

Community-Based Teaching

**Medicine in the Community (MIC)
2024-2**

2. Welcome and Introduction

Welcome

Many thanks for agreeing to teach on the *Medicine in the Community* course. You are joining a team of around 40 -50 community tutors who will help us to deliver this programme. We are sure you will find this an enriching and fun experience. We are in a world where GPs are facing a recruitment crisis, morale perceptions of our jobs are being influenced by increasingly negative media. This is a chance for us to show

2.2 Overall Structure of Year 4

Clinical teaching in the 4th year takes place at the 5 main hospitals (Royal Free/ UCLH/ Whittington/ Barnet/ North Middlesex), as well as local general practices. All students spend a proportion of time during their general medical firms learning Medicine in the Community.

Year 4 is divided into three modules of 12 weeks, with teaching weeks in between.

Module A	Module B	Module C
Acute Medicine, Respiratory, Cardiology & endocrine (+ Medicine in the Community)	Gastroenterology Surgery Orthopaedics + Rheumatology Vascular (+ Medicine in the Community)	Medical specialities Neurology Nephrology Haematology Infectious Diseases ENT (ear nose and throat) (+ Medicine in the Community)

Organisation of Medicine in the Community

Students in **groups of 2-6** spend one day approximately **1-2** (prox)-2 (imaniBodSTM

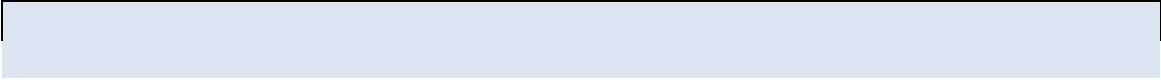
2.3 General Aims of the Community Course

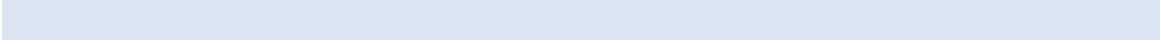
Community placements have been highly evaluated by students.

THINK POINT:

What do you think a practice placement in Medicine in the Community has to offer a medical student?

In hospital, patients usually have more serious and rare illnesses, which can give students a distorted perception of the prevalence and prognosis of certain medical conditions.





2.4 Course Content and how to deliver it

One of the best resources in planning your sessions with the students is to use the **core components sheet** on the next page.

The key Objectives:

To practice core clinical skills with an emphasis on cardiovascular, respiratory, GI and loco-motor systems.

To develop communication skills and clinical skills.

To diagnose and manage common clinical problems.

To develop attitudes appropriate to being a good doctor.

To develop an understanding of ethical and legal issues involved.

To develop an understanding of the involvement of primary and secondary care services for patients, and the interface between them.

There is no one set template for how you deliver your sessions.

At least one session (half a day) should be in protected time, and based around tutorials or learning basic examination skills. This should involve clinical contact, and a priority is to invite selected patients especially for the students to meet. You could base this around the **core components** for the current module. The best feedback students give is when they approach a problem from a symptom perspective, tying this in with a real patient, with the opportunity to take a history, examine and present their findings. Whilst this can be onerous in large groups, you can get them to work in pairs or small groups.

Other ideas are tasks around writing referral letters, prescribing or managing medically unexplained symptoms.

Often due to the dynamic and varied nature of general practice, it can be helpful to be opportunistic as relevant to the curriculum components of MIC. E.g. supervising the students assessing a patient off the duty-GP list.

The other session can involve some service provision eg: you could set up a teaching surgery with longer appointment times and perhaps students seeing the

Other related year 4 primary care teaching, outside of MIC placement days

Primary and Community Care Workshop

The Primary and Community Care workshop consists of a 1 day workshop for all Year 4 students

Teaching during and post-Covid, especially at Peaks

We hope COVID will not interfere with teaching this academic year but if regulation or local circumstances change, we will probably revert to COVID-style teaching. Students should be COVID vaccinated but it is no longer compulsory for health care workers.

The guidance from the GMC/NHSE and Medical Schools Council is that clinical teaching experience for medical students must go ahead so that we can produce the next generation of clinically competent doctors. This means we would like



2.5 Core Components of each Module

Prior to the 10x day MIC placements with yourself, the students will have an introductory lecture delivered on campus by MIC Lead Dr Renukathan (on the IOM/ introduction and orientation to medicine 2-week block); it will detail the aims and objectives of the Year 4 Medicine in Community (MIC) placements and what the students can expect during the academic year.

What we would like you to do in the first session is to meet the students, discuss the yearlong placement, and get them familiar with the practice. Some tutors like to agree learning needs and organise a peer-teaching aspect e.g.: ask a different student to do a presentation each week. This is the time to discuss these aspects.



BLOCK B

BLOCK C

2.6 Your Role in Student Assessment

Your role in student assessment is very important. Working with the students in a small group allows you to develop a very accurate opinion of their skills, knowledge and attitude.

There are three important aspects:

- 1) For each block/term of MIC, we recommend tutors complete at least:
-

2.7 Student Examinations and Final Grades

At the end of the 9-week block students will have to submit their portfolio to receive a final block grade.

Assessment and Portfolios

There is an important distinction between the entity of the portfolio and its contents! The keeping of a portfolio is now strictly a formative exercise. It is sensible for students to keep all this information in their portfolio. Each module may organise the firm grade differently, but module leads will require this information in order to award the firm grades and logically may request to see

clerkings should also be kept as an appendix to the main file.

