

HALF-DAY RELEASE PROGRAMME HANDBOOK

2009



Vocational Training Scheme for General Practice

Half Day Release Programme Handbook 2009

The aim of this document is to identify what is being taught in the HDR programme and map the relevant RCGP Curriculum statements to the half day release teaching block.

Each teaching block is laid out in the same manner with:

- a title
- the Trainers who facilitate the sessions
- Lesson and Session plans for each
- the RCGP Statements relevant to the block

Thanks to all who have submitted their lesson and session plans together with the mapping for the HDR- it is a work in progress and is constantly updated as the HDR evolves.

PMETB requires that GP training schemes are quality assured.

[PMETB standard 3.3 “Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer”]

With respect to the taught component: i.e. HDR (Half Day Release)

We need to ensure that :

1. The taught programme’s content reflects the New Curriculum.
A programme for the HDR exists with mapping to the curriculum and is constantly updated as the HDR.
2. Trainers have been trained to a certain standard and that ongoing training and assessment is occurring.
3. The standard of teaching is at least good, but also that we are taking measures to maintain and improve standards.
 - Feedback forms from trainees
 - Reflective accounts from Trainers.
 - Evidence of Change- reflective accounts used to support trainer appraisal and reviewed next time block is taught
4. Learning has taken place.
[nMRCGP/ statement in reflective account on how learning was assessed]
5. We meet external criteria
[PMETB visits]

The Royal College of General Practitioners (RCGP) has developed its own framework for the development of the curriculum for general practice, using the domains of core competences and background features of the discipline described in the *European Definition of General Practice/Family Medicine*, both for the core competences of the general practitioner, and also for specific content areas in general practice.

These six domains are:

1. Primary care management

- the ability to manage primary contact with patients;
- to co-ordinate care with other professionals in primary care and with other specialists leading to effective and appropriate care provision, taking an advocacy position with the patient when needed.
-

2. Person-centred care

- the ability to adopt a person-centred approach in dealing with patients and problems;
- to develop and apply the general practice consultation to bring about an effective doctor-patient relationship;
- to provide longitudinal continuity of care as determined by the needs of the patient.

3. Specific problem solving skills

- to utilise the specific decision making process determined by the prevalence and incidence of illness in the community;
- to manage conditions which may present early and in an undifferentiated way, and to intervene urgently when necessary.

4. Comprehensive approach

- to manage simultaneously both acute and chronic health problems in the individual;
- to promote health and well being by applying health promotion and disease prevention strategies appropriately.

5. Community orientation

- to reconcile the health needs of individual patients and the health needs of the community in which they live, in balance with available resources .

6. Holistic modelling

- the ability to use a bio-psycho-social model taking into account cultural and existential dimensions.

Attached to these are three essential features fundamental to a person-centred scientific discipline:

1. **Contextual:** using the context of the person, the family, the community and their culture
2. **Attitudinal:** based on the doctor's professional capabilities, values and ethics
3. **Scientific:** adopting a critical and research based approach to practice and maintaining this through continuing learning and quality improvement

When reviewing your teaching block it would be helpful to keep these domains and essential features in mind

Thanks for your help in this matter.

INDEX

CARE OF ACUTELY ILL PEOPLE (4)	6
CARE OF CHILDREN AND YOUNG PEOPLE (4)	12
CHALLENGING ATTITUDES (4)	17
CLINICAL GOVERNANCE AND PATIENT SAFETY (4)	23
GENDER-SPECIFIC HEALTH ISSUES (4)	28
OCCUPATIONAL HEALTH (1)	34
GENETICS IN PRIMARY CARE (2)	35
ARTS IN MEDICINE (3)	37
RESEARCH (1)	40
TEACHING (1)	41
SEXUAL HEALTH AND PREGNANCY CARE (4)	42
EQUALITY AND DIVERSITY (2)	48
LEARNING DISABILITIES (1)	50
DRUG AND ALCOHOL (2)	51
CLINICAL ETHICS AND VALUES BASED MEDICINE (4)	54
HEALTH PROMOTION AND DISEASE PREVENTION (4)	58
PRESCRIBING (4)	62
CARE OF PEOPLE WITH MENTAL HEALTH PROBLEMS (4)	66
CARE OF OLDER ADULTS (4)	70
CANCER AND PALLIATIVE CARE (3)	75
HOT TOPICS (4)	78
PBL HANDBOOK FOR PROGRAMME DIRECTOR FACILITATED PART OF HDR	79

CARE OF ACUTELY ILL PEOPLE

SESSION 1

SUBJECT TITLE

The Organisation of Care in General Practice

TRAINERS/PRESENTERS

Amanda Smith

LEARNING OUTCOMES:

AIMS

To consider the following:

1. The Structure of the NHS
2. Emergency Access to Care
3. Telephone Consultations and Triage
4. The Gatekeeper Role of the GP

OBJECTIVES:

By the end of this session we will have

1. Considered the structure of the health service and defined Primary, Secondary and Intermediary care.
2. Identified the pathways patients use to access services in acute illness both within working hours and out of hours.
3. Compared and contrasted some of skills required by doctors working in these areas
4. Have practiced and observed the communication skills needed in telephone consultations (role play)
5. Discussed what makes a good referral letter and practised writing one
6. Considered other methods of communicating within and between health care teams
7. Discussed the Gatekeeper role of General Practice.

CURRICULUM STATEMENTS COVERED

7

SESSION PLAN

Time	Activity	Aids
2pm	Introduction	
2.10pm	Quiz about NHS structure then large group discussion	PowerPoint
2.40pm	Four small groups each with a question to answer about how patients access healthcare in an emergency (family/friends; emergency services in and out of hours; general practice)- then convene in the large group to share discussion	Flipcharts X 4
3.10pm	Presentation on telephone consultations/triage	PowerPoint Handout
3.15pm	Tea	
3.30pm	Role play- 3 simple telephone consultations	
4pm	Referral letter writing (individual exercise) then compare to SIGN guidelines	Given a scenario
4.30pm	PowerPoint on the role of the GP as a Gatekeeper	
4:45pm	Summarise and Feedback	

SESSION2

SUBJECT TITLE

Pandemic flu and common GP emergencies

TRAINERS/PRESENTERS

Carole Donne

LEARNING OUTCOMES:

AIMS:

To update knowledge about Pandemic Flu

To revise management of emergencies

To consider the constraints faced by GPs when managing emergencies in the community

OBJECTIVES:

By the end of this session we will have:

Revised the diagnosis and management of Pandemic Flu

Discussed how practices need to organise themselves to cope with a pandemic

Learned how to use personal protection

Discussed how a GP should respond to a patient calling from home with acute SOB

Practised using a nebuliser and oxygen

Discussed the assessment and management in General Practice of a patient with acute abdominal pain

PREPARATION;

Trainer: PowerPoint presentation, prepare scenarios, quiz, and bring along props

Trainee: Discuss own practice's plans for Pandemic flu and list last 5 patients seen with SOB

CURRICULUM STATEMENTS COVERED

7

SESSION PLAN

Time	Activity	Aids
2pm	Welcome and Introductions and explain session	
2.10pm	PowerPoint presentation re Swine Flu	PowerPoint
2.30pm	Practice using personal protection	Gloves, gowns etc
2.45pm	Small group work designing a practice protocol then present to larger group	Flipcharts
3.30pm	Tea	
3.45pm	SOB: small group work on cases	
4.15pm	Practice using nebuliser and oxygen	Nebuliser, oxygen etc
4.30pm	Acute abdominal pain: small group work on cases	
4.55pm	Quiz on emergencies	
5.00pm	Summary and feedback	

SESSION 3

SUBJECT TITLE

Management of the Acutely Ill Patient

TRAINER:

Sathish Selvan

LEARNING OUTCOMES

AIMS:

This session will help the GPSTR's develop the skills and understanding which enable them to recognise and manage acutely ill patients.

OBJECTIVES:

By the end of this session the GPSTR will

1. Be able to describe the 'ABC' principles in the initial management of acutely ill patient..
2. Be able to describe the signs & symptoms of common acute illness such as MI, Pulmonary embolism, CVA, Subarachnoid haemorrhage and Meningitis.
3. Be able to list the common causes of collapse and unconsciousness in the acutely ill patients.
4. State the management pathway of dangerous diagnosis such as MI and PE.
5. Have been challenged on their ability to make complex ethical decisions demonstrating sensitivity to patient's wishes.
6. Have discussed their ability to deal sensitively and in line with the professional codes of practice with people who may have a serious diagnosis and refuse admission.
7. Be challenged on their awareness of any conflict that may exist between patients and their relatives and act in the best interest of the patient.
8. Have discussed the emotional and stressful aspects of providing acute care and awareness that they need to have strategies for dealing with personal stress
9. Be able to interpret an electrocardiogram in patients with acute cardiac diagnosis.

TEACHING STRATEGIES

Small group work on case scenarios.

Presentation of each group about their case and the issue the case raises.

Discussion of each case scenario and summarising of the main learning points.

Presentation of ECG's on acute illness.

Teaching on the ECG presentation.

PREPARATION

The GPSTR to have read the emergencies section of the Oxford Handbook of Clinical Medicine.

TRAINER

Prepare case scenarios and materials to facilitate discussion.

Prepare ECG power point presentation.

CURRICULUM STATEMENTS COVERED

7

SESSION PLAN

TIME	ACTIVITY	TRAINER	GPSTR	AIDS
2pm	Introduction	Outlines the objectives of the session		
2.05 pm	Group Formation	Facilitate group formation.	To ensure each group has GPRTR's with varied experience	
2.10pm	Working on case scenarios	Hands over the case to each group.	Work on the case and prepare for group discussion.	Flip chart. Chart pen. Paper
2.35pm	Discuss case scenarios.	Facilitate the group.	Groups present answers to others.	
3.30pm	Coffee Break			
3.40pm	Finish remaining cases and summarising learning.	Facilitate the group	Each subsequent group describes what they learnt from the previous group.	
4pm	ECG Case presentation	Presents and discusses ECG's	Gives/writes down answers	Power point presentation. Computer Projector. Feedback forms
4.50pm	Summary & Close.	Summarises and hands over feedback form.	Complete feedback form	

SESSION 4

SUBJECT TITLE

Care of Acutely Ill People- session 4: Use of the Electronic Record in Care of the Acutely Ill

TRAINERS/PRESENTERS

John Nicolas

Amanda Smith

LEARNING OUTCOMES:

AIMS:

To consider the advantages and potential problems in having an electronic patient record especially with respect to the care of the acutely ill patient but also within the context of the broader NHS IM&T strategy.

OBJECTIVES:

By the end of this session we will have:

1. Considered how an electronic patient record may aid the care of patients: in A&E, during OOH, when joining a new practice (GP2GP), when sharing care with secondary services, and on hospital discharge
2. Discussed issues relating to consent: the difference between opting in and out and hidden information. Also discussed different levels of detail of records.
3. Considered security features of an electronic record system in particular: Smart Cards, the NHS intranet (N3), the audit trail and encryption of the transferred records
4. Discuss the national IT infrastructure: N3 network, the Patient Demographic Service and the Authentication Service.
5. Considered other features of the NHS IT strategy including Choose and Book and Electronic Prescribing

TEACHING STRATEGIES:

Debate

PowerPoint lecture

PREPARATION:

The registrars to be given the 2 questions for debate 2 weeks before the session:

1. "There would be a great improvement in patient care if patient records were held at national level."
2. "The NHS cannot be trusted to store patient information."

CURRICULUM STATEMENTS COVERED

7

SESSION PLAN

Time	Activity	Lead	Aids
2pm	Introductions and explain Aims and Objectives of session	Dr Smith	
2.10pm	Debate the motion "This house believes that the electronic patient record held at national level will improve patient care."		
3pm	Summarise debate		Flipchart
3.15pm	Tea		
3.30pm	PowerPoint presentation on the Electronic Record etc with time for Q&As	John Nicolas	PowerPoint
4.30pm	Other aspects of the NHS IT strategy	Dr Smith	
4.50pm	Summary and feedback		

CARE OF CHILDREN AND YOUNG PEOPLE

SESSION 1

SUBJECT TITLE

Paediatric Emergencies and Sudden Infant Death Syndrome

TRAINER:

Angela Waterhouse

LEARNING OUTCOMES

AIMS:

To consider the management of children with potentially life threatening symptoms.

To consider the role of the GP in Sudden Infant Death Syndrome.

OBJECTIVES:

By the end of this session we will have

1. Discussed how to recognise a sick child
2. Familiarised ourselves with NICE guidelines on the management of a febrile child
3. Discussed how parents can influence the management of a sick child
4. Considered the immediate management of cot death, the short term follow up of cot death and the long term follow up and affects of cot death on the family

CURRICULUM STATEMENTS COVERED

8

SESSION PLAN

Time	Activity	Aids
2pm	Introduction and agree learning outcomes	
2.10pm	Present statistics about paediatric consultation rates and how families affect these	
2.20pm	Case of a febrile child- split into 3 groups each with a slightly different scenario corresponding to the traffic light system in NICE guidance	Cases Handouts (paediatric emergency drug doses and assessment of a sick child)
2.40pm	Present NICE guidance especially wrt traffic light system	PowerPoint
3pm	Tea	
3.15pm	Presentation about SIDS	
3.30pm	Large group discussion about how a GP should respond to a patient's neighbour calling about a SIDS	Flipchart
4pm	Small group exercise: writing a patient information leaflet about the prevention of cot death	
4.30pm	Quiz	
4.45pm	Summary and feedback	

SESSION 2

SUBJECT TITLE

Childhood Immunisation, Child Development and the Support of Parents

TRAINERS/PRESENTERS

Alison Bonavia

LEARNING OUTCOMES:

AIMS:

Increase the Registrars' understanding of the role of Health Professionals in the areas of Childhood Immunisation, Child Development and the Support of Parents

OBJECTIVES:

By the end of this session we will

1. Describe the new childhood immunisation schedule
2. Discuss the ethical and practical aspects of vaccinations
3. Demonstrate a knowledge of child development milestones (normal and red flags)
4. Appreciate the role of different health professionals in the support of parents and families

CURRICULUM STATEMENTS COVERED

8

SESSION PLAN

Time	Content	Student Activity	Teacher activity	Resources
2.00pm	Introductions Establish names + paeds experience	introduce self	Facilitate	Flipchart & pen
2.10	Aims & outcomes	Discuss & agree	Present & discuss	Power point of provisional outcomes
2.15	Context of session NSF for children	Listen & discuss ? roles in CHS GP HV PN etc	Mini-lecture & discuss	Power point of NSF key points
2.20	New Immunistaion schedule	Round robin & scribe Pairs initially	Facilitate	Flipchart & pen
2.35	Consent issues	Discussion	Discussion	Copy of sample consent form
2.40	MMR Vaccine and HPV vaccine	2 groups – “parent” & GP panels. Discuss scenarios Prepare for roleplay	Facilitate	Scenarios MMR & HPV info sheets
3.00	C O F F E E B R E A K			

3.20	MMR and HPV Vaccine roleplays	Roleplay	Random selection “parent” & “teacher” Facilitate	Scenarios
3.40	Normal child development milestones	4 small groups Milestone challenge – arrange in order & estimate age	Facilitate	4 sets of milestone cards Bluetack
3.55	Milestone red flags	Brainstorm	Scribe	Flipchart
4.10	Supporting parents – all health professionals	Round robin	Facilitate & scribe	Flipchart
4.30	Closure Review outcomes	Discuss	Discuss	Outcomes power point
4.35	Set agenda/ outcomes for next week	Brainstorm	Allocate tasks	
4.45	Evaluation & feedback	Completion evaluation form	Facilitate Distribute handouts	Evaluation forms

SESSION 3

SUBJECT TITLE

Adolescent Health Issues
Obesity in childhood

TRAINERS/PRESENTERS

Alison Bonavia

LEARNING OUTCOMES:

AIMS:

To explore the issues involved in delivering effective and appropriate services to meet the needs of young people and to focus on the issues relating to childhood obesity.

