



UNIVERSITY OF
LIVERPOOL

SCHOOL OF
MEDICINE

GP Community SAMP Placement

MBChB

Handbook for GPs and Practice Managers

2022-23

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Introduction

The students will attend General Practice surgeries for 3 days a week for a 6-week block

Students in the Community SAMP will attend:

- GP surgeries for 3 days a week for 6 weeks
- 1 day in university for Community Clinical Teaching per week for 6 weeks (Fridays)
- 1-day private study

Block dates for this academic year 2022/23

- Block 1
 - 6 weeks commencing 10th April 2023
- Block 2
 - 6 weeks commencing 22nd May 2023

5th Year Community SAMP requirements

Compulsory attendance

- General practice placement 3 full days per week for 6 weeks.
- University based Community SAMP group sessions 1 day per week- Fridays
- 1-day private study

E-portfolio

Throughout the MB ChB programme the student's record evidence of their learning in an electronic portfolio, which they may ask you to sign off. The students require specific and personalised feedback throughout the course in their e-portfolio. Below is a summary of the types of evidence they require:

- **Case Reports:**
 - 3 clinical science/therapeutic reports in their e-portfolio
- **PETA forms (Professional Evaluation & Training Appraisal) via pebble pad – done in GP:**
 - initial PETA – week 1 (Learning Objective summary form)
 - mid-term PETA – week 3
 - final PETA – week 6

(The student gives/sends a copy of this form to main office on the ground floor at Cedar House)

- **Clinical Feedback form (GP)**
 - to remain in student's portfolio
- **Nurse/AHP Feedback form (GP)**
 - to remain in student's portfolio

SAMP report and presentation – (compulsory)

- SAMP Report:
 - A project to be completed within a 4-week time frame (weeks 2-5)
 - 2000-2500-word report either a clinical guidelines review, literature search or self-contained brief audit or QI project
 - submitted (to Dr. Deborah Finn via e-mail and to TurnItIn) **end of week 5** of the SAMP to allow for marking & the mark to be added to the e-portfolio in time for final PETA (See Appendix 2)

Patient satisfaction questionnaires (recommended but not compulsory)

These enable the students to get an understanding of how patient feedback is one of the aspects of the appraisal process which can be useful for future professional development.

Learning outcomes

The focus is on patient contact and supervised clinical experience to enable the students to build on the learning outcomes of the GP curriculum outlined below. These are representative of the unique aspects of General Practice as a speciality whilst highlighting the differences and relationship between primary care and hospital practice

- To identify at risk patients for common long-term conditions and stratify risk to implement appropriate management.
- To describe the concept of primary prevention and the management of secondary prevention in long-term conditions.
- To describe common conditions encountered in primary care and their management.
- To outline the processes of referral into secondary care and other care pathways and describe the role of primary care in the NHS.
- To adopt a patient-centred consultation model that explores patient's ideas, concerns and expectations.

- To communicate effectively with patients and provide information in a way they can understand.
- To apply the principles of consultation models to understand patients as a bio-psycho-social 'whole'.
- To appraise the use of disease registers and data recording templates effectively for opportunistic and planned monitoring of long-term conditions, in order to ensure continuity of care between different healthcare providers
- To apply the principles of managing co-morbidity, coordinating care of acute illness, long-term illness, health promotion and disease prevention in the general practice setting.

Course Structure:

Student Requirements:

- Students attend the practice for 6 sessions a week for 6 weeks.
- They are released from the practice on a Friday each week to attend University based Community SAMP group sessions.
- The remaining day away from practice is for the student's private study. This time should be used to prepare their SAMP project.
- Students will usually attend GP placement singly
- If practices choose to have more than one student, the requirements below are for each student
- We do recognise that every practice is unique and works differently to other practices, thus we accept that there has to be a degree of flexibility in the structure of the student's time over their placement. However, the core course requirements are outlined below.

Practice induction

- All students must receive a practice induction during their first session at the practice (refer page 13)

Consulting independently

- The majority of sessions should be spent consulting independently with patients, leading the consultation, either in their own room or under observation/supervision from the GP tutor.
- Students are required to document:
 - 3 clinical science/therapeutic case reports
 - SAMP report

Surgery observations

- **Sitting in and observing a GP surgery** with the opportunity to become involved in clinical examinations and engage in case discussion as appropriate.

