



GP Specialty Training Intended Learning Outcomes from Clinical Placement

Accident and Emergency SPECIALTY

This guideline is for GP Specialty Trainees and Clinical Supervisors during clinical placements, and should accompany the trust job description. The intended learning outcomes should inform the planned clinical experience and training, and should be used as a template for the clinical supervisor's assessment of the trainee's performance at the end of the placement.

The intended learning outcomes relate to three main areas:

- Knowledge (relevant to the placement)
- Practical skills (relevant to the placement)
- Professional competencies (generic GP Curriculum)

1. Knowledge-base relevant to the placement

1. Principles of resuscitation

- Adult cardiac arrest ; **BLS**, ALS algorithms, **Defibrillation**
- Paediatric Resuscitation; BLS, Airway Management, ALS algorithms
- Assessment of critically ill/injured patient; Adult critical illness, Adult critical injury, Child critical illness, Child critical injury.

2. Initial management of common complaints

- Breathlessness (adult) ; **Asthma, COPD**, Pneumonia, PE, **Heart Failure**
- Respiratory problems (paediatric); Asthma, bronchiolitis, Croup and croup scoring
- Chest pain (adult) ; **ACS**, thrombolysis, Non cardiac chest pain
- Abdominal pain (adult); GI, vascular, urological, gynaecological
- GI (paeds) **Assessment of abdominal pain**, UTI, gastroenteritis, assessment of dehydration
- Altered level of consciousness; **Fits (adult) Fits (child)**, Head injury (adult) Head injury (child), **Stroke/CVA**, CNS infection
- Acute confusional state; Mental state assessment, Differential Diagnosis
- Deliberate self harm; Risk assessment, Management of common overdoses, access to psychiatric services, Application of the Mental Health act in A&E , Disturbed/violent patient
- Vascular emergencies; GI bleed, Ruptured AAA, DVT/PE, Embolism/thrombosis
- Ophthalmic emergencies; Use of slit lamp, Examination of the eye, Acute red eye, Sudden change in vision
- ENT emergencies,; Examination of ENT, R?O FBs from ear, nose and throat, Management of epistaxis,
- Acutely painful joint; Examination and differential diagnosis
- Rashes; Diagnosis and management of common skin conditions presenting to A&E
- Management of traumatic conditions; ATLS ;principles, Interpretation of trauma series
- Principles of wound care; Local anaesthetic, Digital nerve block, Wound closure (sutures), Wound closure (non sutures)
- Assessment and management of soft tissue injuries; Hand, shoulder, Hip, Knee, Ankle
- Diagnosis and management of fractures and dislocations; Colles Fracture, Biers Block, Shoulder dislocation, Digit fracture/ dislocation

- Paediatric orthopaedics; Greenstick fracture and Salter Harris Classification, limping child, Pulled elbow,
 - Non accidental injury; Risk assessment, Referral and reporting, Domestic violence
 - Burns; Diagnosis and Management of burns, Indications for referral ,
 - Use and interpretation of diagnostic aids; **Vital signs and monitoring, PEFR, ABG, ECG** (common A&E conditions)
 - Xray examination; **CXR, AXR, KUB, IVU, Xray upper limb, Xray lower limb, Pelvic xrays, CT head** (NICE guidelines)Other CT scans
 - Ultrasound; Indications and use
 - Haematology; **Indications and interpretation of common investigations, Indications for massive transfusion**
 - Biochemistry; **Indications and interpretation of common investigations**
 - Microbiology; **Indications and interpretation of common investigations**
- Knowledge of Clinical Governance; Trust consent policy, Incident reporting procedures, Safer prescribing, Use of BNF and guidelines,

3. Practical Skills relevant to the placement

- Practical skills (Airway and Breathing); **OPA and NPA insertion, Use of BIPAP, Arterial Gas sampling, PEFR measuring, Use of Inhaler, Chest drain insertion/Aspiration of pneumothorax**
- Practical skills (circulation) **Venous cannulation, Use of vacutainer, IV fluid administration, Drug administration, CVP** (cvp or manikin or patient, Urinary Catheter (male and female), Wounds closure (sutures and non sutures)
- Practical skills (others) NGT, BM analysis, Urinalysis, Pregnancy testing, Toxicology screening
- Drugs and therapeutics ; (**Pain control drugs** and others), Local anaesthetic, Regional Blocks, Procedures under sedation