OBJECTIVES:

In this session we will

1. Describe the health concerns and issues related to the adolescent population
2. List the criteria included in the Fraser Guidelines or Gillick Competence assessment
3. Discuss the barriers involved in teenagers accessing effective healthcare and potential strategies to improve the effectiveness of these services in General Practice
4. Describe the potential health concerns related to childhood obesity and appropriate management options

CURRICULUM STATEMENTS COVERED

8

SESSION PLAN

Time	Content	GPR Activity	Teacher Activity	Resources
2 pm	Aims and Outcomes	Discuss	Describe/discuss	Powerpoint
2.05	Needs assessment	Use of questions (from GPRs & AB)	Facilitate	AB Questions
2.25	Teenage facts and figures	Listen and discuss	Mini-lecture and discuss	Powerpoint
2.35	Barriers to healthcare for teenagers	Brainstorm & scribe	Scribe – compare to RCGP paper	Powerpoint RCGP edit.
2.45 to Coffee	Strategies for effective services in Practice	Small group work on scenario	Facilitate	Scenario question
3.15	Share good practice & feedback from scenarios	Discussion	Discussion	
3.30	Fraser scenarios	Work in pairs Feedback key points	Facilitate	Fraser scenarios
3.50	Childhood obesity and causes	Discussion	Mini-lecture and discussion	Powerpoint of statistics
4.00	Complications of obesity	Brainstorm	Facilitate	Powerpoint and flipchart

4.10	Obesity scenarios – consultation issues	Small group case discussion	Facilitate	Scenarios x2
4.25	Scenario discussion and clinical interventions	Discussion	Discussion and summary	Powerpoint of WHO conclusions
4.40	Review outcomes and evaluation	Complete evaluation form	Review outcomes Give handouts	Forms and handouts

SESSION 4

SUBJECT TITLE

Behavioural problems in childhood

TRAINERS/PRESENTERS

Angela Waterhouse

LEARNING OUTCOMES:

AIMS:

To familiarise GP trainees with common childhood behavioural problems presenting to General Practice

OBJECTIVES:

By the end of this session we will have:

1. Discussed the autistic spectrum
2. Discussed the diagnosis of ADHD and practised managing a case of a hyperactive 7 year old
3. Discussed the commonly prescribed medication: Ritalin
4. Considered the GP role in the management of Tourette's syndrome, Asperger's Syndrome, Childhood Depression and Enuresis

CURRICULUM STATEMENTS COVERED

8

SESSION PLAN

Time	Activity	Aids
2.00pm	Introductions and explain learning outcomes for the afternoon	Flipchart
2.10pm	Introduce the concept of the autistic spectrum	OHP
2.10pm	ADHD Discuss how to make the diagnosis Role play the presentation of a 7y old boy with hyperactivity in 2 stages: <ul style="list-style-type: none">• Initial presentation• After seeing a psychiatrist when Ritalin was prescribed Time for discussion between each role play	You Tube clip Sticky Post-its Roleplay scenarios Handout on shared care guidelines for the prescribing of methylphenidate
3.10pm	Tea	
3.30pm	Small group work- 4 groups discussing causes and GP's role Feedback in larger group	Flipcharts Handouts on the 4 conditions You tube clips of Asperger's and Tourette's
4.45pm	Feedback and Close	

CHALLENGING ATTITUDES

SESSION 1

SUBJECT TITLE

Introduction to block and Complaints

TRAINERS/PRESENTERS

Chris Heggs

LEARNING OUTCOMES

Aims – to improve understanding and challenge personal and cultural attitudes in the areas that affect our daily work.

Objectives –the Registrar will:

Understand the factors that create attitudes.

Be aware of how attitudes affect our personal interaction with others.

Challenge some of the attitudes and differences between individuals.

Demonstrate communication skills that can enable effective interaction with individuals and populations.

Suggested Reading

NHS Constitution: A draft for consultation July 2008

www.njs.uk/England/About the NHS/complain/compliment

RCGP removal of patients from GP lists 9/04 (vital)

Pulse-i.co.uk 'GPs role in health needs of refugees 3/9/05

BMA.org.uk. Asylum seekers and their health Nov 06

Society Guardian.co.uk 'nhs turns away failed asylum seeker with cancer' 29/6/06

Bandolier 'complimentary and alternative therapies'

Pulse anything by Phil Peverley

Other Preparation

Think about personal/professional experiences that you might share with the group that relate to these topics.

CURRICULUM STATEMENTS COVERED

General

Lesson plan- session 1

- 1) Introduction and general housekeeping 14.00 to 14.05
- 2) Why is this a block? Why is it important to develop these skills as Doctors?
- 3) Brainstorming. Why might one be discriminated against?
- 4) Film Mr Creosote.
- 5) Discussion. How do you feel about treating this guy? Look at obesity PCT who would not fund THR for patients with BMI over 30. How do you feel about that?
- 6) Religion and ethnicity. I can't tell a Serb from a Croat. One of my registrars recently told me he did not know the difference between Catholic and Protestant. Film Every sperm is sacred. Add discrimination against those wanting home births!

Aim for coffee c 15.30

Complaints.

How do we feel when we are on the receiving end of one?

How do we behave?

Reality check- you will get them.

Film- the miracle of life.

Remember what Patient seeks to obtain. 1 group could be asked to write a complaint for the patient in the film.

Divide into 4 groups (5-7). 10-15 minutes working out complaints

Report back

SESSION 2

SUBJECT TITLE

ANGRY, VIOLENT AND DEMANDING PATIENTS

TRAINERS/PRESENTERS

Chris Heggs, Martin Jones

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

1.5,1.6,2.1,2.2,3.4,4.1,5.1,6.1

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

SESSION 3

SUBJECT TITLE

ASYLUM SEEKERS AND REFUGEES
ALTERNATIVE MEDICINE

TRAINERS/PRESENTERS

Chris Heggs and Martin Jones

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

1.1,1.2,1.4,2.1,2.2,2.3,3.6,4.1,4.3,6.1

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

SESSION 4

SUBJECT TITLE

Managing Change

TRAINERS/PRESENTERS

Chris Heggs

Martin Jones

LEARNING OUTCOMES:

AIMS:

OBJECTIVES:

TEACHING STRATEGIES:

Discussion

PREPARATION:

CURRICULUM STATEMENTS COVERED

1.3,1.4,1.5,1.6,2.3,4.2,4.3

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

CLINICAL GOVERNANCE AND PATIENT SAFETY

SESSION 1

SUBJECT TITLE

Clinical Governance

TRAINERS

Kevin Fish

Nigel Robinson

LEARNING OUTCOMES:

AIM: To consider the components of Clinical Governance

OBJECTIVES:

By the end of this session

1. We will have defined Clinical Governance and considered the following 6 components:
 - Research and Development
 - Education and training
 - Openness
 - Audit
 - Clinical Effectiveness
 - Risk management
2. We will also have considered why Clinical Governance has developed as a concept
- [3. If time allows we might consider how to implement Clinical Governance in general practice]

TEACHING STRATEGIES:

Large and small group work

Using film clips to reinforce the 6 components

PREPARATION:

Prepare the DVD clips

CURRICULUM STATEMENTS COVERED

3.1 and 3.2

SESSION PLAN

Time	Activity	Aids
2pm	Introduction and set aims and objectives	
2.15pm	Presentation about Clinical Governance Small group brainstorming about a definition of Clinical Governance and what is Quality	PowerPoint Flip charts
3.00pm	tea	
3.15pm	Show DVD clips to illustrate the components of Clinical Governance	DVD player
4.15pm	Summarise and Feedback	
If time	Discuss how Clinical Governance can be implemented in practice	Flip chart

SESSION 2

SUBJECT TITLE

Clinical Guidelines and Protocols
Culture and Leadership

TRAINERS/PRESENTERS

Kevin Fish
Nigel Robinson

LEARNING OUTCOMES:

AIMS:

To explore the role of Clinical Guidelines in Clinical Governance and Patient Safety
To introduce Leadership and Organisation Culture as important components of Patient Safety and Clinical governance

OBJECTIVES:

By the end of this session we will

1. Be able to define National Service Framework, Clinical Guideline, Care Protocols and Care Pathways
2. Have described the critical appraisal of a clinical guideline
3. Be able to discuss the pro and cons of clinical guidelines
4. Have described leadership and management roles
5. Have defined what is meant by the culture of an organisation
6. Have discussed the role of leadership and culture in implementing change

PREPARATION:

GPRs to bring examples of guidelines

CURRICULUM STATEMENTS COVERED

3.1 and 3.2

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids
1400	Introduction	Revisit previous weeks session about the 6 components of Clinical Governance and link to Patient Safety WHO definition: "Quality" Discuss Aims and Objectives for session Theory about Guidelines		PowerPoint
14:15	Small Group work on Guidelines		Arrange guidelines into NSFs, Clinical Guidelines, Protocols and Care Pathways. Work our definitions for same	Various guidelines
14:25	Large Group discussion		Feedback from group work Fill in grid and write definitions	Flip chart and grid
14:35	Small group work on assessing a guideline using AGREE		Prepare a 5 minute presentation using AGREE tool- how good is the guideline and will it work in practice	AGREE sheet
14:45	Large group		Present findings	
15:00	Small groups then share in larger group		Discuss pros and cons of guidelines	
15:20	Tea			
15:40	Introduction to Leadership and Culture as part of Patient Safety	Set the scene for role play		PowerPoint
15:50	Role play	Coffee Time in Practice X		Coffee mugs and scenario
16:05	Small Groups then share in Larger Groups		Why will things not change in Practice X	
16:20	Small groups		Define Organisational Culture What's the difference between leadership and management?	
16:30	Large Group	Link role play to culture/leadership Pointer as to how to change culture and develop leadership skills		
16:40	Summarise and Feedback			

SESSION 3

SUBJECT TITLE

Risk Management

TRAINERS/PRESENTERS

Kevin Fish

Nigel Robinson

LEARNING OUTCOMES:

AIMS:

To look at how to manage risk in practice

OBJECTIVES:

By the end of this session we will have

1. Identified common areas of risk
2. Performed a Root Cause Analysis
3. Performed a Significant Event Analysis

TEACHING STRATEGIES:

Presentation with DVD clips

Small group work

Working through a SEA

PREPARATION:

Trainer: Prepare a presentation
Bring SEA scoring tools

Trainees: Bring a significant event to share

CURRICULUM STATEMENTS COVERED

3.1 and 3.2

SESSION PLAN

Time	Activity	Aids
2pm	Reflection on sessions so far	
2.10pm	Introduction and agree learning outcomes	
2.15pm	Identify frequent adverse events and discuss systems that protect against them	PowerPoint DVD player
	Work through a root cause analysis assessment of a clinical case	
	Brief overview of the NPSA: Seven steps to patient safety	
3.15pm	Tea	
3.30pm	Mock SEA meeting	
4.30pm	Summary, feedback and close	

SESSION 4

SUBJECT TITLE

Patient Participation, Poor Performance, Complaints

TRAINERS/PRESENTERS

Nigel Robinson

Kevin Fish

Representatives from the "Patient Experience" team

LEARNING OUTCOMES:

AIMS:

To look at how patient involvement can improve the quality of health care

To consider what action should be taken when poor performance is observed

To improve the handling of complaints

OBJECTIVES:

By the end of this session we will have:

1. Considered the national and local mechanisms that exist for involving patients
2. Have discussed the setting up of a Patient Participation Group in General Practice
3. Have considered how to identify poor performance and what our responsibilities as healthcare professionals are
4. Discussed how to respond to a complaint

CURRICULUM STATEMENTS COVERED

3.1 and 3.2

SESSION PLAN

Time	Activity	Aids
2pm	Introduction and agree learning outcomes Introduce guest presenters	
2.10pm	Presentation from the Patient Experience Team (Why and how to involve patients/ Legislation)	PowerPoint
2.25pm	Small group work on PPGs (Benefits/ Pitfalls/ Who to involve/ Desirable characteristics of members) then feedback in larger group	Flipcharts
2.50pm	DVD: Fawlty Towers	DVD Player
2.55pm	Presentation about Duties of a Doctor and Poor Performance	PowerPoint
3pm	In small groups consider a case of a doctor with an alcohol problem then feedback one key point	Case
3.20pm	Tea	
3.30pm	DVD: Fawlty Towers	DVD Player
3.40pm	Presentation about complaints	PowerPoint
3.50pm	Complaints Quiz	Quiz
4pm	Small group exercise: writing a reply to a complaint- then feedback to larger group	Sample letter of complaint
4.45pm	Summary and feedback	

GENDER SPECIFIC HEALTH ISSUES

SESSION 1

SUBJECT TITLE

SEXUAL HEALTH: Sexual History Taking, Sexual Dysfunction and Sexual Health Services including STI's and AIDS

TRAINERS

Dr Teresa Foster

Dr Bob Reynolds

Dr Kibirige (guest speaker)

LEARNING OUTCOMES:

AIMS:

To help the GP trainee to develop skills in managing sexual health problems and consider the organization of sexual health services

OBJECTIVES:

By the end of this session the trainee will be able to

1. Take a sexual history from female or male patient in a way that is private, confidential, none judgmental and holistic.
2. Apply the information gathered from patient's sexual history to generate a diagnosis and formulate a management plan.
3. Use the sexual history and other relevant information to assess risk of STI's .
4. Counsel patients with sexual problems including psychosexual issues related to other problems.
5. Describe how services are being developed to deliver more accessible services such as risk awareness, testing, screening and treating STI's in the community with other multidisciplinary teams.
6. Consider access and confidentiality policy in practice.
7. Describe presentation, investigation and treatment of STI's in practice.
8. Describe the principles and current guidance for partner notification.
9. State protocol for occupational risk- needle stick injuries and for patients
10. State the significance of cultural expectations and social stigma often associated with sexual health problems
11. Be aware of groups in whom consideration of sexual health may be omitted.
12. Consider Chlamydia screening and HPV vaccine.
13. Describe interventions for HIV prevention post exposure and mothers to be.
14. Manage patients who are HIV positive and those with Aids.