Experience of the primary health care team

- **1 session with another health care professional** – including Practice Nurses, GP trainees, Health Care Assistants, District Nurses, Community Midwife, Health Visitor, Community Physiotherapist or others as appropriate.

Guidance for PETAs:

- Initial, Mid and Final PETA week 1, 3 and 6 respectively
- Opportunity to discuss the SAMP projects and Patient satisfaction questionnaires (if undertaken)

WEEK 1

- **Initial PETA** discussion and completion on e-portfolio
- **Learning outcomes** for the student to be discussed for the placement
- **Ideas for SAMP project**
- **Patient satisfaction questionnaires** are available-see appendix 1 page 20 (this is optional and should be discussed with student. However, we would encourage the students to consider undertaking these)

WEEK 3

- **Mid-term PETA** completion on e-portfolio
- **Discussion of progress with SAMP report**
- Review of any patient satisfaction questionnaires(optional)

WEEK 6

- **Final PETA** completion on e-portfolio
- Review/discussion of SAMP report
- Review of any patient satisfaction questionnaires(optional)

Oral Presentation of SAMP Reports

Though not linked to final year assessments, students are encouraged to present a version of their SAMP report to the supervising GP. This is particularly relevant if they

have chosen to undertake an audit at the practice or the report is in based on/stimulated by their experiences during their attachment at the practice. One of the aims of writing the report is that the student should contribute to the body of knowledge in that field. Some students successfully manage to get their work published or present at conferences and this is to be encouraged.

Optional

- Patient satisfaction questionnaires

If completed to be discussed with GP tutor. Please can these be given to patients prior to the consultation – possibly from reception and returned to reception when completed. These are to be discussed with the GP tutor.

Student Evaluation

- **PETA forms (Professional Evaluation & Training Appraisal) via pebble pad – done in GP:**
 - initial PETA – week 1 (Learning Objective summary form)
 - mid-term PETA – week 3
 - final PETA – week 6
(The student gives/sends a copy of this form to Angela Tracey at the School Office, 2nd floor, Cedar House)
- **Clinical Feedback form (GP)**
 - to remain in student's portfolio
- **Nurse/AHP Feedback form (GP)**
 - to remain in student's portfolio

Requirements for GP Tutors/Educational Advisors

It is important that GP tutors are kept up to date with course developments and are supported to develop their teaching skills. We organise an annual GP Tutor conference to which all tutors are invited.

We require our GP Tutors to attend at least one update/training session with us every 3 years.

For more information please see the following link to the Community Clinical team website

<https://www.liverpool.ac.uk/medicine/gport/> - password liverpooltutor

Practice Induction

For the duration of the placement the named GP Tutor is responsible for the smooth running of the placement and should ensure everyone involved in supervising the students are aware of the course requirements. **The GP Tutor is designated as the students Educational Supervisor for the duration of the placement.** A practice induction must take place on the students first day in the practice and we would recommend that they sit in with their lead GP Tutor (Educational Supervisor) for their first morning surgery and after surgery are given the induction by the Practice Manager/administration staff. The induction should include the following as a minimum:

- Welcome to the surgery including a tour of the facilities at the practice and introduction to staff
- A timetable for the placement including expected times to arrive/ leave
- Named clinical and administrative lead and the contact details of the person who the student should contact in the case of illness or lateness
- Location of safe place to leave coats, bags, bicycles etc
- Reminder of professional responsibilities including dress code, punctuality, name badge.
- Availability of local shops for food/drinks locally
- Practice staff areas for lunchtime
- Health and Safety items including panic alarm system and needle-stick/accident policy statements and chaperone policy.
- Reminder about student obligations for confidentiality and consent for patients (Duties of a Doctor) including anonymising case histories
- IT, data management and information governance, including access to and basic training on the practice patient record system and not using practice computers to access the internet inappropriately. Students should not open their e-mails on practice systems in case they contain contaminated attachments
- Complaint and whistle blowing procedures for students

Frequently Asked Questions:

How many appointments do I need to block out of my surgery to supervise the students?

a) Student led clinics

First and foremost, we are very happy for you to be flexible in how you arrange the student surgeries. The model below is one suggestion which minimises the impact on available appointments:

Time	GP	Student
8.30-8.50	Normal 10 min appts	Arriving and preparing
9.00	10min appt	1 st patient 30 mins appt
9.10	10min appt	
9.20	Into student room to review case	
9.30	10min appt	2 nd patient 30 mins appt
9.40	10min appt	
9.50	Into student room to review case	

