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| **Diagnostics** |
| **Data gathering and interpretation**   * Systematically gathers information, using questions appropriately targeted to the problem * Makes appropriate use of existing information about the problem and the patient's context * Chooses examinations and targets investigations appropriately * Identifies the implications of findings and results |
| ST1/2   * Significant event: new diagnosis (significant) – look back retrospectively – why / how / when diagnosis is made * Debrief * Competencies: what they are trying to do * Self-identification – personal * What data are they using * Random cases * Sit in surgery focusing on what * / joint surgery – observe good practice; learn ways of doing it * Task cards / symptom sorter – then cards for examination, investigations done and why – justify tests done eg. TFTs * Go through one day’s worth of results (preferably the trainee’s) and discuss rationale for doing * Task: don’t speak for first 3 minutes – how much history can you get. Or only say one sentence / variation thereof * GP emergencies quiz * Generate a list of differential diagnosis and rank likelihood * Learning about ICE system * Look at absent doctor’s blood results * Print off letters / results for one doctor for last month, put in their tray * Video tutorial – stopping video after certain points to help decide on exam / investigations next |
| ST3   * Quiz – matching cost of test / Lx with test eg. Cost of MRI scan / TFT * Task: for one surgery, focus on how the problem is affecting the patient and how much of an impact it’s having on their lives * NICE guidelines on chest pain – pre-test probability: present a summary to other GPs in the practice * Audit: * Absent doctor’s results and management * Practice data / prescribing * Debrief * Alien exposure: * Environments * Observation other * Referral and the sit in process * Adverse environments * Make above more complex for ST3 |

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| **Making a diagnosis/making decisions**   * Addresses problems that present early and in an undifferentiated way by integrating information to aid pattern recognition. * Uses time as a diagnostic tool. * Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making * Revises hypotheses in the light of additional information * Thinks flexibly around problems, generating functional solutions |
| ST1/2   * Referrals: Define your question? What question do you want the specialist to answer? * Letters back from clinic: would you still have referred?Follow up all their patients one week later – time as a tool * Video tutorial or roleplay– stop after history – make a list of probable diagnoses (eg. Abdominal pain for 1 week) * Problem based learning scenarios to learn about revising hypotheses (but ideally in group with other ST1s) |
| ST3   * Follow up of acute admissions: what were the alternatives to sending them to A&E? * Designs the role play themselves (designing a consultation) * Challenge them in tutorials – throw in something complex, to see if it alters their diagnosis * Generating functional solutions: looking after nursing home each week * Telephone triage list / OOH sessions |

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| **Clinical management**   * Utilises the natural history of common problems in developing management plans * Consider simple therapy/expectant measures where appropriate * Varies management options responsively according to the circumstances, priorities and preferences of those involved * Routinely checks on drug interactions and side-effects and shows awareness of national and local prescribing guidance * Refers appropriately and coordinates care with other professionals in primary care and other specialists * Provide continuity of care for the patient rather than just the problem, reviewing care at suitable intervals * Appropriate follows a patients who have experienced a medical emergency, and their family |
| ST1/2   * Random case analysis: eg. Patient with URTI * Quiz: pick an antibiotic for various diagnoses (then compare with local AB guidance from microbiology) * Student joint approach to patient’s problem * Different: following patients; telephone continuity * Other predictions: how they manage the patients * Access to other services * Tutorial on minor illness – do the clinic after; then audit of what happened a week later * All referrals to be discusses before sending * 10 scenarios questionnaire to all doctors re follow up eg. Depression – follow up at 2 weeks, 6 weeks etc * Prescribing audit – eg. Statins/ ACE treatment appropriate * Write up significant event. Follow up after a death * Go on bereavement visit with partner |
| ST3   * CBD: discussion of choice of follow up and why (evidence based?) * Referral letter review * Access to other services * Referrals audit * Prescribing dataleads meeting – report back on findings * Review of one day’s OOH letters – had they contacted a GP beforehand? * Assign ST3 a palliative care patient: they do most/all patient contacts, twice-weekly visitsPrescribing audit * As duty doctor will experience medical emergencies: write protocol for emergencies * See what happened, write significant event, reflect |

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| **Managing Medical Complexity**   * Simultaneously manages the patient's health problems, both acute and chronic * Is able to tolerate uncertainty, including that experienced by the patient, where this is unavoidable * Communicate risk effectively to patients and involves them in its management to the appropriate degree * Consistently encourages improvement and rehabilitation and, where appropriate, recovery * Encourages the patient to participate in appropriate health promotion and disease prevention strategies |
| ST1/2   * SitShared professional approach to a detailed assessment of a patient * Exposure to a familiar … * Analysis of risk taking * Exposure to being a patient * Scenario – tell me in 3 minutes * CBD’s / Joint surgeries * Start with chronic disease clinic * simple risk management eg. ABx or not for for ear infections * QOF quiz: eg. How often does QOF require cholesterol checking? / What is the BP target CKD? * Pre / post surgery: how many QOF alerts dealt with? * See a video of trainee giving smoking cessation / alcohol advice * Home visit case discussion * Tools for explaining risks (eg. Smiling charts ; BNF ; QRisk / Framingham) |
| ST3   * Do an audit on how many patients on chronic disease list were admitted to hospital – Why? * Risk: role play re HRT prescribing / PSA testing * Polypharmacy: find a patient on more than 10 drugs and discuss the case   Run a-----------------------------------   * CBD/ Joint surgeries looking at risk management * Audit: * medication review of nursing home * ward roundpatients and checking blood tests etc * Identifying * Learning difficulties * QOF registers to identify complex patients in nursing home who ought to be on palliativefamily * High Flier: * Palliative care register * Health promotion – sit in waiting room and look at ways to improve health promotion in the practice * Partners pass on chronic patients to ST3 when on holiday, then carry on looking after them |