TEACHING STRATEGIES:

Videos

Group work

Buzz groups

Case discussion and studies

PREPARATION:

Read about sexual problems in practice- ED, decreased libido, impotence, dyspareunia, etc.

Revise management of STI's.

Read text and guidelines re HIV infections.

CURRICULUM STATEMENTS COVERED

11

Session Plan

TIME	ACTIVITY	TRAINER	GPR	AIDS
2pm-	Introduction	Present and facilitate	Group work and buzz group. When to discuss and why a problem for Dr and patient.	PowerPoint Round robin Flip chart
2.20pm	Video of sexual health consultations	Facilitate discussion re skills and strategies that work well.	Discuss in group good and bad points re consultations and words they would use to explore sexual health.	Videos
2.40pm	Discussion or role play about bringing up the subject in chronic disease/ depression/ suspected HIV/ physical disability	Prepare scenarios		Scenarios
3.20pm	Brain storm re sexual problems presenting in general practice.	Facilitate discussion re management of these i.e. ED, decreased libido, dyspareunia.	Group work in these areas.	Present case scenarios to facilitate discussion.
3.30pm	Tea			
3.40pm	Organisation of Sexual Health Services	Lecture by Dr Kibirige		PowerPoint
4.00pm	Case studies: HIV, needle stick, STI, Chlamydia screening and HPV vaccine		In small groups	Scenarios
4.30pm	PowerPoint presentation of Guidelines	Dr Kibirige		PowerPoint
4.45pm	Feedback and close			

SESSION 2

SUBJECT TITLE

MENOPAUSE AND HRT

TRAINERS/PRESENTERS

Teresa Foster

Bob Reynolds

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

10.1

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

SESSION 3

SUBJECT TITLE

INCONTINENCE

MENSTRUAL PROBLEMS

TRAINERS/PRESENTERS

Teresa Foster and Bob Reynolds

LEARNING OUTCOMES:

AIMS:

To develop understanding and skills to manage incontinence problems in General Practice and develop the registrar's skills in managing health problems relating to menstruation particularly the early diagnosis of cancer

OBJECTIVES:

By the end of the session the trainee will be able to:

1. Assess presentations of incontinence in General Practice using assessment tools.
2. Describe how this affects the patient and family
3. State management of common problems considering nice guidelines
4. Describe development and use of integrated services
5. Demonstrate a reasoned approach to the diagnoses of women's symptoms in a manner that is comfortable for patient and GP
6. Be able to list and define gynaecological problems particularly those relating to menstruation
7. Describe the importance of risk factors in the diagnoses and management of women's problems
8. Define when to intervene urgently with suspected malignancy or gynaecological emergencies.

TEACHING STRATEGIES:

Buzz groups

Case studies

Consideration of guidelines

PREPARATION:

Read Nice guidelines on urinary incontinence in women and faecal incontinence.

Be prepared to discuss local pathways and services available for incontinence.

General reading of texts and guidelines re menstrual problems: premenstrual syndrome, amenorrhoea, irregular bleeding, postmenopausal bleeding, pelvic pain. Nice Guidelines- Heavy Menstrual Bleeding

CURRICULUM STATEMENTS COVERED

10.1 and 10.2

Session Plan

TIME	ACTIVITY	TRAINER	GPR	AIDS
2pm-2.15pm	Introduction and confirm plan Brainstorm for topics	Check preparation of topics and areas the group wants to cover.	Consider areas needing to discuss- other objectives.	Flip Chart
2.15-2.45pm	Case studies to cover identified areas in large or smaller groups depending on numbers- <ul style="list-style-type: none"> • Menorrhagia • Ovarian cancer • PMS • Pelvic pain- psychological • PCOS 	Explain what to cover in group/s Role play : Defining the problem Sharing management options Explaining the need to investigate	Group to consider evidence/guidelines to discuss assessment (particularly when to investigate to prevent or detect malignancy) And discuss patient centred management plan of cases	Cases – select from: Heavy menstrual and irregular bleeding, Premenstrual syndrome, Amenorrhea, Ovarian Cancer, Postmenopausal bleeding, Pelvic pain.
2.45-3.15pm	Presentation of each case and discussion in large group	Facilitate discussion	Present discussion Incorporate role-play scenario if appropriate.	PowerPoint preparation available if needed
3.25pm	Summary	Aims and objectives met?	Discuss learning points	Refer back to flip chart.
3.30pm	Tea			
3.45pm	Introduction to incontinence	Check preparation Nice overview if needed		
3.55pm	Round Robin	Discuss experience and services in practices.	Information to full group	Flip chart
4.05pm	Case study. <ul style="list-style-type: none"> • Mixed, • Faecal incontinence • Elderly • Disability 	Discuss cases in large or smaller groups -diagnosis, investigations and management, services available and other important issues -Facilitate discussion.	Agree management using guidelines and holistic approach looking at community issues.	Cases PowerPoint available if needed
4.50pm	Summary and feedback	Summarize	Feedback re format check aims and objectives met	

SESSION 4

SUBJECT TITLE

Prostate Cancer and PSA Testing
Erectile Dysfunction

TRAINERS/PRESENTERS

Bob Reynolds
Teresa Foster

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

10.1 and 10.2

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

OCCUPATIONAL HEALTH

SUBJECT TITLE

OCCUPATIONAL HEALTH

TRAINER

Dr John Wood

LEARNING OUTCOMES:

1. Share some understanding of the role of Occupational Health within General Practice consultations
2. Impart some ideas about considering the aetiology and investigation of Occupational Illness
3. Awareness of the Occupational Health Service for General Practice

TEACHING STRATEGIES:

Small group teaching

PREPARATION:

PowerPoint presentation

CURRICULUM STATEMENTS COVERED

5

SESSION PLAN

Time	Activity	Trainer	GPSTRs	Aids
14:00	Introduce session Define Occupational Health Find out trainees previous experience of Occ Health Discuss what hope to achieve from session	Questioning	Brainstorming ideas	Flipchart PowerPoint presentation
14:30	Case study 1: Asthma (20mins in small group then 25mins feeding back)		In small groups discussing then back to larger group for feedback	Flipchart
15:15	Tea			
15:30	Case 2 : Epilepsy		In small groups discussing etc	Flipchart
16:15	Case 3:			

GENETICS IN PRIMARY CARE

SESSION 1

SUBJECT TITLE

GENETICS IN PRIMARY CARE

TRAINERS/PRESENTERS

Dr Franke Cooke

Dr Paul Brennan

LEARNING OUTCOMES:

AIMS:

To consider the role of genetics in General Practice

OBJECTIVES:

By the end of this session we will :

1. Have considered the relevance of Genetics with respect to epidemiology
2. Have discussed the ethical and social implications of genetic testing
3. To be able to draw and interpret family histories
4. Have revised the principles of Mendelian genetics
5. Have considered the genetic aspects of antenatal and newborn screening

TEACHING STRATEGIES:

Lecture

Small group exercises

PREPARATION:

Trainer: Teaching resources – www.geneticseducation.nhs.uk/

Photocopying Case histories and resources from above website

Trainee: Bring along an ethical dilemma concerning a genetic disease problem

CURRICULUM STATEMENTS COVERED

6

SESSION PLAN

Time	Activity	Aids
2pm	Introduction	
2.10pm	Lecture on Mendelian Genetics and single gene inheritance	PowerPoint and Computer
2.30pm	Lecture on Drawing family trees	
2.50pm	Small groups (4) drawing a family tree	Flipchart
3.10pm	tea	
3.25pm	Group work: Interpreting family trees- 2 cases	
3.45pm	Lecture: Genetic aspects of Antenatal and Newborn Screening	PowerPoint
4.05pm	Ethical Issues- ? whole group	
4.30pm	Summarise and Close	

SESSION 2

SUBJECT TITLE

GENETICS IN PRIMARY CARE

TRAINERS/PRESENTERS

Dr Paul Brennan (Clinical Geneticist)

Dr Frank Cooke

LEARNING OUTCOMES:

AIMS:

To consider the role of Genetics in General Practice

OBJECTIVES:

By the end of this session the trainee will:

1. Be familiar with the role of the Teesside Genetics Service and be able to refer appropriately to this and other services.
2. Be able to advise patients about their risk of developing certain familial conditions: specifically breast, bowel and ovarian cancer and diabetes and cardiovascular disease.
3. Have considered several ethical dilemmas where genetics play a part.

CURRICULUM STATEMENTS COVERED

6

SESSION PLAN

Time	Activity	Aids
2pm	Introduction and Summary of previous week	
2.10pm	Lecture about Teesside Genetics Service	PowerPoint and OHP
3.30pm	Tea	
3.45pm	Ethical dilemmas in small groups	2 rooms needed
4.30pm	Summary and Feedback	Feedback forms

ARTS IN MEDICAL EDUCATION

SESSION 1

SUBJECT TITLE

The Arts in Medical Education- Session 1

Trainer:

Dr Neil Brownlee

Learning outcomes:

AIMS

To increase knowledge of consultation models and post traumatic stress using the film: "Regeneration".

It is based on a novel by Pat Barker and charts the treatment of a shell shocked Siegfried Sassoon by Dr WHR Rivers the resident psychiatrist.

OBJECTIVES

By the end of the session the registrar will

- 1) Have some knowledge of the works of Siegfried Sassoon
- 2) Understand more about the doctor patient relationship
- 3) Understand more about the doctor and his own illness
- 4) Seen the political pressure doctors in WW1 were under and drawn parallels with the modern NHS (QOF Med3s etc)

PREPARATION

The registrars will be asked to bring short biographies of Siegfried Sassoon and Dr WHR Rivers. They will be asked to read Sassoon's poems Glory of Women and The Hero (the poems will be e mailed one week before the session).

SESSION PLAN

First half

Watch the whole film Regeneration. Registrars will be split into groups and given different tasks eg looking at the film from the patient's point of view, the doctors point of view, drawing parallels and differences with our modern NHS.

Second half

Discussion and feedback

Curriculum matching

2 The General Practice Consultation

3.3 Clinical ethics and Values-Based practice

13 Care of people with Mental Health Problems

3.5 Evidence- Based practice

3.4 Promoting Equality and Valuing Diversity

SESSION 2

SUBJECT TITLE

The Arts in Medical Education- Session 2

TRAINER

Dr Neil Brownlee

LEARNING OUTCOMES

AIMS

To study the consultation, medical ethics, ethnic diversity in practice, patient safety and the role of the doctor in society using the works of Ernest Hemmingway, Franz Kafka and a film clip from Motor Cycle Diaries.

OUTCOMES

By the end of the session the registrar will have a wider understanding and experience of the above topics.

They will have read and discussed “Indian camp” by Ernest Hemmingway

They will have read and understood “The Country Doctor” by Franz Kafka.

Any more details given by me at this stage would spoil the learning process.

PREPARATION

The Registrars will be asked to bring a short biography of Ernest Hemmingway.

They will be asked to read “The Country Doctor” by Franz Kafka-this is a very short story but an absolute classic.

SESSION PLAN

Small groups to read “Indian Camp” by Ernest Hemmingway . Discuss the story and record their impressions on a flip chart.. The groups will report back and the medical aspects of the story will be discussed in greater detail.

The process will be repeated for “The Country Doctor”.

After Tea

We will watch a short clip from the film Motor Cycle Diaries. The scene involves a young Che Guevara (as a medical student) examining a man with a cyst/neoplasm with the hope of getting shelter for the night. He argues about the prognosis with his biochemist friend. The errors in the consultation will be discussed in detail.

Curriculum mapping

- 1 Being a General Practitioner
- 2 The General Practice Consultation
- 3.3 Clinical Ethics and Values Based Practice
- 15.10 Skin Problems
- 10.1 Women’s Health
- 7 Care of Acutely Ill People

SESSION 3

SUBJECT TITLE

The Arts in Medical Education- Session 3

TRAINER

Dr Neil Brownlee

LEARNING OUTCOMES

AIMS

To use NARRATIVE to increase the Registrar's understanding of the patient's experience and the "person behind the diagnosis".

OBJECTIVES

By the end of the session the registrar will have

- 1) Read "The Blizzard" by Mikhail Bulgakov
- 2) Read the narrative "Life after a mastectomy" by Veronique Mistiaen
- 3) Discussed patient uncertainty, the effects of illness on the family, patients reaction to potential death, lack of resources, doctor fear, duty, the fact that doctors have feelings, the importance of reflection after a significant event, lack of resources.

PREPARATION

The Registrars will be asked to read "The Blizzard" before the session

SESSION PLAN

Re-read "The Blizzard"

Split into groups and write down the relevance to our working lives.

Report back and discuss with main group.

Tea

Read "Life after Mastectomy".

Discuss the many issues which arise from this very personal patient narrative.

If we have time I will give the groups different scenarios eg a 50 year old man with an inferior MI on a trolley. His wife and daughter are with him. The groups will be asked to come up with the "most interesting story" about this family and what the father's illness will mean to them. The more outlandish the better. This will give the groups a better understanding of the real people behind an illness

Curriculum mapping

3 Personal and Professional responsibilities

10.1 Women's health

12 Care of people with Cancer and Palliative care

7 Care of Acutely Ill People

1 Being a general Practitioner

RESEARCH AND ACADEMIC ACTIVITY

SUBJECT TITLE

RESEARCH AND ACADEMIC ACTIVITY

TRAINER:

Dr John Jewitt

LEARNING OUTCOMES

Aim:

To consider the impact of research and academic activity on our lives as GPs.

