

Northern Ireland

General Practice Specialty Training



Clinical Supervisor's Guide

GP Trainees in Emergency Medicine Posts

Version 1.3
Produced by the GP Specialty Training Team (Oct 2018)

Introduction

Overview of GP Training

3 year training programme

	AUG-FEB	FEB - AUG
ST1	Hospital	Hospital
ST2	Hospital /GP	GP / Hospital
ST3	GP	GP

T

rainees will have 3 or 4 hospital-based posts

- **Psychiatry**
- **Paediatrics**
- **Emergency Medicine**
- **Obstetrics / Gynaecology**
- **General Medicine**

Either:

3 x 4 month posts + 1 x 6 month post

or

3 x 6 month posts

Then:

1 x 6 month GP post

1 x 12 month GP post

Clinical Supervisor Overview

Role and responsibilities of Clinical Supervisor for GPST

Oversee day to day work of the trainee (direct contact or delegated)

Hold 3 formative meetings with the trainee

Sign off Workplace based assessments (WPBA)

- 3 x Case Based discussions (CBD)
- 3 x Mini-Clinical Evaluation Exercise (Mini-CEX)
- Clinical Examination and Procedural Skills (CEPs)
- Multi-source feedback (MSF) 5 clinicians only

(assessments can be undertaken by other appropriate members of staff: Associate specialists, staff grades, enhanced nurse practitioners, specialty trainees >ST4).

Be the trainee's initial point of contact for specific issues relating to their post

Support the trainee in attending GPST specific educational opportunities:

GP ST monthly meeting; GPST Core Curriculum Course - hosted in a local GP training practice

Communicate and record appropriately any concerns about a trainee's progress to the GP Educational Supervisor and TPD —Educator Notes section of Eportfolio

Clinical Supervisor's Report

Completed as part of the last of 3 meetings with your trainee: (Template page 12)

Done prior to their 6 monthly review with their GP Educational Supervisor, or at the end of each 4 month post.

CSRs are completed on the e-Portfolio

It covers:

- The knowledge base relevant to the post;
- Practical skills relevant to the post
- The professional competencies, grouped into 4 - Relationships, Diagnostics, Clinical Management, Professionalism (RDMP)

This is based on the level that you would expect an ST trainee to have i.e. ST1 or ST2.

The report should identify and comment on:

Any significant developmental needs identified during a placement, and also point out any areas where the trainee has shown particular strengths.

The progress of the trainee in terms of the evidence of competence (it is not a pass/ fail report).

If there are serious issues of professional performance or ill health during a placement these will need to be handled by normal trust / NIMDTA mechanisms.

If you wish to raise any concerns regarding a trainee please contact:

gpspecialtytraining.nimdta@hscni.net or contacts on back of this booklet

<https://trainee.gpeportfolio.rcgp.org.uk>

click on the Assessment form page

complete the details page and click on CSR at the bottom.

complete the form with the trainee present and submit.

Left hand navigation bar > click evidence

Meetings with GP Trainee

1) Introductory Meeting—within 4 weeks of start date (Feb or Aug)

- Discuss expectations for the post and areas of learning need
- Discuss GP ST study days
- Trainee to document learning plan in eportfolio
- CS to document brief summary in Educator Notes
- Set date for mid-post and end-of-post meetings

2) Mid-post Meeting

- Discuss general progress (could use the RDMP) model to aid the CSR
- Use confidence rating scale (see page 8)
- Document in Educator Notes
- Contact GP ES (trainer) or PD if any concerns

3) End-of Post meeting

- Prior to ESR—Feb or June
- Review progress with WPBAs and supplementary evidence if completed—e.g. audit / SEA
- Complete CSR
- Contact PD / AD if concerns

CBD Structured Guidance



The RCGP gratefully acknowledges the help of the Oral Core Group of the MRCGP examination in developing this CBD tool

CBD Structured Question Guidance

Defines the problem

- What are the issues raised in this case?
- What conflicts are you trying to resolve?
- Why did you find it difficult/challenging?

Integrates information

- What relevant information had you available?
- Why was this relevant?
- How did the data/information/evidence you had available help you to make your decision?
- How did you use the data/information/evidence available to you in this case?
- What other information could have been useful?

Prioritises options

- What were your options? Which did you choose?
- Why did you choose this one?
- What are the advantages/disadvantages of your decision?
- How do you balance them?

Considers implications

- What are the implications of your decision?
- For whom? (e.g. patient/relatives/doctor/practice/society)
- How might they feel about your choice?
- How does this influence your decision?

CBD Structured Guidance

Justifies decision

- How do you justify your decision?
- What evidence/information have you to support your choice?
- Can you give me an example?
- Are you aware of any model or framework that helps you to justify your decision?
- How does it help you? Can you apply it to this case?
- Some people might argue, how would you convince them of your point of view?
- Why did you do this?

Practises ethically

- What ethical framework did you refer to in this case? How did you apply it?
-How did it help you decide what to do?
- How did you establish the patient's point of view?
- What are their rights? How did this influence your handling of the case?

Works in a team

- Which colleagues did you involve in this case? Why?
- How did you ensure you had effective communication with them?
- Who could you have involved? What might they have been able to offer?
- What is your role in this sort of situation?

Upholds duties of a doctor

- What are your responsibilities/duties? -How do they apply to this case?
- How did you make sure you observed them? Why are they important?