GP last patient at 10.40 and then review a student case at 10.50 and 11.20 so the student sees 5 cases in a surgery

The students do not need to be directly supervised when seeing patients. It is recommended if possible that the student has their own consultation room and sees the patient on their own before presenting the case, usually in front of the patient. This receives excellent feedback and gives the students much more of a feel of ‘being the doctor’. Alternatively, if space is a problem it is possible that the student has “hot seat cases” when they sit in the GPs chair and the GP observes as they take the history. However, it is recommended that students ideally see patient on their own at first and then present

b) Student sitting in with GP

It is important that students have time to discuss cases and management plans and to examine patients in a supervised setting to get feedback on their clinical skills. We would recommend that in a 2 ½ hour GP surgery that at least three 10-minute slots are

blocked to give time for this. Some practices will extend the surgery to account for this and thus maintain total appointment numbers.

Are the students able to examine patients alone?

The students are all DBS checked, are given advice regarding staying safe and know the professional standards that are required. They are able to see patient and examine them, although should be made aware of the practice chaperone policy and not conduct intimate examinations unsupervised.

Students to attend Home visits with GP supervision only

Incidents of violence or aggression are rare in the community. However, visiting patients in their own homes as a lone student exposes them to the potential risk of injury due to a violent patient or relative/pet, or of injury whilst travelling in the community. Therefore, we request that students do not attend home visits on their own and are supervised by a GP tutor when attending a home visit.

Please consider whether the visit is suitable for a medical student:

A number of factors increase the risk of home visits, including type of accommodation, locality, history of alcohol, drugs or violence. Before every visit, the GP tutor/supervisor should ascertain the level of risk the medical student would be exposed to during the visit when deciding if the visit is appropriate for the student. The risk could be physical or psychological. High risk visits are not suitable for medical students.

Should I expect the students to form a differential diagnosis and management plan?

We would expect all 5th year students to be able to present their GP tutor with a concise case summary, a likely diagnosis and a safe and appropriate management plan.

Should the patients know they are seeing a student when they book an appointment?

Each practice works differently and thus how patients are booked into the student's appointments may vary, but patients **must** be aware that they are seeing a student first. Some surgeries have student clinics which are pre-bookable and always tell patients at the time of booking that it will be a longer appt, they will see a student first and then the GP will see them. Equally some surgeries have reported that their patients will not book into these student clinics in advance and thus the GPs ask patients themselves 'on the day' if they would mind seeing the student first.

What kind of cases should the students see?

It is important that the students see a mix of patients including acute presentations and follow up cases. 5th year students will be able to see some more complex patients with multi-morbidity.

Can the students make entries in the clinical notes?

This is a decision for each individual practice. Certainly our 5th year students tend to do this more than earlier years. They should be discouraged from writing copious notes during their consultations to ensure their attention is on the patient and they keep their history focussed. It can be helpful for students to take a couple of minutes at the end of the consultation before their GP Tutor joins them to structure their thoughts, decide on the key facts they wish to present and consider their differential diagnosis and management plan – making brief appropriate notes on paper or on the computer system can help some students with this process. If students do make an entry on the computer then we would recommend that it is only in the form of freehand notes and not coded data. **The supervising GP should always make their own entry in the notes after seeing the patient.**

What should my students be doing in the middle of the day, between surgeries?

Students should be encouraged to be proactive during the middle of the day, reflecting on the cases they have seen, identifying their learning needs and addressing them via the various on-line resources available for them on via the University interactive portal. It would be appropriate for the students to accompany GPs on home visits on at least some of the days they are at the practice Students should also be encouraged to prepare for afternoon consultations by reviewing patient notes in advance and this may help them to make the most of patient contacts.

Do the students need their own password to log on to the clinical system?

Students should have access to the computer record for each patient they are seeing to help them prepare for the consultation. Whether they have their own individual log-in details (probably better for IG purposes) or a generic/locum log-in is up to each individual practice

Are the students competent to complete procedures?

The students are still in training: they should not be regarded as competent in any procedure and **must** be supervised by a responsible clinician. They will have evidence

in their e-portfolio of the procedures they have been taught in their clinical skills sessions. Students must also be directly supervised for all intimate examinations.

