

Children and Young People



GP Specialty Training Intended Learning Outcomes from Clinical Placement 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

Symptoms

Vomiting fever drowsiness developmental delay infantile colic "Failure to Thrive" and growth disorders, behavioural problems

Common and or important conditions

Neonatal problems: birth marks , feeding problems, heart murmur, sticky eye, jaundice

Constipation, abdominal pain. (acute and recurrent)

Cough/ dyspnoea, wheezing including respiratory infections, bronchiolitis,

Otitis media

Sensory deficit especially deafness

Gastroenteritis

Urinary tract infections

Meningitis

Epilepsy

Chronic disease : Asthma, diabetes, arthritis, learning disability

Child abuse, deprivation

Mental health problems: ADHD, depression, eating disorders, substance misuse and self harm, autistic spectrum disorder and related conditions

Psychological problems : enuresis, encopresis, behaviour problems including tantrums

Child and young person development (physical and psychological)

Scientific Aspects

Learning the best evidence about interventions and the effectiveness of medicines

2. Practical Skills relevant to the placement

The examination of the newborn child

Basic Life support of infants children and young people

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></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. 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>
<p>10. Maintaining performance, learning and teaching</p>

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 practise

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.