Objectives:

By the end of this session we will have:

1. Considered the meaning of research and academic activity.
2. Considered different types of study design.
3. Considered the hierarchy of evidence.
4. Practiced developing a research question and considered appropriate study designs.

CURRICULUM STATEMENTS COVERED

3.6

PLAN

1st half session

Small group work to consider how research and academic activity affects us day to day.

Review of study designs and when they are best used.

Develop a hierarchy of evidence.

Mini quiz - Review some old MRCGP questions.

2nd half session

Small group work to develop a research question- needs to be given some thought prior to session (homework).

Groups to consider appropriate study design for each question.

Feedback

TEACHING, MENTORING AND CLINICAL SUPERVISION

SUBJECT TITLE

TEACHING MENTORING AND CLINICAL SUPERVISION

TRAINERS/PRESENTERS

Dr John Jewitt

LEARNING OUTCOMES

AIMS

To consider the importance of having the ability to teach in our careers

To raise awareness that this is actually on the RCGP curriculum and mentioned in the GMC good medical practice information.

OBJECTIVES

1. To recognise that the ability to teach is an important part of our lives as GPs and that many generic skills used in general practice may help us to teach.
2. Be able to list theoretical methods of teaching and recognise when they are used.
3. Understand when adults learn best.
4. Be able to think about when group teaching might be used and recognise Tuckman's model of group development.
5. Be able to recognise the differences between aims, objectives and outcomes and form a basic lesson plan.

Resources-

RCGP curriculum statement 3.7

www.learningandteaching.info/teaching

TEACHING STRATEGIES:

PowerPoint

Small group work

CURRICULUM STATEMENTS COVERED

3.7

SESSION PLAN

Time	Activity	Aids
2pm	Welcome and Introductions	
2.05 pm	Teaching: a mixture of lecture and small group exercises covering teaching methods, principles of adult and self-directed learning and theory relating to groups	PowerPoint
3.30pm	Tea	
3.45pm	Mentoring and Clinical Supervision	
4.30pm	Feedback and Summary	

SEXUAL HEALTH

SESSION 1

SUBJECT TITLE

CONTRACEPTION

TRAINERS/PRESENTERS

Dr Peter Lavelle

Dr Paul McGowan

LEARNING OUTCOMES:

AIMS:

To revise the wide variety of contraceptive choices now available

OBJECTIVES:

By the end of this session we will have

1. Heard a lecture about the variety of different contraceptive methods available
2. Studied several different cases in order to practice putting this theory into action.

TEACHING STRATEGIES:

PowerPoint presentation

Large Group discussion

Case studies in small groups

CURRICULUM STATEMENTS COVERED

11 and 10.1

SESSION PLAN

Time	Activity	Aids
2pm	Introduction and agenda setting	
2.10pm	PowerPoint presentation and large group discussion to revise different contraceptive methods	PowerPoint
3.15pm	Tea	
3.30pm	Case studies in small groups	Case studies and flipcharts
4.30pm	Summary and feedback	

SESSION 2

SUBJECT TITLE

Termination, Adoption and Fostering.

TRAINERS/PRESENTERS

Dr Peter Lavelle

Dr Paul McGowan

LEARNING OUTCOMES:

AIMS:

To increase knowledge of adoption fostering and termination of pregnancy

To discuss related ethical and wider social issues

To explore the role of the GP

OBJECTIVES:

At the end of the teaching session the GP registrar should be:

1. Able to discuss the differences between adoption and fostering
2. Aware of the types of children in care and list reasons why
3. Able to describe why fostered children have poor outcomes and list those negative outcomes
4. Be able to describe the fostering and adoption process and the role of the GP
5. Aware of possible ethical issues relating to these processes and legal obligations (e.g. regarding private fostering)
6. Able to describe recent TOP trends in the UK especially regarding teenage TOP
7. Able to list the five categories of legal TOP in the UK
8. Be aware of legal obligations when referring a woman for a TOP
9. Describe the ethical issues that can arise when a woman has an unwanted pregnancy
10. Aware of the wider national debate about teenage health and happiness and pregnancy rates

TEACHING STRATEGIES:

Interactive Power point presentation with handouts

Small group work

Case studies and scenarios

PREPARATION:

Most preparation by trainer

Registrars were not set preparatory work

CURRICULUM STATEMENTS COVERED

10.1,11 and 8

SESSION PLAN

Time	Activity	Trainer	GPR	Aids
14.00 – 14.30	Interactive Power point presentation on adoption and fostering	Presentation	Interaction	Laptop and projector
14.30-15.00	Small group work with set case scenarios	Facilitation	Small group discussion – groups of 5/6	
15.00-15.15	Feedback from small groups	Facilitation	Feedback and general group discussion	
15.15-15.30	COFFEE			
15.30-16.00	Interactive Power point presentation on TOP	Presentation	Interaction	Laptop and projector
16.00-16.20	Small group work with set case scenarios	Facilitation	Small group discussion – groups of 5/6	
16.20 – 16.40	Feedback from small groups Feedback Summarise and close	Facilitation	Feedback and general group discussion	Feedback form

SESSION 3

SUBJECT TITLE

ANTENATAL, INTRAPARTUM AND POSTNATAL CARE

TRAINERS/PRESENTERS

Dr Peter Lavelle

Dr Paul McGowan

Guest midwife

LEARNING OUTCOMES:

AIMS:

To examine the role of the GP in modern day obstetric care

OBJECTIVES:

By the end of this session we will have:

1. Heard how pregnancies are managed within the community
2. Discussed the management of common obstetric problems which may present to a GP

TEACHING STRATEGIES:

Interactive presentation from guest midwife

Case Studies of common obstetric presentations

CURRICULUM STATEMENTS COVERED

11 and 10.1

SESSION PLAN

Time	Activity	Aids
2.pm	Introduction and agenda setting	
2.10pm	Interactive lecture from midwife	PowerPoint
3.15pm	Tea	
3.30pm	Case Studies in small groups	Case studies
4.30pm	Summary and feedback	

SESSION 4

SUBJECT TITLE:

Preconception care and care of special groups

TRAINERS/PRESENTERS

Dr Peter Lavelle

Dr Paul McGowan

LEARNING OUTCOMES:

AIMS:

To increase knowledge of preconception care in general practice and explore the role of the GP

To discuss the care of pregnant women at higher risk in pregnancy and examine the determinants of that higher risk

To discuss CEMACH reports and NICE guidelines for the care of pregnant women

OBJECTIVES:

At the end of the teaching session the GP registrar should be:

1. Able to discuss the main causes of maternal mortality in the developed world and compare these to the developing world
2. Aware of the factors affecting perinatal mortality in the UK
3. Able to list those women at higher risk in pregnancy
4. Able to discuss the most recent CEMACH report
5. List the top recommendations from CMACH and discuss their implications for antenatal care in general practice
6. Be able to describe the care of women at higher risk in pregnancy specifically those women with diabetes and epilepsy
7. Aware that women who are obese and smoke and have deprived backgrounds are at higher risk in pregnancy
8. Describe the ethical issues associated with preconception care and screening
9. Aware of the wider national debate about choice for women with regard to place of delivery and resource implications

TEACHING STRATEGIES:

Interactive Power point presentation with handouts

Small group work

Case studies and scenarios

PREPARATION:

Most preparation by trainer

Registrars were not set preparatory work

CURRICULUM STATEMENTS COVERED

11 and 10.1 and 8

SESSION PLAN

Time	Activity	Trainer	GPR	Aids
14.00 - 14.30	Interactive Power point presentation on maternal mortality and perinatal mortality as well as CEMACH report and recommendations	Presentation	Interaction	Laptop and projector
14.30- 15.00	Small group work with practice scenario re preconception care	Facilitation	Small group discussion – groups of 5/6	
15.00- 15.15	Feedback from small groups	Facilitation	Feedback and general group discussion	
15.15- 15.30	COFFEE			
15.30- 15.40	Interactive Power point presentation on care of special groups in pregnancy	Presentation	Interaction	Laptop and projector
15.40- 16.20	Small group work with set antenatal care scenarios	Facilitation	Small group discussion – groups of 5/6	
16.20– 16.40	Feedback from small groups Feedback Summarise and close	Facilitation	Feedback and general group discussion	Feedback form

PROMOTING EQUALITY AND VALUING DIVERSITY

SESSION 1

SUBJECT TITLE

YOUNG PEOPLE WITH DISABILITIES

TRAINERS/PRESENTERS

Patrick McGowan

LEARNING OUTCOMES:

AIMS:

To discuss the Primary Care Management of young patients with chronic disease

OBJECTIVES:

By the end of this session we will have:

1. Considered the role of carers, self-help groups, voluntary agencies and social services in the management of chronic disease and handicap.
2. Considered the legal aspects of disability including access and discrimination, .with particular reference to GP premises and employment law.

TEACHING STRATEGIES:

Use of PowerPoint presentation with group discussion of various issues relating to the topic.

Small group work exercises

Case based discussions

CURRICULUM STATEMENTS COVERED

Curriculum statements 8, 9; 14, 15.1; 15.7, 15.8, 15.9, 3.4; 4.1

SESSION PLAN

Time	Activity	Aids
2pm -2.05	Introduction	
2.45-3.30	Young disabled	PowerPoint
3.30-3.45	Tea	
3.45- 4.40	Legal aspects of disability	PowerPoint
4.40	Feedback	

SESSION 2

SUBJECT TITLE

Promoting Equality and Valuing Diversity session 2

TRAINERS/PRESENTERS

Dr David White

LEARNING OUTCOMES:

AIMS:

To consider how we as doctors can promote equality and value diversity

OBJECTIVES:

By the end of this session we shall have

1. Defined Equality and Diversity, direct and indirect Discrimination and considered the laws which relate to equality and diversity
2. Considered what is Culture
3. Discussed how we can influence effective consultations with patients of different cultures to our own

TEACHING STRATEGIES:

Lecture

DVD

Small and large group discussions

PREPARATION:

Handout prepared and work sheets

CURRICULUM STATEMENTS COVERED

3.4

SESSION PLAN

Time	Activity	Aids
2pm	Introduction	Handouts
2.05	Ice breaker: where went to school and what names mean	
2.15pm	Presentation about Equality and Diversity and Legal Framework	PowerPoint
2.35	Watch DVD and brainstorm about what is Culture in pairs using worksheet	DVD Flipchart
3pm	Tea	
3.15pm	DVD of a dysfunctional consultation and discussion about the problems	
4.00pm	Review of American research into cross-cultural consultations	
4.15pm	Summary and feedback and Close	Feedback forms

CARE OF PEOPLE WITH LEARNING DISABILITIES

SUBJECT TITLE

CARE OF PEOPLE WITH LEARNING DISABILITIES

TRAINERS/PRESENTERS

Patrick McGowan

LEARNING OUTCOMES:

AIMS:

To consider the Primary Care Management of patients with learning disabilities and chronic disease

OBJECTIVES:

By the end of this session we will have:

1. Discussed issues of capacity and consent.
2. Considered the physical and mental disabilities likely to present in Primary Care.
3. Considered how to improve outcomes in patients with learning disability.
4. Discussed issues surrounding social support, carers, other agencies and respite for this group patients and considered the different problems surrounding schooling, employment etc.
5. To look at the role of primary care and other agencies in this client group.
6. Discussed issues surrounding the consultation in this patient group.
7. Have awareness of prevalence of health problems in learning disability and structure of learning disability services

TEACHING STRATEGIES:

Use of PowerPoint with group discussion of various issues relating to the topic.

Small group work exercises

Case based discussions

PREPARATION:

There is no workbook for these sessions but if you have time, the following are useful resources:

1. Update Magazine, Practitioner magazine.
2. Self-help groups and disability agencies: information available on various web sites
3. Various Department of Health and DWP circulars and web sites.
4. RCGP new curriculum:
http://www.rcgp.org.uk/education/education_home/curriculum/gp_curriculum_documents.a_spx

CURRICULUM STATEMENTS COVERED: 14

SESSION PLAN

Time	Activity	Aids
2pm	Introduction	
2.05	Learning difficulties: definition, causes, presentation	PowerPoint
2.20	Case 1: 18y old living in a children's home, some disinhibited behaviour, epilepsy, what next?	
2.45	Political aspects	PowerPoint
3.30	Case 2: Middle aged man living with mother- has obesity, NIDDM, HT and hyperlipidaemia	
3.45	Tea	
4.00	Why do people with learning disabilities get inferior health care? Strategies- local and national to improve care	PowerPoint
4.20	Case 3: 22y old with suspected testicular cancer refusing to go to hospital	
4.45	Summary, Feedback and Close	Feedback forms

DRUG AND ALCOHOL PROBLEMS

SUBJECT TITLE

DRUG AND ALCOHOL PROBLEMS- sessions 1 and 2

TRAINERS/PRESENTERS

Dr.Charles Cornforth

Aims

- To gain a broad understanding of the nature of addiction and some of the epidemiology of drug use
- To understand the differences between drug use and problematic drug use
- To revise understanding about problematic alcohol use
- To improve understanding of heroin addiction and gain an overview of its treatment.
- To understand health problems associated with heroin addiction, crack cocaine use and cannabis use
- To understand addiction in a socio-cultural context
- To explore some of the negative attitudes towards treating patients with problematic drug use

Objectives

The registrar will:

- State what his/her learning needs are
- Discuss attitudes engendered by treating patients with drug and alcohol problems
- Be able to state factual information learnt in the two sessions
- Have an understanding of the principles involved in psychosocial interventions, principally brief intervention therapies and motivation interviewing
- Be able to describe alternative strategies that might have been effective for the problematic cases discussed

CURRICULUM STATEMENTS COVERED

Curriculum statement 15.3 which you might like to glance through.

PREPARATION

Reading one of the following would be extremely useful

Beamont B (ed) (2004) Care of Drug Users in General Practice. A harm reduction approach
Radcliffe Publishing

Gerada C (ed) (2005) RCGP Guide to the management of substance misuse in primary care. Bell and Bain Ltd, Glasgow

Many relevant papers are published in the BMJ and some in the BJGP. There are specific journals publishing drug addiction work, perhaps the most relevant being 'Addiction'.