General practice provides a wealth of learning opportunities not always available in secondary care. Should there be a learning opportunity for a procedure which is not itemised in the clinical skills list the student will be able to fill in additional DOPS forms to upload in their portfolio. We encourage students to use the GP placement to practice clinical examination and clinical procedures.

What should the students wear?

All medical students are provided with a medical scrub style uniform to wear while on hospital placement. However, while on placement in general practice we ask that they dress smartly in their own clothes and wear an ID badge at all times. (However, during the COVID pandemic scrubs are to be worn in line with your current practice) They will have been advised on appropriate professional dress during their induction programme and provided with written guidance, however, if you feel they are inappropriately dressed please advise them accordingly.

Monitoring the quality of GP placements and feedback to GP tutors

Feedback will be gathered electronically from all students at the end of all clinical placements including their GP placement. This will be monitored and practices contacted if there are consistent issues raised regarding the quality of the placement. Practices are required to submit a Practice self-assessment report annually and will also be formally visited every 5 years in line with University policy. During this, the practice will be provided with a summary of student feedback and given the opportunity to discuss any specific issues concerning student placements.

Patient safety alert

Following guidance from the GMC, all students should be able to raise any concerns they have about patient safety by completing an anonymous online form. As a student doctor, it is important to understand when a concern should be raised, how to do this and the importance of taking this action. These concerns are most likely, although not exclusively, to be raised during clinical attachments.

The GMC identifies raising concerns as an important responsibility of doctors holding GMC registration. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/raising-and-acting-on-concerns>

Please ensure your student has been informed of how to raise concerns within your practice during their induction.

If a student has had a significant concern regarding Patient safety, Student Safety, Harassment, Undermining or Bullying whilst on a clinical attachment we advise them to consider discussing this with their Educational Supervisor, Hospital Sub-Dean, GP tutor, Academic Advisor or Health and Wellbeing department.

If the student is not comfortable to raise this with the staff above and/or has a continuing significant concern regarding Patient safety, Student Safety, Harassment, Undermining or Bullying, we advise them to report here:

<https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form>

The form will be reviewed within 2 working days. If their concern is urgent, please report this immediately on site to the Hospital Sub-dean, Educational Supervisor or GP tutor.

If unable to do so, or needing further urgent support, please contact the School of Medicine on 0151 795 8159

Honorary Lecturer of the University of Liverpool

We will be pleased to consider applications for Honorary Lecturer status. GP Tutors must have hosted students for at least 3 years, attended teaching events and successfully completed Quality Assurance visit requirements. The benefits of this title include general access to University facilities such as libraries, computing and sports facilities. In addition, you will receive various University publications and invitations to degree ceremonies. Please contact Mrs Jan Machin if you would like details of the application process jmachin@liv.ac.uk.

Student Commendation

The Commendation Form is for a student to be recognised for when they have performed beyond expectations, including general clinical competence, research activity, organising activities (e.g. audit, patient groups), supporting other students or members of the PHCT, dealing with unexpected events and leadership. Completed forms will be emailed to the student who can upload into their E-portfolio under the

'prizes' section. Students who have received a commendation form will be recognised in the School Newsletter and the form will also nominate them for the General Practice Student Placement prize

Please email the completed form to medsupport@liv.ac.uk

Name of Student:

Year:

Reason for Commendation:

Description: _____

Name of Commender:

Signature:

Date:

Please email completed form to medsupport@liv.ac.uk

Absences and concerns

- Please let us know if a student misses a session, even if it has been pre-arranged or for illness.
- Send absence reports for Year 5 students to Vanessa Ahmetaj V.Ahmetaj@liverpool.ac.uk and Dr Deborah Finn dfinn@liverpool.ac.uk
- Please report all concerns about a student, however small, using the Measuring professionalism Form (see below). This may be regarding issues of punctuality, attitude, approach to patients, engagement with the tutorial and any other issues that you feel may need addressing. **The concern system is in place for us to identify students with problems or requiring support early and therefore we encourage all tutors to report even minor issues so that we can ensure we pick up on recurrent themes as soon as possible.**

School of Medicine - Measuring Professionalism Form

Student ID Number:		Year Group:		Date:	
Student First Name:		Student Surname:			
Person completing form:		E-mail address:			
Location (hospital, GP etc.)		Phone Number:			

