



## GP Specialty Training Intended Learning Outcomes from Clinical Placement GU medicine

*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)

To be read in conjunction with RCGP Curriculum statement 11: Sexual health

[http://www.rcgp-curriculum.org.uk/PDF/curr\\_11\\_Sexual\\_Health.pdf](http://www.rcgp-curriculum.org.uk/PDF/curr_11_Sexual_Health.pdf)

### 1. Knowledge-base relevant to the placement

#### **Symptoms:**

Key issues in the diagnosis of sexual health problems will be the eliciting of appropriate signs and symptoms, and subsequent investigation and treatment or referral of people presenting with:

- Genital skin conditions including rashes, ulcers and lichen sclerosis
- Ano-genital lumps
- Abnormal genital smell
- Unusual or different vaginal discharge or penile urethral discharge
- Pain on passing urine in men and women
- Lower abdominal pain in women
- Testicular pain and swelling
- Pain on intercourse
- Intermenstrual bleeding
- Vaginal bleeding after sex.

#### **Common and/or important conditions in men and women:**

- Urinary tract infections in women
- Bacterial vaginosis
- Candidiasis
- Group B haemolytic streptococcus
- Chlamydial infections
- Gonorrhoea
- *Trichomonas vaginalis*
- Ano-genital ulcers – herpes simplex, syphilis, tropical infections, primary HIV infection
- Ano-genital warts
- Conditions suggestive of immunosuppression (e.g. pneumocystis, pneumonia, tuberculosis, lymphoma, seborrhoeic dermatitis or oral thrush) or of primary HIV infection
- Syphilis
- Conjunctivitis (neonatal and adult)
- Reiter's syndrome
- HIV/AIDS and the presentations/complications including pneumocystis pneumonia, candidiasis, cryptococcus, Kaposi's sarcoma, toxoplasmosis, lymphoma, hepatitis, tuberculosis
- Sexual dysfunction.

**Investigation:**

- Pregnancy testing
- Urinalysis
- Blood tests for HIV and syphilis
- Blood tests for hepatitis B and their interpretation
- Microbiology and virology swabs – which to use, which samples to take, limitations of tests and interpretation of results
- Secondary care investigations, e.g. colposcopy.

**Treatment/management:**

- Contraception – effectiveness rates, risks, benefits and appropriate selection of patients for all methods, including methods of emergency contraception
- Contraception – the safe provision of all methods of oral contraception (including emergency hormonal contraception) and also contraceptive patches and DMPA injections
- Contraception – knowledge and availability of intra-uterine methods of contraception (including as a method of emergency contraception), subdermal implants, sterilisation and natural family planning
- Abortion – methods and the legal procedures relating to referral for abortion
- Principles of treatment for common conditions diagnosed and/or managed in primary care (see above)
- Principles of antiretroviral combination therapy for HIV/AIDS, potential side effects and the role of the GP in their management in primary care.

**Emergency care:**

- Emergency hormonal contraception
- Emergency intra-uterine contraception
- The role of post-exposure prophylaxis (PEP) in HIV prevention
- Referral for suspected *Pneumocystis carinii* pneumonia
- Responding to early presentation of rape and sexual assault.

**Prevention:**

- Health education and prevention advice – safe sex and risk reduction
- Unplanned pregnancies
- National screening programmes – cervical screening, chlamydia, antenatal HIV testing
- Hepatitis B immunisation programme
- Occupational risks – exposure to needle stick injuries.

**2. Practical Skills relevant to the placement**

- Perform a sexual health examination including digital and speculum examination, assessment of the size, position and mobility of the uterus, and the recognition of abnormality of the pelvic organs.
- Intramuscular injection.
- Take microbiology and virology swabs from ano-genital areas.  
Teach the patient about male and female condom use.
- Take a cervical smear.

### 3. Professional Competencies

<p>1. Communication and consultation skills  <i>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.</i>            Take a sexual history from a male or female patient in a way that is private and confidential, non-judgemental, responsive to the reactions of the patient and avoids assumptions about sexual orientation or the gender of the partner(s), assumptions related to age, disability or ethnic origin.</p>
<p>2. Practising holistically  <i>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.</i>  <i>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</i></p>
<p>3. Data gathering and interpretation  <i>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.</i></p>
<p>4. Making diagnosis/ making decisions  <i>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.</i></p>
<p>5. Clinical Management  <i>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</i></p>
<p>6. Managing medical complexity  <i>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</i></p>
<p>7. Primary care administration and IMT  <i>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)</i></p>
<p>8. Working with colleagues and in teams  <i>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.</i></p>
<p>9. Community orientation  <i>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</i></p>

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.*

## **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.