeking out and responding to feedback from the practice team.  Showed a high degree of consideration for others. Was punctual and reliable. Worked safely. Kept excellent records. Accomplished all that could reasonably have been expected. Student attendance likely to be >95% with no unexplained absences.  The student made an excellent contribution to the practice, demonstrating originality and a high degree of insight into the needs of the practice.
	85	
	82	

A	78 75 72	<p>The student worked proactively within the practice team, demonstrating an insightful and thorough regard for patient safety at all times. The student showed very good self-organisation, seeking out and responding to feedback from the practice team.</p> <p>Showed a high degree of consideration for others. Was punctual and reliable. Worked safely. Kept very good records. Accomplished all that could reasonably have been expected. Student attendance likely to be &gt;90% with no unexplained absences.</p> <p>The student made an excellent contribution to the practice, demonstrating originality and a good degree of insight into the needs of the practice and patients.</p>
B	68 65 62	<p>The student worked very well within the practice team, demonstrating a thorough regard for patient safety at all times. The student showed good self-organisation, accepting and responding to feedback from the practice team.</p> <p>Showed good consideration for others. Was punctual and reliable. Worked safely. Kept good records. Accomplished all or most that was expected. Student attendance likely to be &gt;85% with no unexplained absences.</p> <p>The student made a helpful contribution to the practice, demonstrating awareness and appreciation of the needs of the practice and patients.</p>
C	58 55 52	<p>The student worked well within the practice team, demonstrating regard for patient safety at all times. The student showed some self-organisation, listening and mostly responding to feedback from the practice.</p> <p>Showed consideration for others. Was punctual and reliable. Worked safely. Kept adequate records. Accomplished a reasonable amount of what was expected. Student attendance likely to be &gt; 80% with no unexplained absences.</p> <p>The student made some contributions to the practice, demonstrating some awareness and appreciation of the needs of the practice and patients.</p>
D	48 45 42	<p>The student worked within the practice team, demonstrating regard for patient safety. The student showed little self-organisation, and poor response to feedback from the practice team.</p> <p>The student may have been disorganised or unreliable. Lacked consideration for others. Record keeping was not always satisfactory. Did not complete as much work as expected. Student attendance of &gt;80% but was sometimes absent without a full or prompt explanation.</p> <p>The student made minimal contributions to the practice, demonstrating awareness and appreciation of the needs of the practice and patients when this was explicitly raised.</p>

F	38  35  32	<p>The student didn't engage with the practice team and may have lacked concern for patient safety. The student showed a lack of self-organisation and did not respond to feedback from the practice team.</p> <p>The student was disorganised and unreliable. Lacked consideration for others. Record keeping poor. Completed very little work. Student &lt; 70% and was regularly absent without a full or prompt explanation.</p> <p>The student made minimal contributions to the practice and struggled to appreciate the needs of the practice and patients even when this was explicitly raised.</p>
FF	0- 32	<p>The student didn't engage with the practice team and disregarded patient safety. The student did not respond to feedback from the practice team.</p> <p>The student was disorganised and unreliable. Was often late or absent and often lacked consideration for others. Record keeping very poor. Completed very little work. Student attendance &lt; 60% and was regularly absent without a full or prompt explanation.</p> <p>The student made no contribution to the practice and did not appreciate the needs of the practice and patients even when this was explicitly raised.</p>