You may also wish to revise/ access work summarizing Brief Intervention Therapies. Motivational interviewing is widely used in drug addiction work and has potential benefit in health care where behaviour is problematic (not just drug addiction). Suitable texts, which at some stage you might like to read, include:

Miller W R, Rollnick S (2002) Motivational interviewing, preparing people for change (2nd edition)
The Guildford press, London

Rollnick S, Miller W R, Butler CC Motivational Interviewing in Health Care: Helping patients change behaviour (2008) The Guildford press, London

For the registrars

- I would like you to write down two cases involving drugs or alcohol that have been difficult for you to 'manage' and be prepared to discuss them.
- I would like you to write down what you need to learn about drug addiction problems and be prepared to discuss it. This may be based on your work, reading of the curriculum statements or reading.
- You should have glanced through the curriculum statement referenced in the background.
- You should ideally read one of the main textbooks listed above. If that is not possible, I would like you to read and be prepared to discuss, one paper about drug or alcohol addiction that you have accessed and found interesting.

For trainer

- prepare power point preparations about problematic drug use
- prepare the organisation for either case discussion, discussion of the papers that the registrars have read, and exercises introducing motivational interviewing
- prepare the assessment template

TEACHING STRATEGIES

PowerPoint presentations with discussion.

Small group work exercises, case based discussions and role-play to try out some motivational interviewing type techniques.

ASSESSMENT

The registrar will be asked to write down what they consider the most important learning point, what has gone well in the two sessions, and what might be improved.

SESSION PLANS

Session one

Time	Activity	Aids
2pm –2.05	Introduction	
2.05 –2.45	Presentation of the cases Presentation of learning needs identified by the registrars	
2.45-3.30	Power point presentation (Cornford)	Powerpoint
3.30-3.45	Tea	
3.45-4.30	Discussion of the cases	
4.30-5.00-	Power point presentation	PowerPoint

Session two

Time	Activity	Aids
2pm –2.45	PowerPoint presentation	PowerPoint
2.45-3.30	Exercises to introduce motivational interviewing	
3.30-3.45	Tea	
3.45- 4.30	Discussion of papers read	
4.30-5.00	Discussion of what has been learnt	

CLINICAL ETHICS AND VALUES-BASED PRACTICE

SESSION 1

SUBJECT TITLE

ETHICS- an introduction

TRAINERS

Dr Anne Holmes

Dr Julie Birch

LEARNING OUTCOMES:

AIMS:

To help the registrar identify ethical issues that arise in their day-to-day practice and to demonstrate the moral reasoning on which their decisions are based.

OBJECTIVES:

- Ability to draw on frameworks of moral reasoning to think through the issues and resolve conflicts of values.
- Understanding of the different conceptions of distributive justice that are used in resource allocation debates
- Ability to give morally relevant reasons for decisions that balance individual patient needs with the needs of the wider community.

PREPARATION:

Trainee to read:

BMJ Article “4 principles and scope”

Hippocratic oath and declaration of Geneva

CURRICULUM STATEMENTS COVERED

3.3

SESSION PLAN

Time	Activity	Trainer	Aids
2.00	Presentation	AH	PowerPoint
3.15	tea		
3.30	Case discussions	JB	PowerPoint

SESSION 2

SUBJECT TITLE

LEGAL ASPECTS OF ETHICAL PROBLEMS

PRESENTERS

Julie Birch

Anne Holmes

LEARNING OUTCOMES:

AIMS:

To discuss some of the law relating to some ethical decision making

.

OBJECTIVES:

- Knowledge of the legal framework within which healthcare decisions should be made
- Understanding of the basics of the Mental Capacity Act
- Understanding the framework for decision making in the under 16's.
- Understand the differences between withdrawing and withholding treatment

TEACHING STRATEGIES:

Case presentations on PowerPoint and interactive discussion

PREPARATION:

Trainee to read

Mental Capacity Act Guidance, BMJ learning module

Help the Aged website

Court of Public Protection website

CURRICULUM STATEMENTS COVERED

3.3

SESSION PLAN

Time	Activity	Trainer	Aids
2.00	Case discussion	AH	Powerpoint
3.30	Case Discussions	JB	Powerpoint

SESSION 3

SUBJECT TITLE

Values in Medicine

PRESENTERS

Julie Birch

Anne Holmes

LEARNING OUTCOMES:

AIMS

- To consider the framework of ethical and legal principles within which we work
- To consider the interpretation and application of these principles taking into account the perspectives and values of all those involved
- This knowledge and skill should then be applied across the whole curriculum and into all aspects of clinical, managerial and research practice

OBJECTIVES:

- To recognise the ethical dimensions and the patients values in every clinical encounter
- To understand the nature of values
- Recognise personal values and how they affect decision making
- To consider the limitations of EBM
- To understand how we use intuitive deductive reasoning
- To recognise the equal contribution of values based medicine

TEACHING STRATEGIES:

- 1st half - Power point presentation with interactive components
- 2nd half – Group case based discussions

PREPARATION:

- Trainer to prepare presentation
- None by trainees

CURRICULUM STATEMENTS COVERED

3.3

SESSION PLAN

Time	Activity	Trainer	Aids
14.00	Presentation	Dr Julie Birch	Laptop and projector
?15.30	Case discussions	Dr Julie Birch	Two flip charts

SESSION 4

SUBJECT TITLE

The ethics of scarce resources and public health programmes

TRAINERS/PRESENTERS

Dr Chris Ditchburn

LEARNING OUTCOMES:

AIMS:

To encourage GPRs to think about their daily practice, how each clinical decision has an attached financial element, and how difficult it is to allocate resources and to design public health programmes.

OBJECTIVES:

By the end of this session the GPR will

1. Be able to recognise the ethical issues raised by public health programmes and develop appropriate approaches to their implementation
2. Have an understanding of the different concepts of 'distributive justice' that are used in resource allocation debates
3. Be aware of the obligation to use public resources in a prudent manner to benefit the whole community

TEACHING STRATEGIES:

Quiz, small groups, interactive presentation.

PREPARATION:

Powerpoint presentation by Trainer, nil by GPR.

CURRICULUM STATEMENTS COVERED

3.3

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

HEALTHY PEOPLE: PROMOTING HEALTH AND PREVENTING DISEASE

SESSION 1

SUBJECT TITLE:

Health Inequalities

TRAINERS

Dr Simon Acey

Dr Derek McGlade

LEARNING OUTCOMES:

AIM:

To review the inequalities in healthcare which exist locally and nationally.

OBJECTIVES:

By the end of the session the GPR will:

1. Have been able to analyse and discuss healthcare data
2. Be able to list factors that affect health inequalities
3. Be able to describe national and local interventions to reduce healthcare inequalities

TEACHING STRATEGIES:

PowerPoint presentation

Data analysis

Small group work

Discussion

CURRICULUM STATEMENTS COVERED

5

SESSION PLAN

Time	Activity	Trainer	Aids
2pm	Intro	Acey	PowerPoint
2.15pm	Data analysis	Acey/McGlade	Flipcharts
2.45pm	Presentation	Acey	PowerPoint
3.15pm	Coffee		
3.30pm	Discussion	Acey/McGlade	PowerPoint/flipcharts

SESSION 2

SUBJECT TITLE:

nGMS, HEALTH PROMOTION AND PREVENTING DISEASE

LEARNING OUTCOMES:

AIMS:

To have an understanding of above activities in Practice

OBJECTIVES:

By the end of this session the GPR will have:

1. Knowledge of key messages from Statement 5
2. Knowledge of different types of prevention
3. Awareness of immunisation schedule – S/Es, C/Is
4. Common screening tests in practice
5. Website addresses for Green Book, Screening, etc.

PREPARATION:

Read through topic

Research latest Hot Topics 09 – discussed HPV vaccine

CURRICULUM STATEMENTS COVERED

5

SESSION PLAN

Time	Activity	Aids
2.00	Discuss key messages	
2.10	Primary prevention, IMMS – round robin	
2.30	Screening – Principles and examples	
3.15	Tea break	
3.35	Newborn blood spot screening	
	8/52 check	
4.00	“Hot Topics” in screening	
4.15	Tertiary prevention in CCF/CVA	

SESSION 3

SUBJECT TITLE:

National and Local Health Campaigns

TRAINERS

Simon Acey

Derek McGlade

LEARNING OUTCOMES:

AIMS:

To discuss health promotion campaigns

To think about what is required in practice for a campaign

OBJECTIVES:

By the end of this session we will be able to

1. Demonstrate awareness of campaigns
2. Gain confidence in designing one for practice

TEACHING STRATEGIES:

PowerPoint

Small Group exercise

PREPARATION:

Trainer – Update PowerPoint

None by Trainee

CURRICULUM STATEMENTS COVERED

5

SESSION PLAN

Time	Activity	Aids
2.00 p.m.	Discuss Campaigns	PowerPoint Flip charts
3.00 p.m.	Coffee	
3.15 p.m.	Discuss Smoking Cessation Clinic	PowerPoint Flip charts

SESSION 4

SUBJECT TITLE:

Altering health beliefs and attitudes in the population and the individual

PRESENTERS:

Dr Simon Acey

Dr Derek McGlade

LEARNING OUTCOMES:

AIMS:

To review ways in which health beliefs and attitudes may be influenced

OBJECTIVES:

By the end of the session the GPR should be able to,

1. Describe the health belief model
2. List national and local influences on health beliefs
3. Outline the stages involved in Prochaska and DeClemente's model
4. Consider ways in which they can introduce more health promotion into their clinical work

TEACHING STRATEGIES:

Powerpoint presentation and discussion

CURRICULUM STATEMENTS COVERED

5

SESSION PLAN

Time	Activity	Trainer	Aids
2pm	Discussion	SA/DM	PowerPoint
3pm	Coffee		
3.15pm	Discussion	SA/DM	PowerPoint

PRESCRIBING

SESSION 1

SUBJECT TITLE

Prescribing Scenarios

PRESENTERS

Dr David Anderson

Dr Pav Singh

LEARNING OUTCOMES:

AIMS:

To improve the registrar's grasp of common prescribing dilemmas seen in normal general practice.

To improve knowledge of medicines common to primary care.

OBJECTIVES:

By the end of this session the Registrar will have an

1. Increased confidence and strategies for dealing with difficult prescription requests or conflicts.
2. Awareness of sources of information for medicines.
3. Awareness of the level of knowledge required for medications seen in primary care.

TEACHING STRATEGIES:

Small group exercises – each group to confer for about 10 minutes and then present their answers to the rest of the group.

MCQ – 10 questions for the last 30-40 mins.

PREPARATION:

8 prescribing scenarios based on real life prescribing dilemmas.

These have been put on power point and available in paper for small group work.

SESSION PLAN

Time	Activity	Trainer	Aids
2 hrs 15 mins	Prescribing dilemmas	D. Anderson	Powerpoint
15 mins	Coffee		Kettle !
45 mins	MCQ	D. Anderson	powerpoint
15 mins	Debrief	D. Anderson	
		P. Singh	

SESSION 2

SUBJECT TITLE

Shared care Guidelines

TRAINERS/PRESENTERS

Pav Singh

David Anderson

LEARNING OUTCOMES:

AIMS:

Teach about shared care guidelines

OBJECTIVES:

1. Introduce shared care guidelines.
2. Responsibilities of GPs/Hospital in shared care.
3. Dealing with requests for new drugs from patients/hospitals.
4. Use of unlicensed drugs.

TEACHING STRATEGIES:

Presentations from GP registrars

PREPARATION:

GPSTRs told at first session drug names to find local shared care guidance on and do brief presentation to rest off group on.

SESSION PLAN

Time	Activity	Trainer	Aids
2-5	8 GPSTR presentations on shared care guidelines Also cases presented + topic summary by me	Pawanjit Singh	Screen projector

SESSION 3

SUBJECT TITLE

Prescribing Session 3

TRAINERS/PRESENTERS

David Anderson

Pav Singh

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

2. SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

SESSION 4

SUBJECT TITLE

Prescribing Session 4

TRAINERS/PRESENTERS

David Anderson

Pav Singh

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

3. SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

CARE OF PEOPLE WITH MENTAL HEALTH PROBLEMS

SESSION 1

SUBJECT TITLE:

Depression in Primary Care and Dealing with Challenging Patients

TRAINERS

Raj Selvarajan

Guy Robertshaw

LEARNING OUTCOMES:

AIMS:

- Explore depression in primary care.
- Using real cases explore the “doctors’ feelings” in challenging consultations.

OBJECTIVES:

The GPSTR will:

- Have a better understanding of depression; it’s diagnosis; the screening tools available; and primary care management.
- Understand and appreciate the link between certain chronic diseases and depression
- Explore their feelings in challenging consultations using real case scenarios

TEACHING STRATEGIES:

- Introduction, group rules;
- Brainstormed the GPSTR’s own learning needs/ proposed objectives: using a flipchart
- Watched and reflected upon “art” and depression; using many examples.
- Power point presentation: Depression in Primary Care
- Small group exercise with 4 x real case scenarios: Dr’s feelings explored and shared with whole group.

PREPARATION:

- Loose/ fluid introductory session initially.
- Followed by powerpoint presentation.
- Real cases to explore Drs own feelings and coping strategies.
- Useful websites:
- <http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/depression.aspx>
- <http://www.rcpsych.ac.uk/mentalhealthinformation/therapies/cognitivebehaviouraltherapy.aspx>
- <http://www.patient.co.uk/showdoc/40025272/>

CURRICULUM STATEMENTS COVERED

13

SESSION PLAN

Time	Activity	Trainer	Aids
1400hrs	Intro/Ground Rules	RS/GR	
1410hrs	Brainstorming groups’ objectives	RS/GR	Flipchart
1420hrs	Depression in Primary Care	RS/GR	Laptop/projector
1530hrs	Break		
1545hrs	Case Scenarios	RS/GR	Flipchart

SESSION 2

SUBJECT TITLE:

- Psychosis...how it presents?
- Mental Health Act
- Alcohol Problems in Primary Care

TRAINERS

Raj Selvarajan
Guy Robertshaw

LEARNING OUTCOMES:

AIMS:

- Explore psychosis and the different ways it can present.
- Look at the Mental Health Act and how it is applied in Primary Care.
- Learn more about Alcohol Problems in Primary Care.