The end of module grades do progression to year 5 alongside the CPSA and written papers (see the Year 4

[http://www.ucl.ac.uk/medicalschoo/currnt-students/assessments-63\(ss\)153005cT /F2 12 Tf 1](http://www.ucl.ac.uk/medicalschoo/currnt-students/assessments-63(ss)153005cT /F2 12 Tf 1)

The future Medical Licensing Assessment (MLA)

From 2024-2025, final year medical students across all medical schools in the UK will start to sit the Medical-Licensing Assessment (MLA), which students will need to pass in order to complete their Medical degree. The GMC has provided guidance on an MLA content map (link below); the final year MLA assessment will consist of AKT (applied knowledge test) and CPISA (clinical and professional skills assessment).

When planning Year 4 MIC GP Placement sessions, you may find it beneficial to think about the curriculum content as per the UCL ASR Map but also the MLA content map. Whilst it is useful to think about the MLA content map for the longer term aims and objectives from MIC placements, it is important to remember that teaching needs to also be tailored to the level of 4th year (1st year clinical) students (as they are not final year students). For further information, see links below:

<https://www.medschools.ac.uk/medical-licensing-assessment>

https://www.gmc-uk.org/-/media/documents/mla_W* n BT /F7 12 Tf 1 0 0 1 296.11 537.79 Tm

3. Planning for Teaching

3.1 Organisation

We are very grateful to you for agreeing to teach Medicine in the Community, and you have been selected because we believe that the students will get high quality teaching during their time with you.

The system of payments we make to you for teaching is on the understanding that the students are **taught in protected and service time** and that you are able to devote time to your students.

3.2 Patients as Partners in Teaching

One of the main advantages for students who attend a general practice for their MIC teaching is that patients are invited into the practice especially to assist with student teaching. This means that patients may have specific signs or classical histories that will be helpful to their learning.

Recruiting Patients

Develop a database of your patients who are willing to assist with teaching, noting their contact details, diagnoses and relevant aspects of history or physical findings.

Involve all your clinical and reception staff: ask your partners if they know of any suitable patients who would be likely to agree to help and ask your reception staff to be on the look-out.

(which you should adapt to suit your own circumstances) to help with recruitment, for example, the patient information leaflet: give copies of these to your doctors, nurses and receptionists to hand out.

Put up a poster in the waiting room.

Remember that you are teaching *with* your patients, and that they may have much to offer your students as a result of their experience of illness.

Finally, remember also that it is important for students to gain experience of what examination, a normal examination is still worth undertaking.

Think about the Needs of Your Teaching Patients

Plan ahead: contact willing patients a few days before the teaching session to arrange when they should come into the practice for the teaching. Do this

4. Resources

Enclosed are a variety of resources as listed in contents. We hope they are useful to you.

4.1 Web-based material

You could signpost students to evidence-based websites, such as:

Cochrane - a database of systematic reviews in healthcare

(<http://hiru.mcmaster.ca/cochrane/>).

PubMed - medical journals from around the world (<http://pubmed.co.uk>).

Bandolier - a journal of evidence-based healthcare

(<http://www.jr2.ox.ac.uk/bandolier/>).

GP notebook (<http://gpnotebook.co.uk/homepage.cfm>) gives a quick overview.

Best treatment tends to give good EBM overviews

(<http://www.besttreatments.org/btus/home.jsp>).

BMJ clinical evidence and NHS knowledge (<http://cks.nhs.uk/knowledgeplus>).

We are hoping to build up a database of teaching plans, which can be used/adapted as needed. ents up102 841.9107 12 H112 H1yssh12(a)-3(n)-3(p102 y 0 595.32

(RECRUITMENT LETTER)

(PRACTICE HEADER)

(DATE)

Dear

As you may know the doctors and nurses at *(PRACTICE NAME)* are involved in teaching medical students. To do this successfully we rely on the help and support of our patients.

We wonder if you would be willing to take part in helping the students, either at the surgery or in your own home.

Please find enclosed an information sheet that gives more details of what is involved, and if you have any questions please do not hesitate to contact the practice. Please be assured that your medical details will be treated with the same confidentiality as they are by the practice staff.

If you would like to join our list of patients who are available to help with teaching then please complete the enclosed questionnaire and return it to the practice.

Participation is entirely voluntary and your treatment at the practice will continue as normal, whether or not you wish to join the teaching list.

We look forward to hearing from you

WHAT HAPPENS NEXT?

If you are interested

If you would like to join the list of patients who are happy to help in the teaching of medical students then **please return the enclosed questionnaire**. We will then contact you to arrange a convenient time for you to see some students.

If you are not interested

If you do not want to be involved at this stage, then please do nothing further.

PLEASE NOTE

We are always grateful to those who volunteer, but we understand that not everyone wants to be involved. Participation is always on a voluntary basis and will not affect your care at the surgery. We welcome your contributions throughout the process.

CONFIRMATION LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Thank you for agreeing to help our medical students.

As discussed they will see you: **On**.....

At.....

If a doctor is taking the session, it will be **Dr**.....

If the session is to be at the surgery, please tell the receptionist when you arrive.

If this time is inconvenient please telephone and leave a message with *(NAMED CONTACT PERSON)*.

We look forward to seeing you

Yours sincerely

(XXXXXXXXXX)

(THANK YOU LETTER)
(PRACTICE HEADER)

(DATE)

Dear

Thank you very much for your help with teaching the medical students recently.

Not only do the students greatly enjoy their time at