



GP Specialty Training Intended Learning Outcomes from Clinical Placement PALLIATIVE CARE

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.

See RCGP curriculum statement 12

http://www.rcgp-curriculum.org.uk/PDF/curr_12_Cancer_and_palliative_care.pdf

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

- Principles of palliative care and how it applies to non-cancer illnesses such as cardiovascular, neurological, respiratory and infectious diseases.
- Managing pain and other symptoms
- Syringe drivers: suitable drugs; conversion of oral doses to syringe driver (IV or subcutaneous)
- Palliative care emergencies, recognition and management:
 - major haemorrhage
 - hypercalcaemia
 - superior vena cava obstruction
 - spinal cord compression
 - bone fractures
 - anxiety/panic
 - use of emergency drugs
- Management of cancer and non-cancer symptomatology in the same patient
- Knowledge of normal and abnormal grieving and its effect on symptomatology and on carer(s)
- Understand key health service policy on provision for palliative care, including funding
- Knowledge of ethical aspects of treatment, investigative choices, end-of-life care and advanced directives
- Knowledge of own personal attitudes and experiences which may affect attitude towards terminal care patients
- Knowledge about provision of 24 hour continuity of care throughout various systems

2. Practical Skills relevant to the placement

- Setting up, using, and removing a syringe driver
- Managing oxygen
- Ability to counsel and explain symptom control
- Ability to attend to the full range of physical, social, and spiritual needs of the patient and carer(s)
- Ability to function as a member of a palliative care team
- Ability to communicate effectively with the patient and carer(s) regarding difficult information about the disease, treatment or prognosis
- Ability to learn from clinical experience

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.