OBJECTIVES:

The GPSTR will;

- Have an understanding of how psychosis presents; it's management and the use of local referral pathways; involvement of CMHT etc
- Understand the complex nature of dealing with psychotic and alcohol problems in primary care: using real cases to illustrate this.
- Improve their knowledge of alcohol problems and how to manage them.

TEACHING STRATEGIES:

- Brainstorming.
- Powerpoint presentation(s)
- Real case examples to work thro': small group work.
- Websites of interest:
 - <http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/schizophrenia/schizophrenia.aspx>
 - <http://www.patient.co.uk/showdoc/40024559/>
 - <http://www.patient.co.uk/showdoc/23069111/>
 - <http://www.rcpsych.ac.uk/mentalhealthinfo/problems/alcoholanddrugs.aspx>

PREPARATION:

- Real case examples sought/ sourced by GP trainer
- Powerpoint presentations tweaked.

CURRICULUM STATEMENTS COVERED

13

SESSION PLAN

Time	Activity	Trainer	Aids
1400hrs	Psychosis	RS/GR	Laptop/projector/Flipchart
1420hrs	Mental Health Act	RS/GR	Laptop/Powepoint
1440hrs	Real Case Examples: small groups	RS/GR	Laptop/Paper
1510hrs	Break		
1530hrs	Alcohol Problems. Real Case Examples: Small Groups. Feedback	RS/GR	Powerpoint.

SESSION 3

SUBJECT TITLE:

- Post natal Depression and it's management.
- Bipolar Affective Disorder and it's management in Primary Care.

LEARNING OUTCOMES:

AIMS:

- Explore post natal depression how it presents ...the role of the PHCT...how to manage it.
- Learn about bipolar affective disorder, and how it presents in primary care.

OBJECTIVES:

The GPSTR will:

- Have an understanding of post natal depression, it's management, the use of local resources, the CMHT and PHCT.
- Understand how to assess someone with bipolar disorder and the basics of management.

TEACHING STRATEGIES:

- Brainstorming
- Powerpoint presentation
- Real case examples to work through in small groups.
- Use of University of Newcastle Teaching Resource (CD-Rom)
- Websites of interest:
- <http://www.nice.org.uk/nicemedia/pdf/CG038quickrefguide.pdf>
- <http://www.mind.org.uk/NR/rdonlyres/7ED23EFA-B7E4-4D47-8DF5-1B793F3FB143/0/Understandingpostnataldepression2008.pdf>
- <http://www.nice.org.uk/Guidance/CG45/QuickRefGuide/pdf/English>

PREPARATION:

- Real case examples found
- Powerpoints tweaked
- CD Rom found and watched to pick out appropriate bits.

CURRICULUM STATEMENTS COVERED

13

SESSION PLAN

Time	Activity	Trainer	Aids
1400hr	PND	RS/GR	Powerpoint/Flipchart
1430hr	PND cases, Small Groups	RS/GR	Paper
1500hr	break		
1515hr	BPD: CD Rom	GR/RS	Laptop
1545hr	BPD Cases/Anxiety Management if time!	GR//RS	Paper/ Powerpoint with interactive cases

SESSION 4

SUBJECT TITLE:

- How do we as Dr's deal with a violent patient? (OPTIONAL)
- How do we deal with our own mental health problems and stress?
- Dealing with our own problem cases...what makes them special and difficult to cope with?

TRAINERS

Raj Selvarajan

Guy Robertshaw

LEARNING OUTCOMES:

AIMS:

- Explore how we cope and deal with a violent patient (OPTIONAL)
- Look at how we cope with our own health and wellbeing.

OBJECTIVES:

The GPSTR will:

- Understand what is available locally to help one deal with stress, one's own emotional or work-related problems?
- Understand who to turn to for help in such circumstances?
- Feel more confident in dealing with an aggressive or violent patient(OPTIONAL)

TEACHING STRATEGIES:

- Brainstorming
- Powerpoint
- Small group work
- Websites of interest:
- <http://www.gpchoices.nhs.uk/>
- <http://www.bma.org.uk/ap.nsf/Content/Hubhealthandwellbeing>

PREPARATION:

- Use of internet

CURRICULUM STATEMENTS COVERED

13

SESSION PLAN

Time	Activity	Trainer	Aids
1400hrs	Own Problem Cases	RS/GR	Presentation using computer/projector
1430hrs	Small Group Work: Own health and wellbeing.	RS/GR	Computer/Internet
1500hrs	Break		
1530hrs	Violent Patients.	RS/GR	Powerpoint
16.30hrs	Feedback and Close		

CARE OF OLDER ADULTS

SESSION 1

SUBJECT TITLE

INTRODUCTION TO BLOCK
DEMENTIA

TRAINERS/PRESENTERS

Anne Blandford
Liz Budge

LEARNING OUTCOMES:

AIMS:

To consider the care of dementia patients and their families

OBJECTIVES:

By the end of this session we will have

1. Identified the group's learning needs
2. Considered the diagnosis and management of patients with dementia
3. Practised assessment tools for dementia
4. Considered the role of the carer for dementia patients
5. Discussed appropriate prescribing
6. Practised difficult conversations with dementia patients and carers

CURRICULUM STATEMENTS COVERED

9

SESSION PLAN

Time	Activity	Aids
2pm	Welcome and Introductions	
2.10pm	Something special or a precious memory about an elderly relative or friend. The sort of thing that makes you smile just thinking about it. (Sharing in threes) Brain storm positive words then negative words about care of the elderly. (on flip charts) Issues involved in the care of the older adult Brainstorm ideas of the issues involved – clinical, social, cultural Defining learner needs Pick out of these the ones you feel you need to learn most about Session plan and timetable	
2.30pm- 3.30pm	Quiz Do individually and get answers at the end Define dementia and incidence Incidence Dementia currently affects over 750 000 people in the UK. By 2010 there will be an estimated 870 000 people with dementia in the UK rising to 1.8 million by 2050. About 6% of people aged over 65 and 30% of people over 90 years have some form of dementia.	

	<p>Case studies Divide into groups if enough people. History Examination Investigations (including why you are doing them)</p> <p>Plenary Discuss the cases Look at assessment tools – MMSE, 6 CIT, Addenbrooke’s Cognitive Examination (copies of each for each person) and try them on each other to see how the tools work.</p>	
3.30	Tea	
4 pm	<p>Treatment Non drug treatments – evidence for Drugs treatments – controversies surrounding this</p> <p>Care of the carers Organisations that can help Social services Age Concern Alzheimer’s society Local carers groups</p> <p>Role play Driving Relatives who cannot cope any more “something must be done” Handouts</p> <p>Quiz answers List of references</p>	
4.50pm	Feedback	

SESSION 2

SUBJECT TITLE

Falls

Stroke and TIA

TRAINERS/PRESENTERS

Anne Blandford

Liz Budge

Yvonne Cheung Community Falls Co-ordinator North Tees PCT

LEARNING OUTCOMES:

AIMS:

To increase knowledge of services available aimed at reducing falls and providing treatment and rehabilitation in older people

To be able to provide appropriate and timely access to integrated stroke care for patients

To be able to support patients and carers living with the effects of stroke

OBJECTIVES

Be aware of provision and scope of falls service and how to access

Be able to implement NICE guidelines on stroke and TIA in the consultation

Know how to find information about stroke for patients and carers

PREPARATION:

NSF for Older People May 2001

NICE guidance Clinical Guideline 21 on Falls: The assessment and prevention of falls in older people [November 2004]

NICE Guidance Clinical Guideline 68 on Stroke [July 2008]

www.stroke.org.uk

CURRICULUM STATEMENTS COVERED

9

SESSION PLAN

Time	Activity	Aids
2pm	Yvonne Cheung Community Falls Co-ordinator North Tees PCT Talk on her role with information about similar services in other local PCT areas	
3pm	Tea	
3.30pm	Stroke and TIA Presentation of key points of NICE guidance on stroke and TIA Work through scenarios on how to apply the guidance in the consultation Reference to NICE guidelines local service provision dilemmas of applying guidelines to elderly people v age discrimination	

SESSION 3

SUBJECT TITLE

The role of the community matron

TRAINERS/PRESENTERS

Anne Blandford

Liz Budge

Community Matrons QPMC John Campbell and Sharon Yawson-Lowe

AIMS:

To increase knowledge about why there are community matrons and what they do

To consider some of the challenges of managing multiple morbidity in older people

OBJECTIVES

Be able to make appropriate referral to the community matron

To be able to access support in managing the complexity of providing holistic care to the older adult

CURRICULUM STATEMENTS COVERED

9

SESSION PLAN

Time	Activity	Aids
2pm	Community Matrons presentation and discussion about the introduction of the role of community matron, what it is hope they will achieve, what they do etc	
3pm	Tea	
3.30pm	Interactive presentation of patient case history showing how Community Matron case manages in practice.	

SESSION 4

SUBJECT TITLE

ELDER ABUSE

TRAINERS/PRESENTERS

Anne Blandford

Liz Budge

LEARNING OUTCOMES:

AIMS:

To be able to recognise elder abuse and to know what to do if you suspect it

OBJECTIVES:

By the end of this session we will:

1. Have defined elder abuse
2. Studied several case scenarios
3. Discussed recognition and management

TEACHING STRATEGIES

Large group plenary

CURRICULUM STATEMENTS COVERED

9

SESSION PLAN

Time	Activity	Aids
2pm	Introduction	
2.10pm	Video clip: Joan's surgery	Video player
2.25pm	Definition of elder abuse Where? Who? Prevalence	
2.45pm	Case scenarios- in small groups matching the scenarios with the forms of abuse	
3.15pm	Tea	
3.45pm	How do you know if a person is being abused? What should you do if you think someone is being abused? Help the Aged Handout	
4.30pm	Summary and close	

CARE OF PEOPLE WITH CANCER AND PALLIATIVE

CARE

SESSION 1

SUBJECT TITLE

Care of People with Cancer and Palliative Care

TRAINERS/PRESENTERS

Tracey Whiteman
Peter Jones

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

12

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

SESSION 2

SUBJECT TITLE

Care of People with Cancer and Palliative Care

TRAINERS/PRESENTERS

Tracey Whiteman

Peter Jones

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

12

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

SESSION 3

SUBJECT TITLE

Care of People with Cancer and Palliative Care

TRAINERS/PRESENTERS

Tracey Whiteman

Peter Jones

LEARNING OUTCOMES:

AIMS:

.

OBJECTIVES:

TEACHING STRATEGIES:

PREPARATION:

CURRICULUM STATEMENTS COVERED

12

SESSION PLAN

Time	Activity	Trainer	Registrar	Aids

HOT TOPICS

SUBJECT TITLE

Hot topics – 4 half day release sessions

PRESENTERS

Dr Albert Cole

Dr Dave Anderson

LEARNING OUTCOMES:

AIMS:

These sessions will help GPStRs to understand the importance of ‘keeping up to date’ in their day to day work.

OBJECTIVES:

For GPStRs to develop and practice their ‘reflective’ skills

For GPStRs to use their IT ‘search’ skills in identifying relevant papers and topics

For GPStRs to practice their interpersonal group skills

For GPStRs to be able to challenge current policy and guidance.

TEACHING STRATEGIES:

Small group work

Mini presentations

Open discussions

Possible ‘debate’

PREPARATION:

By the nature of the matter and subjects covered over the 4 sessions full preparation of each session will be ongoing following the initial session that takes place upon 29th April 2009

The aim will be that the GPStRs will have some preparatory work for each of the following sessions

Possible topics that we have already thought of include:

Revalidation/recertification etc

Darzi and the future NHS

Chronic Kidney disease

Type II Diabetes and its management in general Practice.

HPV immunisation

? Childhood obesity

SESSION PLAN

This is a proposed outline of session 1

Time	Activity	Trainer	Aids
14.00	Introduction Baggage Drop	AC, DA	Projector
14.20	Individual work – task to think of 1 hot topic	AC DA	
14.30	Open group discussion to agree subjects		
14.50	Task delegation for the following 3 sessions		
15.10	Break		
15.30	Present prepared topic ? CKD	DA	Powerpoint
16.30	Feedback and reflection on the session	AC DA	
16.45	Finish		

PBL Handbook for CO facilitated component of the HDR

What's PBL and why are we including it? The rationale for Problem-Based Learning

Problem-based learning (PBL) is used in the programme because it brings several benefits.

- It gives an experience of relating academic learning to the solution of real-life problems of a type that clinical psychologists may face in their working lives.
- It fits more closely than many educational processes with the development and exercise of core competencies and their assessment.
- It encourages cooperation with peers rather than competition, much as is required with colleagues in NHS settings.
- It allows learners to practice skills in running and participating in meetings, much as qualified professionals do in the NHS and other settings.
- It is learning focussed and exploratory rather than teaching focussed.
- It gives the responsibility of learning to the learners rather than a teacher.
- It encourages the development of capability rather than requiring the rote learning of knowledge, thus arming individuals with the skills to solve new and different problems later.
- It develops skills in strategic learning and the presentation of solutions to others.

What resources do you have for PBL?

Groups

You will be allocated to small groups. The group membership will remain the same throughout the block, so that you experience the benefits of continuity and learn to work together. You will also have the opportunity to undertake a number of different roles and tasks in the group at different times, so that you can both develop your strengths and practice new skills.

Facilitators

Each group will be allocated a facilitator. They will join in discussion as they feel is appropriate to assist you with the process, but will not give contribute specific content. Indeed, their areas of expertise may well be distant from the content of the problem under consideration.

Facilitators will have two main roles, questioning and guiding. They will not lead the group and at times they may remain quietly in the background. However, they may at times do some of these:

- Help with the initial exploration of the problem
- Help the group consider the tasks it needs to undertake
- Facilitate discussion on how to best use the resources available
- Help the group remain aware of deadlines
- Encourage planning ahead and strategic thinking
- Offer the opportunity for rehearsal of presentations
- Offer feedback on the process
- Help the group consider and overcome barriers to the group's process

Although the aim is to cooperate on these tasks, life is not always smooth. It will be helpful to generate **ground rules** at the start or to adopt those you devised as a cohort at the start of the Programme. Your facilitators will comment if they notice you are struggling as a group and may be

able to help if difficulties arise. However, you may find it is more useful to raise issues yourselves in the meetings with your facilitators as you become aware of them. Your facilitator however is not responsible for the difficulties a group or individual has in completing the assignment, only for trying to help the group members understand what is getting in the way of their capacity to do good work.