Please note all areas marked in bold are covered on the induction days in order for the doctors to be safe to practice and be covered by the Trust Insurance policy

4. Professional Competencies

1. Communication and consultation skills

This competency is about communication with patients and the use of recognised consultation techniques. Behaviours you may wish to consider: listening well, exploring patients ideas, providing good explanations, checking the patient' s understanding, tailoring communication to the patient' s needs.

2. Practising holistically

This competency is about the ability of the doctor to consider physical, psychological, socioeconomic and cultural aspects, taking into account feelings as well as thoughts. Behaviours you may wish to consider: exploring the way in which the problem affects the patient's life, exploring the impact of the problem on the patient' s family/carers

3. Data gathering and interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.

4. Making diagnosis / making decisions

This competency is about a deliberate, structured approach to decision-making. Behaviours you may wish to consider: clarifying the decision that is required, integrating information to aid pattern recognition, using probability

to decide what is likely, revising hypotheses in the light of further information, thinking flexibly around the problem.

5. Clinical Management

This competency is about the recognition and management of medical conditions. Behaviours you may wish to consider: recognising common presentations, utilising the natural history in management decisions, using simple measures when appropriate, varying management options when required, prescribing appropriately, referring appropriately and coordinating care with other colleagues, responding quickly and skilfully in emergencies.

6. Managing medical complexity

This competency is about aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty, risk and thinking about health rather than just illness. Behaviours you may wish to consider: simultaneously managing the patients health problems both acute and chronic, tolerating uncertainty where this is unavoidable, explaining risks associated with management to the patients, encouraging patients to have a positive approach to their health.

7. Primary care administration and IMT

This competency is about the appropriate use of primary care administration systems, effective record-keeping and information technology for the benefit of patient care. Behaviours you may wish to consider: using administrative and computer systems appropriately, keeping good clinical records (timely, coded, sufficiently comprehensive)

8. Working with colleagues and in teams

This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. Behaviours you may wish to consider: being available to colleagues, working cooperatively, sharing information with others involved in the patient's care, using appropriate methods of communication according to the circumstances.

9. Community orientation

This competency is about the management of the health and social care of patients in the local community. Behaviours you may wish to consider: identifying important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features, using this understanding to improve patient management, identifying resources in the community, encouraging patients to access available resources, using health care resources effectively e.g. through cost-effective prescribing

10. Maintaining performance, learning and teaching

This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues

11. Maintaining an ethical approach to practise

This competency is about practising ethically with integrity and a respect for diversity. Behaviours you may wish to consider: Identifying and discussing ethical issues in clinical practice. Treating patients, colleagues and others fairly and with respect for their beliefs, preferences, dignity and rights. Valuing differences between people and avoiding prejudice.

12. Fitness to practice

This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue

Deanery Guidelines for inclusion in the Trust Job Description

Clinical Supervision

All GP Specialty Trainees should have a named clinical supervisor, with whom they will meet at the beginning, middle and end of their training placement.

Training

All GP Specialty Trainees should have a minimum of 10 days / annum of study leave in each of their training years to support the generic GP Specialty Programme training programme, together with 5 further days of study leave for placement in a GP training practice. Arrangements for release to be negotiated locally with trusts.

Assessment

All GP Specialty Trainees should collect a minimum data set of evidence about their clinical performance and professional behaviour, and clinical departments are expected to support this process and including recording assessments in the electronic portfolio. At the end of each clinical placement, the clinical supervisor is required to complete a clinical supervisor's report against the intended learning outcomes guideline.

Educational Supervision

All GP Specialty Trainees will have an educational supervisor, usually based in primary care, whom they will meet at 6 monthly intervals for review of the electronic portfolio documenting progression through the GP training programme.