PROGRAMME FOR FOUNDATION YEAR 2 PLACEMENTS IN GENERAL PRACTICE

Aims and Objectives

- To provide a tailored educational programme for each F2 trainee developing the generic skills and competencies appropriately acquired and assessed in the context of general practice; allowing them to be further developed and perfected in the remainder of the foundation programme.
- Develop key skills and core competencies
 - \circ Communication
 - o Team work
 - Triage and problem solving
 - o Clinical governance and risk management
 - Critical appraisal skills
 - Management skills
- To develop an understanding of the primary and secondary care roles, responsibilities and understand how they interact.
- To provide F2 trainees with learning experience in general practice to inform their future career choices for specialty training.
- To provide an enriched and enjoyable educational experience.

By the end of their four month GP placement F2 trainees should be able to:

- Consult, visit and prescribe (under supervision) with surgeries of 6 -8 patients at intervals of no less than 15 minutes per patient.
- They should have developed basic competence in consultation and communication skills.
- Manage simple problem solving and triage (of their own cases).
- Be able to manage both acute and chronic illness in the community.
- Understand the care and referral pathways for the above.
- Have an evidence based framework for the management of common problems such as, "tired all the time, headaches, back pain, breathlessness.
- Be able to develop a simple clinical or management protocol.
- Be able to perform a risk assessment in the context of clinical risk or risk in the workplace.
- Complete a significant event and clinical audit.
- Understand the roles and responsibilities and interact with the PHCT.
- Perform a simple management task e.g. draw up a staff rota; draft an agenda for a team meeting.

Educational Methods

- Sitting in and joint surgeries and visits (induction phase and during the placement)
- Supervised surgeries and home visits (at a level suitable to the individual learner)
- Assessment of communication and consultation skills using a variety of consultation models e.g. Stott & Davis / Pendleton.
- Targeted case load to achieve optimum balance acute v chronic disease management. It might be appropriate to tailor this to the post holders career intention e.g. F2 trainees with surgery as a final career choice could be directed to minor ops in general practice.
- Attendance and participation in chronic disease clinics.
- Attachments to members of the GP team and wider Primary Health Care Team (PHCT)
- Structured hospital visits to explore the interface between primary and secondary care
- Critical Event Analysis, audit and risk assessment
- Clinical Audit
- Random and Problem case analysis (RCA &PCA)
- Formal subject tutorials
- Reflective learning log
 - Reading list and review
 - o Case reviews
 - Tutorial reflection
 - PUNs & DENs diary
 - o Critique/reflection from attachments

Formative and summative assessment methods

- Initial learning needs assessment using confidence rating scales, SWOT analysis and knowledge skills and attitude grids.
- Learning styles inventory
- MCQ & MEQ
- Case analysis and discussion of scenarios of increasing complexity
- Leicester Assessment Package (LAP) of video consultations done early and towards the end of the F2 GP attachment.
- Appraisal with educational supervisor
- Formal mini-CEX, DOP, CBD
- Team and patient feedback
- Reflective entries in the portfolio
- Audit and significant event audits

Reference

Foundation programmes in general practice Robert Duncan & Paul Downey *BMJ Career Focus* 15 May 2004 P193 -194

J P Mamelok May 2004 (Updated A Craven 2011)