Paperwork

At the start of the year, you will each have a copy of this manual, which will be on the website. You will also for each exercise, be given a copy of the problem for discussion during the initial meeting. There will be a session on participating in meetings during the introductory teaching.

It will be useful to you to keep a record of your meetings- **minutes**. This will allow you to:

- Keep track of process
- Allocate tasks and check who is doing what by when
- Complete your record of the group method and process in your individual report
- Share details of the process with your facilitator

One way of managing this is likely to be through the scribe or chair for that meeting emailing the notes for the meeting to each member and to the facilitators. The notes will be most useful if they include:

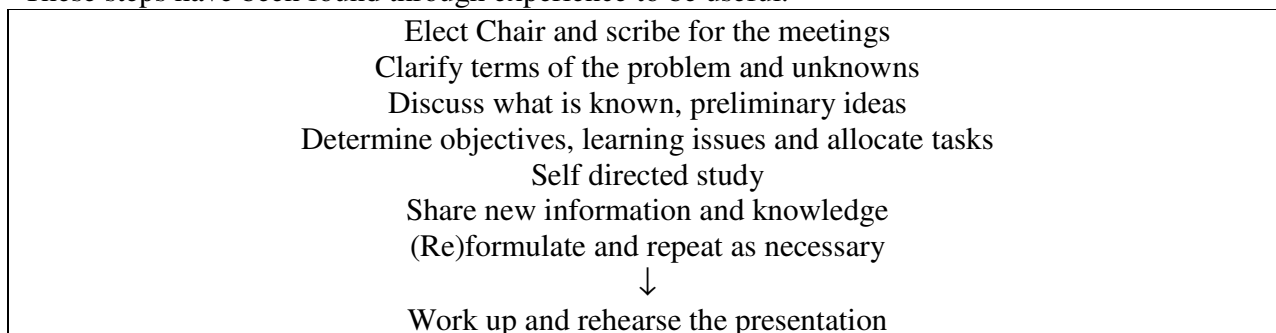
- Who was there
- Summaries of discussions
- Decisions made
- Tasks allocated to whom
- Deadlines
- Actions agreed

It may also be worth considering one of the various ways of setting up an electronic group. You are also able to meet or communicate with each other and even your facilitators through email, etc, between the facilitated meetings.

A record of your discussions and your reflection on the learning is also an important element of your eportfolio.

Group processes

These steps have been found through experience to be useful.



Teaching

The aims of PBL are that you learn for yourselves. The PBL exercise will be concerned with a primary care related issue, so that, although it is unlikely that every relevant area will be covered. It may be that you identify individuals to whom you wish to speak. Under these circumstances, if you do approach someone, and in particular, someone who offers a teaching session, please be considerate of their situation and recognise that if they do help you, they will be acting out of generosity. Please coordinate any approaches so that no single person is faced, however unwittingly, with a barrage of requests.

Assessment

Assessment will take two forms.

- The first is through a group presentation/feedback on presentation.
- The second is a report compiled by each individual and entered in their eportfolio learning log

Presentations

The members of each group will offer a short description of the way they tackled the PBL exercise and the outcome. As it is a group presentation, it will be important to consider how best to involve group members. Any handouts, PowerPoint presentations, posters and reading lists/ websites used should be included in the assessment.

Handouts should be a summary of important points- not something to read from- they should point colleagues to other sources.

The Assessment Report for your eportfolio learning log

This will contain:

- A summary of your answer to the PBL problem
- A critical appraisal of that solution
- A record of the process of your group's activity
- A reflective component.

You may find it easiest to structure your report into these four sections.

A copy of the materials used in the presentation can be included with the appendices of the individual report.

Failing and absences

Attendance at the presentation is required from all Registrars. Any anticipated absence from the presentation needs therefore to be negotiated with group and facilitator in advance. If a Registrar is absent from any timetabled part of the PBL programme, the office needs to be informed, in the same way as is expected for other teaching.

And a final word-

This is meant to be an interesting and creative way of learning

Previous cohorts suggest:

Meetings

Revisit the issue of roles between exercises

Set a realistic timetable for the tasks and review it if a deadline slips

Reflect on the process regularly

To minimise social loafing, delegate responsibility to individuals, set up goals and deadlines, promote cohesiveness

Make sure that everyone feels their views are heard

Review progress regularly

Work tasks

Email contact and electronic resources can be helpful between meetings

Emailing in comments and views in advance of a missed meeting can save lots of time

Devise a strategy for managing the literature searching

Talk to colleagues e.g. on placement

Prepare the presentation well in advance so that you can ask your facilitator to give feedback on a rehearsal

Handouts make it possible to demonstrate the work behind the scenes

Don't rely on just downloading information from the net!

Presentation

There may be a need to risk stepping on others' toes to get to the best presentation, but it does everyone in the group a service to get that presentation right

Realise that there will be times that work may not be included in the presentation even if it was important to do it

Check pacing- regulate the speed of your talk

Use spell check on the PowerPoint slides

Make any slides short and legible

Be careful not to over or misinterpret the information given

Be careful of stereotyping in clinical cases

Highlight areas of future learning need

ePortfolio Learning Log report

This is your record and assessment of your learning

It is as good and as complete as you make it

The better your eportfolio the more likely you are to complete training satisfactorily

It will be reviewed by your educational supervisor and your trainers

With acknowledgment to Carol Martin and David Green in the Academic unit of Psychiatry and Behavioural Sciences & School of Psychology University of Leeds for their kind permission in allowing us to modify their original Manual

Appendix 1 shows the topics to be covered in the half day release

PBL presentations assessment form: individual self-appraisal form

Name:
Date:

PBL Exercise:

Give at least 3 learning points:	What unmet needs have I found:
What further learning do I need to do:	What was my personal contribution to the group:
What are the group views on my contribution:	

Appendix 1 Aims and Objectives for PBL Sessions

A handbook is provided introducing the GP Registrar to the PBL process.

The aims and objectives are mapped where relevant to the RCGP Curriculum documents.

http://www.rcgp-curriculum.org.uk/rcgp_gp_curriculum_documents.aspx

[http://www.rcgp-](http://www.rcgp-curriculum.org.uk/rcgp_gp_curriculum_documents/gp_curriculum_statements.aspx)

[curriculum.org.uk/rcgp_gp_curriculum_documents/gp_curriculum_statements.aspx](http://www.rcgp-curriculum.org.uk/rcgp_gp_curriculum_documents/gp_curriculum_statements.aspx)

The First Six Months

ENT and Facial Problems

Aims: to improve knowledge of ENT problems as they relate to general practice

Objectives:

- Manage primary contact with patients who have an ENT or facial problem - page 6 RCGP ENT and Facial Problems:
- http://www.rcgp-curriculum.org.uk/PDF/curr_15_4_ENT_&_facial_problems.pdf
- Identify symptoms that within the range of normal and require no treatment e.g. cyclical blocking of nose, senile rhinorrhoea, small neck lymph nodes in well children.
- Explain the indications for appropriate referral to an ENT specialist e.g. recurrent tonsillitis (current guidelines are to refer if more than five attacks in two years or recurrent quinsy), ear drum perforations (pars tensa are safe, whereas pars flaccida are unsafe).
- Utilise knowledge of the relative prevalence of ENT problems to assist diagnosis.
- Describe the alarm symptoms for head and neck cancer e.g. hoarseness persisting for more than 6 weeks, ulceration of oral mucosa persisting for more than 3 weeks.
- Understand the likely outcomes of tests e.g. ear swabs after multiple antibiotic courses always grow pseudomonas.
- Describe ENT presentations of systemic diseases e.g. GORD, CVA, AIDS

Methods: External Speaker

Equipment: Whiteboard, powerpoint

Eye Problems

Aims: to increase knowledge of common Eye problems presenting in general practice

Objectives:

- Manage primary contact with patients who have an eye problems - page 5 RCGP Eye Problems:
- http://www.rcgp-curriculum.org.uk/PDF/curr_15_5_Eye_problems.pdf
- Make timely appropriate referrals on behalf of patients to specialist services
- Promote visual well-being by applying health promotion and disease prevention strategies appropriately.
- Describe strategies for early detection of eye problems that may already be present but have not yet produced symptoms

Methods: External Speaker

Equipment: Whiteboard, powerpoint

Rheumatology & conditions of the musculoskeletal system

Aims: to increase knowledge of musculoskeletal disorder as they present in general practice

Objectives:

- Manage primary contact with patients who have a musculoskeletal problem page 6
Rheumatology & conditions of the musculoskeletal system:
- http://www.rcgp-curriculum.org.uk/pdf/curr_15.9_Rheumatology_and_Musculoskeletal_System2.pdf
- Explain the aetiology and natural history of common and important musculoskeletal conditions.
- Describe the roles of the primary health care team, allied health professionals, complementary therapists and secondary care (e.g. in shared care protocols), and referring to them appropriately.
- Describe the indications for referral within a suitable timeframe to the most appropriate healthcare practitioner (e.g. GPwSI, physiotherapist, podiatrist, osteopath, chiropractor, orthopaedic surgeon, and rheumatologist).

Methods: External Speaker

Equipment: Whiteboard, powerpoint

Skin Problems

Aims: to increase knowledge of skins diseases presenting in general practice

Objectives:

- Manage primary contact with patients who have a skin problem – Page 6 Skin Problems:
- http://www.rcgp-curriculum.org.uk/PDF/curr_15_10_Skin_problems.pdf
- Work with patients to empower them to look after their own health and take responsibility for managing their skin problems.
- Promote skin well-being by applying health promotion and disease prevention strategies appropriately including sun protection, occupational health advice and hand care.
- Co-ordinate care with other primary care health professionals, dermatologists and other appropriate specialists, leading to effective and appropriate acute and chronic disease management including prevention and rehabilitation.
- Make timely appropriate referrals on behalf of patients to specialist services, especially to rapid access pigmented lesion (sometimes called skin cancer, mole or melanoma) clinics.

Methods: External Speaker

Equipment: Whiteboard, Powerpoint

Audit

Aims: to increase knowledge of audit and its applications in general practice

Objectives:

- To understand the Audit cycle
- To be able to define a Criteria and Standard
- Be able to show use of Teamwork in an Audit Project
- Understand the principles behind data collection
- Conduct a clinical audit
- To be aware of the COGPED standards for audit

The aims and objectives of this session are based upon the RCGP Curriculum document ‘Clinical Governance’:

http://www.rcgp-curriculum.org.uk/PDF/curr_3_1_Clinical_Governance.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_2_Patient_safety.pdf

Ability to perform a satisfactory audit is a requirement of satisfactory completion of training-this half-day release session is used to discuss progress with individual audits.

Equipment: Whiteboard, powerpoint

Consultation and Video analysis

Aims: to improve consultation skills

Objectives:

- Improve consultation Skills
- To have awareness of the variety of consultation models
- To be aware of the various forms of video assessment tools
- To understand how patients should be consented for videoing within the consultation.

The aims and objectives of these sessions are based upon the RCGP Curriculum document ‘The General practice Consultation’

http://www.rcgp-curriculum.org.uk/PDF/curr_2_The_GP_Consultation.pdf

Method: Two stand-alone sessions using GPRs video of consultations for discussions.

Equipment: Video/ DVD TV combination, whiteboard

Critical appraisal

Aim: to improve knowledge of critical appraisal and evidence based practice

Objectives:

- To be able to define specific Critical Appraisal terms
- Be able to discuss why we practice evidence based practice
- Be aware of the mechanism of appraising a clinical paper for validity and importance

The aims and objectives of this session are based upon the RCGP Curriculum document 'Evidence Based Health Care'

http://www.rcgp-curriculum.org.uk/PDF/curr_3_5_Evidence_based_health_care.pdf

Method: Two stand alone sessions- external resource

Equipment: Whiteboard, Powerpoint, Handouts?

Team Work

Aims: to improve understanding of teamworking in the primary care setting

Objectives:

- Describe the roles of all members of the primary care team
- Demonstrate the ability to co-ordinate a team-based approach to the care of patients
- Demonstrate the ability to be an effective member and leader of a team
- Understand the role of team dynamics in the functioning of an organisation
- Describe strategies for effective communication within the practice organisation
- Evaluate own preference for role within teams and in interaction with others
- Delegate tasks effectively

The aims and objectives of this session are based upon the RCGP Curriculum document 'Management in Primary Care'

http://www.rcgp-curriculum.org.uk/PDF/curr_4_1_Management_in_Primary_Care.pdf

Method: **PBL session**

You get a phone call one day from the daughter of one of your patients. Her mother had been discharged from hospital following the diagnosis of inoperable Lung cancer 3 days earlier. She tells you the Ward sister said the district nurse would visit the following day. No one has come. She is asking for help as her mother lives alone and she has to return south herself shortly

Equipment: whiteboard

Life-Long Learning

Aims: to improve use of personal development plans and identifying learning needs

Objectives:

- Understand the principles of life long learning
- Practical issues of identifying learning needs
- How to develop and write a PDP
- Understand how to assess if you have met the aims of your own PDP.

The aims and objectives of this session are based upon the RCGP Curriculum document 'Teaching, mentoring and Clinical supervision'

<http://www.rcgp->

[curriculum.org.uk/PDF/curr_3_7_Teaching_Mentoring%20Clinical_Supervision.pdf](http://www.rcgp-curriculum.org.uk/PDF/curr_3_7_Teaching_Mentoring%20Clinical_Supervision.pdf)

Method: PBL Session (preparatory work – GPR's to bring their own PDP for each job from ePortfolio and commence completion of appraisal documents and log- see NHS appraisal toolkit).

Taken from 'Knots' by Laing 1970

'There is something I don't know that I am supposed to know.

I don't know what it is I don't know and yet am supposed to know

I feel you know what I am supposed to know, but you can't tell me what it is, because you don't know that I don't know what it is.'

How do you identify and meet your own learning needs ?

