

### **GP Specialty Training Programme**

## 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 20

#### **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 ORTHOPAEDICS

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	CEPS
Appreciation of important issues identified:			
Ethical Considerations e.g back pain effect on workforce			
	$\checkmark$	$\checkmark$	
2. Working in multidisciplinary team	$\checkmark$		
3. <b>Difficult to manage conditions</b> – e.g. chronic back pain, chronic pain syndrome	✓		
Knowledge of specific clinical cases:			
Recognition of orthopaedic emergencies – osteomyelitis, septic arthritis	✓	<b>√</b>	
- <u>Cauda equina</u> - <u>Trauma e.g. Ottawa rules</u>	/		
2. Management of common Ortho Problems		<b>V</b>	
- Soft tissue injury	V	•	
- Osteoarthritis		1	
Back pain	<b>V</b>	<b>V</b>	
- Rotator cuff			
. Tennis / golfers elbow			
	<b>√</b>	<b>√</b>	
- Trigger finger	<b>√</b>	<b>/</b>	
<ul><li>Dupuytrenss</li></ul>	<b>√</b>	<b>→</b>	
Childhood conditions e.g. Bow legs	<b>√</b>	<b>√</b>	
Osgood Schlatters			
Perthes / Slipped femoral epiphysis			



	Terro Todal dello i Trast		
Role of others			
1. Physiotherapists	✓		
2.Rehabilitation Services	✓		
3.Pain Clinic			
	CbD	Mini-CEX	DOPS
Considia Chilla			
Specific Skills: Joint Aspirations			
Steroid injections			V /
Examination of joints and spine			<b>V</b>
Examination of joints and spine			



#### How the GPStR can learn

#### LEARNING OPPORTUNITIES IN HOSPITAL SETTING

- 1. Outpatient Clinics Seeing the type of patients commonly referred by GP and their management ...
- 2. Specialised Clinics e.g. Paediatric clinics, Pain Management Clinic
- 3. Acute Receiving for exposure to acute Orthopaedic problems
- 4. **Case Based Discussion/Case Presentations –** These should take a particular focus. eg Follow a patient from admission to discharge
- 5. Formal Teaching Sessions
- 6. Teaching Ward Rounds



## **GP Specialty Training Programme**

ORTHOPAEDICS

Educational Plan From: To:					
GPStR:		email:			
Clinical Supe	rvisor:				
	Supervisor:	email:			
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Learning Ne	eds Identified:				
-	se be addressed?				
Assessment	Dianner				
Assessment			When?		
CbD 1	1 ocus of assessment		VVIICIT:		
CbD 2					
CbD 3					
Mini-CEX 1					
Mini-CEX 2					
Mini-CEX 3					
CEPS					
CEPS					
Additional					
Signed & ag	reed:		1		
GPStR:		Date:			
Clinical Supervisor:		Date:			