Engagement with Course	Minor Concerns	Major Concerns	Integrity	Minor Concerns	Major Concerns
Failure to turn up to taught session/meeting			Plagiarism		
Punctuality (i.e. on time)			Cheating		
Late or non-submission or assignment			False entries / Signatures		
Engagement with session			Mitigating Circumstances		
Completion of evaluation material			Confidentiality		
Demeanour			Boundaries		
Dress Code			Patient Safety		
Rudeness to staff, patients, colleagues			Safety		
Student feedback content and nature			Communication		
Personal Wellbeing			Trust		
Substance Misuse			Digital Professionalism		
Health Concerns			Social Media		
Other			E-mails		

Please tick one or more of the boxes above and then explain below:

Signature:

The School of Medicine reserves the right to pass on any information which may affect patient safety

For Office Use:

Received by:	Date:	Action Taken:
Undergraduate Office (Hospital)		
Undergraduate Office (University)		
Recorded and forwarded to Year Lead / Director of Studies for action:		
Action reported back to person who completed form:		

Invoicing details and payment

Remuneration is £120 per student per day, therefore £2160 per 6-week block.

When sending us your invoice, please ensure the following so that your payment is not delayed:

- The signed Service Contract has been returned to us (we cannot make payment without this)
- The invoice has been transferred onto practice letter headed paper
- The invoice is addressed to The University of Liverpool
- You have included a date and invoice number
- You have copied the appropriate invoice that relates to the student year in question (we are happy to accept your invoices immediately after the relevant block starts.)
- Please submit a separate invoice for each student stating the name of the student and selecting the block/period they attended.

Example Invoice – Important: Please copy onto practice headed paper

Date:

Invoice No:

To: Vanessa Ahmetaj
Liverpool University
Community Studies Unit
Cedar House
Ashton Street
Liverpool
L69 3GE

YEAR 5 GP SAMP

Name of Student

	AMOUNT CLAIMED
6 WEEK Student SAMP Attachment	£ 2,160

Appendix 1 **Patient Satisfaction Questionnaire**

Dear Patient,

Many thanks for seeing our final year student doctor today. The involvement of patients and carers in the assessment of medical practice is highly valued. As a University and as a Practice we are committed to continually improve our medical care and teaching of our student doctors. Your feedback will help us with these processes and will help the student doctor to further develop their skills.

Therefore we would be very grateful if you would consider providing anonymous responses to the questions below. After completing this please hand this into reception with the student's name written below:

Student Name:

Date:

How was the Student Doctor today at the following:

Q1) Making you feel at ease

Poor OK Very good Outstanding

Q2) Listening to you and understanding the reason for your attendance

Poor OK Very good Outstanding

Q3) Assessing and explaining your medical condition

Poor OK Very good Outstanding

Q4) Explaining the treatment and/or test options and including you to decide on a management plan

Poor OK Very good Outstanding

Q5) Being caring, considerate and helpful

Poor OK Very good Outstanding

Please fill any extra comments you would like to in the box. Many thanks for your time

Appendix 2

SAMP Requirements

SAMP Critical Reviews – Requirements and Marking Criteria

All SAMP reports must follow a standard structure:

Guideline review:

- Section 1: Introduction and background to include the aims and objectives of the review.
- Section 2: Discussion of the guideline in the light of current literature.
- Section 3: Revised guideline and applied conclusion section. There may be no change in the guideline but the evidence for the status quo must be established.

OR

Literature review:

- Section 1: Introduction and background to include the aims and objectives of the review.
- Section 2: Discussion of the topic in the light of relevant literature.
- Section 3: Summary and conclusions, demonstrating an understanding of critical appraisal of literature.

OR

Review of a clinical (legal/ethical) dilemma:

- Section 1: Introduction and background establishes the questions or arguments that are to be addressed,
- Section 2: Review of the current literature that supports the various arguments
- Section 3: Conclusion that summarises the current positions. Illustrative cases may be included.

OR

A short critical audit report/quality improvement project

- Section 1: Introduction and background establishing the rationale behind the question
- Section 2: Aims, objectives of the audit, methods including student's involvement
- Section 3: Discussion of findings related to current evidence

OR

A short report arising from a current research project (ethical approval already in place eg RS4 project)

- Section 1: Introduction and background establishing the rationale behind the project
- Section 2: Aims, objectives of the research, methods
- Section 3: Discussion of outcomes. Please note this must be a self-contained original piece of work, meeting the criteria for the SAMP and must clearly reflect the student's role in the project.