

# GP Specialty Training Programme



Overlaps with Trauma & Orthopaedics

## GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that GPStRs work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	3.03
Supplementary sections that may be covered	3.04-3.21

## Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should refer to the RCGP curriculum in order to identify key learning areas.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

## Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- CEP assessments
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

## Study Leave

Please refer to the HENW website for guidance on study leave.

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor and applied for using the approved deanery forms. All Study leave has to be approved in advance and no retrospective study leave can be granted. The GP ST trainees are expected to attend the structured teaching programme on Wednesday afternoon.

# GP Specialty Training Programme: Learning Objectives & Assessment in A+E

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	CEPS
<b><u>Appreciation of important issues identified:</u></b>			
1. Awareness of own limitations	✓		
2. Communication Issues			
• Liaison with Other Services (Social Services – Social Work Standby, REACT, Falls Service, Emergency Services - Ambulance Service and Police)	✓		
• With NHS Colleagues – GPs, Other specialities	✓		
• With Relatives – Breaking Bad News – especially in acute situations where there is no pre-existing relationship, opportunity in supported environment with senior staff and nursing colleagues		✓	
3. Medico-Legal Aspects – Court appearances, Reports, Sudden Death, Note keeping e.g. 'patient states that ...', laceration v incised wound	✓		
<b><u>Specific Knowledge and Skills:</u></b>			
1. Principles of Triage	✓		
2. Management of Paediatric Cases - Child protection – awareness injuries/features of history suggestive of NAI	✓		
- Assessment of sick child		✓	
3. Psychiatry – Management of Angry/Aggressive Patients	✓		
- Alcohol and Drug Intoxication	✓		
- Overdose Management	✓		
4. Management of Elderly Patients and the particular challenges they pose	✓		
5. Minor Illness Exposure	✓		
6. Rashes – Acute presentations e.g. 'viral rash'	✓		
7. Medical Presentations – 'Collapse' ? cause (who needs admitted, how assess)	✓	✓	
- Anaphylaxis	✓	✓	
- 'Bleeders' – Upper and Lower GI bleed	✓	✓	
- Chest Pain inc ECG Interpretation	✓	✓	
- SOB (Asthma, COPD)	✓	✓	
- LOC and Seizures	✓	✓	
8. Surgical Presentations - Abdominal Pain	✓	✓	

What the GPStR can learn	CbD	Mini-CEX	CEPS
<b>9. Trauma and Orthopaedics Cases</b> – Head Injuries (How differentiate minor from serious, who needs further assessed, HI Advice, GCS)	✓	✓	
- Management of Hand Injuries and infections	✓	✓	
- Back Pain and Injury inc RED FLAGS	✓	✓	
- Whiplash/Neck injury	✓		
- Joint examination		✓	
- X ray indication e.g. Ottawa Ankle Rules	✓		
<b>10. Resuscitation Skills</b>			✓
<b>11. Wound, Sepsis and Burn Management</b> – Minor injury	✓	✓	
- Soft Tissue Injury inc Burns/Scalds	✓	✓	
- Tetanus Protocols	✓		
- Infection inc Cellulitis (follow up, when to admit)	✓	✓	
- Practical Skills (I&D, Suturing, Steristrips, Glue, Dressings, Strapping)			✓
- Wound follow up – to appreciate normal healing			✓
<b>12. Pain Management</b>	✓		

## How the GPStR can learn

### LEARNING OPPORTUNITIES IN HOSPITAL SETTING

- 1. Seeing breadth of A&E attendances** – Major, Minor and Resuscitation Cases
- 2. Clinics – Fracture and Return A&E** – to understand natural history of healing
- 3. Resuscitation** – ALS Courses, Should reflect on a resuscitation case – successful or otherwise, to ‘debrief’, Take opportunity to lead a resuscitation (most likely would be looked on to take the lead in a practice situation – this gives the opportunity to do so in a supported environment)
- 4. Case Based Discussion**
- 5. Formal Teaching Sessions**

# GP Specialty Training Programme

A+E

**Educational Plan** From: ..... To: .....

GPStR: ..... email: .....

Clinical Supervisor: ..... email: .....

Educational Supervisor: ..... email: .....

**Learning Needs Identified:**

**How will these be addressed?**

## Assessment Planner

Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
CbD 3		
Mini-CEX 1		
Mini-CEX 2		
Mini-CEX 3		
CEPS		
CEPS		
Additional		

**Signed & agreed:**

<b>GPStR:</b>		<b>Date:</b>
<b>Clinical Supervisor:</b>		<b>Date:</b>