Equipment: Whiteboard, Example PDP

Uncertainty and Stress and the Complaint

Aim: to improve knowledge of complaints and how to handle them

Objectives:

- Identify the sources of stress/Uncertainty in daily work
- Know how we identify stress in ourselves or a colleague
- Understand what we can do about stress
- Describe the NHS complaints systems and optimal methods for learning from complaints and dealing with patients

The aims and objectives of this session are based upon the RCGP Curriculum document 'Patient Safety' and 'Clinical governance'

http://www.rcgp-curriculum.org.uk/PDF/curr_3_1_Clinical_Governance.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_2_Patient_safety.pdf

Method:

PBL session

A partner shows you this article from a local paper. You realise that you saw this mother & child 3 days ago. Your partner says "you look pale"

Miracle Baby defies experts

3 hrs after being seen by his GP, baby Carl was rushed into the children's ward of Teesdale general hospital. Doctors on the ward diagnosed meningococcal meningitis. Mum Stephanie aged 18 told our reporter that the Consultant said his chance of survival was less than 50%, however today at home he was laughing and playing with his toys and brother. Stephanie cannot praise the hospital staff enough. "They saved my babies life! I just wish my own Doctor had taken me seriously when I told them he was not well. They have not heard the last of this matter."

Equipment: Whiteboard

Sudden death /Bereavement

Aim: to improve knowledge and skills to deal with sudden deaths and bereavement.

Aims and objectives based on management in primary care and consultation skills.

http://www.rcgp-curriculum.org.uk/PDF/curr_4_1_Management_in_Primary_Care.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_2_The_GP_Consultation.pdf

Objectives:

- Identify The Doctors role in sudden death
- Identify The Doctors role in bereavement
- Understand how doctors communicate bad news
- Understand the role of the Coroner
- Know how and when to complete a death certificate and cremation form

Method: **PBL session**

You have been called to your patient Mr Plant's house by a distraught relative. Upon arrival you find an elderly man collapsed on the bedroom floor. There are no signs of life. The room is untidy.

Equipment: Whiteboard

Ethics and Confidentiality

Aims: to improve knowledge surrounding medical ethics

Objectives:

- Understand how professional ethics relate to a GP's work
- Be aware of the importance of confidentiality
- To have knowledge of the GMC Duties of a Doctor.
- Data protection Act
- Freedom of Information Act
- Implications for patient safety

The aims and objectives of this session are based upon the RCGP Curriculum document 'Ethics and Value Based Medicine'

http://www.rcgp.org.uk/PDF/educ_ethicsAndVBPsfRCGPCouncilDec2005.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_3_Ethics_2006.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_2_Patient_safety.pdf

Method: 2 sessions – traditional tutorial and use of scenarios
learner identified scenarios/ significant events to discuss- 'problem based'

Equipment: whiteboard

The Final Six Months

The Consultation

Aim: to improve consultation skills

The aims and objectives of these sessions are based upon the RCGP Curriculum document 'The General practice Consultation'

http://www.rcgp-curriculum.org.uk/PDF/curr_2_The_GP_Consultation.pdf

Objectives:

- To confirm the level of consultation skills required for independent practice, ePortfolio and WBPA- incl . COT/ CSA
- Understand and be able to apply the important consultation analysis tools (Pendleton, Neighbour, Cambridge Calgary, Berne)
- To use the CC consultation techniques usually and assess with old MRCGP performance criteria

Methods:

- Improve consultation skills by looking at personal videos of consultations
- Role play alternative approaches to achieving goals (eg to achieve PC or manage difficult scenarios)
- Review variety of consultation analysis methods-mini lecture/discussion

Equipment: Video/DVD/TV combination

Medico-Legal Issues

Aims: To appreciate some of the variety /complexity of medico legal issues in practice.

Based on curriculum statements on ethic and values based practice and patient safety

http://www.rcgp-curriculum.org.uk/PDF/curr_3_3_Ethics_2006.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_2_Patient_safety.pdf

Objectives:

- Discuss and explore our personal attitudes to specific Medico legal Scenarios
- Be aware of the GMC/ Defence Union position on the scenarios
- The Role of the GMC and Defence unions
- Understand the concept of ‘Gillick/Fraser competency’
- Understand the roles and forms of consent available in the NHS

Methods: Enact a complaint scenario

Consenting patients to procedures- minors ops, cryotherapy, joint injections, intimate procedures.

Role play-“A 14-year-old girl attends surgery. She requests the ‘morning after pill’.”

Choice in the NHS v paternalism

Equipment: Whiteboard/flipchart

Stress/sick doctor

Aim: to increase awareness of health issues for medical practitioners

Objectives:

- To increase understanding and awareness of a Doctors Personal needs
- Identify the sources of stress/Uncertainty in daily work
- Know how we identify stress in ourselves or a colleague
- Understand what we can do about stress
- To be able to identify personal and colleagues ill health and the organisation available to help
- Understand the help available for a ‘sick doctor
- How to access medical help as a GP (Physical and psychological).
- Understand how ill health may affect a doctors career
- Describe the codes and standards that apply to general practitioners and primary care - professional, regulatory, NHS, legal and other [e.g. local] standards, clinical and professional conduct
- Describe the accountability of a GP
- Describe how the performance of a GP and a practice might be defined and assessed

Methods: PBL session with self directed learning objectives

Equipment: Whiteboard/flipchart

GP Choices flyer

“It is 8.30 on a Monday morning; you get a message from reception that Dr Stevens has phoned in sick. This is the third time this has happened in 2 months.”

The aims and objectives of this session are based upon the RCGP Curriculum document 'Patient Safety', 'Ethics and values based practice' and 'Clinical governance'

http://www.rcgp-curriculum.org.uk/PDF/curr_3_1_Clinical_Governance.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_3_Ethics_2006.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_2_Patient_safety.pdf

Selecting a practice

Aim: to develop knowledge and skills applicable to the job market

Objectives:

- To increase awareness of the factors to consider in practice selection
- Provide an opportunity to review CVs
- To review the process of seeking a new partner/employees- job descriptions, advertising, shortlisting and interviewing
- To provide interview experience via role play

Method:

Group activity identifying factors

Small groups to design advert/ job description

Examine individual CVs, covering letter and application for job and consider as part of shortlisting process

Mock interview- role play

Equipment: Adverts from BMJ careers section, Flipchart/whiteboard.

Career choices

Aim: to explore the diversity of occupations after completion of VT

Objectives:

- To increase awareness of careers after vocational training
- To understand GMS/PMS/APMS working
- To be aware of the difference between salaried and self employed status
- To consider career start/ Locum / part time work
- To understand the 'portfolio career' and career development

Method: PBL session

Equipment: Whiteboard/flipchart

“Doctors as much as patients, are reassessing what is important for them in a changing world. This refocusing involves both home and workplace and beyond. The traditional stereotype of the General Practitioner- white, male and career dominated, expected to fulfil certain expectations of self and patients is under review.

The old dominance of a particular medical career may be passing, and multiple choices and opportunities will be present. This is the world of the GP tomorrow

*GP Tomorrow:
Edited by J Harrison
T van Zwanenberg
Radcliffe Medical Press
1998”*

Practice accounts

Aim: to have basic understanding of practice accounting processes

Objectives:

- To gain an understanding of the Taxation system if self employed/salaried
- To understand the basics of partnership accounts and personal liability
- To be aware of Personal Tax claims/Practice tax claims

Method: resourced session using mock accounts explaining principles of accounting/taxation and expenses claims against tax- group work- interactive lecture

Equipment: Whiteboard/flipchart, Mock practice accounts, Mock personal accountants, Practice manager or accountant as resource

“Dear Dr

Tax Return for the year ended 5th April 2006

You will recently have received a self- assessment return or a *notice to file* from the Inland Revenue for the year ended 5th April 2006, In order to commence preparation of the New Year’s return I would be grateful if you could provide me with details of all relevant information, that will enable me to produce your tax return for the Year ended 5th April 2006.

Yours sincerely

George Stones
Chartered Accountant”

Practice management

Aim: to understand the complexity of practice management

Objectives:

- To improve understanding of the skills diversity and complexity of practice management
- To define the variety of roles and duties for a practice manager
- To design a job description for a Practice manager.

Method: PBL session to explore self directed needs

Equipment: Whiteboard/flipchart

“Your practice manager informs you she wishes to retire in 3 months”

The aims and objectives of these sessions are based upon the RCGP Curriculum document

‘Management in Primary Care’ and ‘Information Management and Technology’

http://www.rcgp-curriculum.org.uk/PDF/curr_4_2_IMT.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_4_1_Management_in_Primary_Care.pdf

Practice Agreements

Aims: to understand fundamentals of contracts/agreements

Objectives:

- Understand the principles of a partnership agreement
- Be ware of the relevance of a partnership agreement
- Understand the legal issues of such an agreement
- Discuss when a partnership agreement may be needed
- Contracts of employment

- Negotiation skills

Method: PBL session, Role play of negotiating salary

Equipment: Whiteboard/flipchart

“Following the retirement of the senior partner you take up a post in the practice and your partners agree to review and update the Practice Agreement.”

Appraisal and revalidation

Aim: to understand and prepare for appraisal/ revalidation

Objectives:

- Understand the process of Appraisal and Revalidation
- Be aware of the difference between appraisal and Revalidation
- Increase knowledge of the practical requirements for appraisal and revalidation- evidence requirements
- Be aware of NHS Appraisal toolkit

Method: Interactive minilecture-

Use of personal appraisal documentation and evidence, NHS appraisal toolkit- introduced earlier.

Equipment: Internet and powerpoint access, Whiteboard/flipchart

The aims and objectives of these sessions are based upon the RCGP Curriculum document ‘Clinical governance’ and use of NHS appraisal toolkit

http://www.rcgp-curriculum.org.uk/PDF/curr_3_1_Clinical_Governance.pdf

<https://www.appraisals.nhs.uk/menu.html>

http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/DH_4080426

“Dear Doctor

The Department of Health and the General Medical Council are collaborating to support the introduction of appraisal and revalidation for Doctors. It appears that your annual NHS appraisal is now overdue.

Yours Sincerely

Judith Williams

GP Tutor”

Health care Governance

Aims: to understand the importance of healthcare governance

Objectives:

- Understand the terminology of Health Care Governance
- The role of Health Care governance in Primary care
- Understand the use of Significant Event analysis
- Understand the complaints process within the NHS
- Legislation relevant to governance

Method: PBL session- to include Caldicott, access to records, data protection, NHS complaints etc.

Equipment: Whiteboard/ flip chart

“The Labs telephone an abnormal result back to the surgery on A Friday afternoon. The doctor is only informed of the result on the following Monday morning. When he phones the patient, an

angry relative tells you his father was admitted to hospital as an emergency the day before. The relative says he intends to complain to the practice.”

The aims and objectives of these sessions are based upon the RCGP Curriculum document ‘Clinical governance’ and ‘patient safety’

http://www.rcgp-curriculum.org.uk/PDF/curr_3_1_Clinical_Governance.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_2_Patient_safety.pdf

The Structure of the NHS

Aims: to understand the changing structure of the NHS

Objectives:

- Be ware of the current Structure of the NHS
- Understand the Role of the GP within the NHS
- Understand the roles of the PCT
- The impact of GPs in management roles on a general Practice
- Practice based commissioning

Methods: PBL session

Equipment: Whiteboard flipchart

The aims and objectives of these sessions are based upon the RCGP Curriculum document ‘Management in Primary Care’ and ‘information management and technology’

http://www.rcgp-curriculum.org.uk/PDF/curr_4_1_Management_in_Primary_Care.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_4_2_IMT.pdf

“One of your partners is on the Professional Executive Committee of the PCT and another is the Caldicott Guardian,”

Leadership

Aim: to appreciate the qualities and features of good and bad leadership

Objectives:

- Be aware of the attributes of a leader
- How leaders relate to General practice
- How to develop leadership skills
- Delegation
- Managing change
- Teamworking

Methods: PBL session

Equipment: Whiteboard/flipchart

The aims and objectives of these sessions are based upon the RCGP Curriculum document ‘Management in Primary Care’

http://www.rcgp-curriculum.org.uk/PDF/curr_4_1_Management_in_Primary_Care.pdf

“Your young practitioner support group is ‘declining’, you decide to re vitalise your peers within the group.”

Hot Topics/ Self directed learning

Aim : to address important topical topics

Objectives:

- To improve presentation skills and confidence

- To improve leadership skills
- To improve knowledge on topical issues (NICE guidance etc)

Method: Individual presentation on topic of choice

Equipment: Whiteboard/flipchart, Powerpoint

The aims and objectives of these sessions are based upon the RCGP Curriculum documents

‘Clinical Governance’ ‘Ethics and Value Based Practice’ and ‘Promoting Equality and Diversity’:

http://www.rcgp-curriculum.org.uk/PDF/curr_3_4_Equality_and_Diversity.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_1_Clinical_Governance.pdf

http://www.rcgp-curriculum.org.uk/PDF/curr_3_3_Ethics_2006.pdf

Appendix 1: Example of lesson/session plan to aid trainers in planning their HDR

Lesson/ Session Plan

SUBJECT TITLE:

LEARNING OUTCOMES:

AIMS:

OBJECTIVES:

By the end of this session the GPR will have:

- 1.
 - 2.
 - 3.
 - 4.
- Etc.

PREPARATION REQUIRED BY TRAINER AND GPSTR:

CURRICULUM STATEMENTS COVERED

SESSION PLAN

Time	Activity e.g. lecture/ watch a video/ round-robin	Aids Required e.g. DVD player etc

Appendix 2 : Suggested feedback form for trainers to use (Trainers may, of course, design their own)

FEEDBACK FORM

TITLE OF SESSION:

AIMS:

OBJECTIVES:

Were the objectives met?

[Please detail]

Will your practice/ behaviour change?

[If so, in what way? Or if not, why not?]

Do you have any unmet needs?

Suggestions for improvement

Overall marks out of 10

If at any time after the session (even after you have left the scheme) you have further thoughts/ suggestions please contact Mrs Allyson Horner who will pass your suggestion on to the appropriate course organiser.

Appendix 3: Reflective account to be submitted to scheme after each session

REFLECTIONS AFTER TEACHING SESSIONS

1. THE TEACHING EVENT

Date	
Duration	
Venue	
Participants	
Subject	
Aims	
Objectives	
Curriculum statements covered	
Teaching Methods	
Final % from feedback	

[wrt, resources, attendance, teaching methods, aims/objectives etc etc]

2. WHAT WENT WELL

3. WHAT DIDN'T WORK SO WELL

4. ASSESSMENT OF LEARNING

5. PLANS FOR CHANGE

REFERENCES

Potter G (2004) *Teaching an old dog new (assessment) tricks* Education for Primary Care: Oxford
<http://www.shef.ac.uk/vts/resources/forms/evaluation.html>

PMETB

www.rcgp.org.uk