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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
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| 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
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| 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
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| 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)
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| 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
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| 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
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| 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
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| 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)
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| 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
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