CBD Summary Template

Case-based Discussion Summary Template For Trainees template for presenting your case

Patient's age:

Occupation:

PMH

Medication

Chronological Order of Events

CBD Summary Template

- Please tick the competency boxes below which you feel are demonstrated by this case (try and select 4 competencies which you think the case really demonstrates well or ones which you would like the focus to be)
- For those boxes you have ticked, write a brief explanation (in the right hand column) why you feel the case demonstrates this
- Give this template along with the other paper work 1 week before the discussion is scheduled (= to help the clinical supervisor devise questions)
- Remember, every case does not need to demonstrate every competence (but your final collection case based discussions should do)

Competence	your concise explanation (~ 50 words)
<input type="checkbox"/> Practising holistically	
<input type="checkbox"/> Data gathering and interpretation	
<input type="checkbox"/> Making diagnoses & decisions	
<input type="checkbox"/> Clinical Management	
<input type="checkbox"/> Managing medical complexity	
<input type="checkbox"/> Primary care administration and IMT	
<input type="checkbox"/> Working with colleagues and in teams	
<input type="checkbox"/> Community orientation	
<input type="checkbox"/> Maintaining an ethical approach to practice	
<input type="checkbox"/> Fitness to practise	

Thanks to Ramesh Mehay (Bradford VTS) for this CBD template

Confidence Rating Scale

How confident do you feel in the assessment, investigation, diagnosis and management of the following situations?

Clinical Management, Data Gathering, Making a Diagnosis, Managing Complexity			
<i>How confident do you feel in the assessment, investigation, diagnosis and management of the following situations?</i>	✓	✓	✓
• Recognition of the sick child – see overlap with Paediatric A&E guide	☐	☐	☐
• Wound assessment and management	☐	✓	☐
• Ophthalmological conditions including recognition of emergencies and assessment of the eye	☐	☐	✓
• Assessment & initial management of fractures & musculoskeletal injuries/conditions	☐	☐	✓
• Management of acute decompensation of diabetic patients	✓	☐	☐
• Assessment of psychiatric patients including confused/acute psychosis and alcohol and/or drug intoxication/OD	☐	☐	✓
• Management of unwell elderly patients and associated challenges for discharge from A/E	☐	☐	✓
• Management of PTE	☐	☐	✓
• Familiarisation with conditions seen in minor injuries and how to manage	☐	☐	✓
• Knowledge of the principles of triage	☐	☐	✓
• Recognition of deterioration in patient condition and appropriate escalation of care and team input	☐	☐	✓
Acute/Emergency situations			
• Resuscitation and airways management	☐	☐	✓
• Haemorrhage and the management of hypovolaemia and acute arterial bleeding	☐	☐	✓
• “Collapse” and LOC/reduced GCS	☐	☐	✓
• Chest pain - suspected myocardial infarction, CCF	☐	✓	☐
• Acute abdomen	☐	✓	☐
• Trauma - assessment and initial management of multiply injured patient including head injured and c-spine injured patients	☐	✓	☐
• Acute respiratory compromise including acute asthma/COPD	☐	☐	☐
• Anaphylaxis	☐	✓	☐
• Meningitis/meningococcal septicaemia	☐	✓	☐
Technical Skills			
• Interpretation of x-rays	☐	☐	✓
• Suturing and simple dressings of wounds and burns	✓	☐	☐
• Use of slit lamp in assessment of the eye including removal of foreign body	☐	☐	✓
• Airways management, ALS	✓	☐	☐
• Bladder catheterisation	☐	☐	✓
• Drainage of abscesses and joint aspiration	✓	☐	☐
The opportunity for chest drain insertion, ascetic and pleural aspiration are useful but not essential in this placement	☐	✓	☐
Communication/Working with Colleagues			
<i>How confident do you feel about communicating and working with the following groups?</i>	✓	✓	✓
• Other services including emergency social work, ambulance service and police	☐	✓	☐
• Liaising with medical colleagues including hospital consultants, GP, OOH for specialist care or follow up	✓	☐	☐
• Breaking bad news to relatives in the acute setting	☐	✓	☐
• Educating patients where there is inappropriate use of the A/E, re-direction to other services	✓	☐	☐
• Ability to show leadership qualities as necessary in a team whilst also working within limits of own competence	☐	✓	☐
Community Orientation/Practising Holistically			
<i>How confident do you feel about addressing issues related to, and co-ordinating the involvement of the following services?</i>	✓	✓	✓
• Knowledge of and co-ordination of immediate discharge teams	☐	✓	☐
• Maintaining professional approach in acute setting and at all times respecting the patient's dignity	☐	☐	✓
• Educating patients where there is inappropriate use of A&E, redirection to other services	☐	✓	☐
• Liaison with GP, social work, district nurse etc	✓	☐	☐
• Impact of ethnic/cultural factors on patient presentation and management	✓	☐	☐

Confidence Rating Scale

Maintaining an Ethical Approach/Medicolegal issues			
<i>How confident do you feel about your knowledge of the following issues and how to apply the theories in practice?</i>	✓	✓	✓
• Mental Health Act/Adults with Incapacity/Power of Attorney/DNARs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Competency and consent and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Record keeping, court appearances, sudden deaths	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respect for values, beliefs, dignity and autonomy of the patient	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Child protection issues – identification of and inclusion of appropriate services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Notifiable diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintaining Performance/Learning and Teaching			
<i>How confident do you feel with undertaking the following?</i>	✓	✓	✓
• Taking care of Self - finding ways to process and “dump” emotions related to stress, time pressure and dealing with traumatic and challenging cases.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Audit and Significant Event Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Presenting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Dr as teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The Confidence Rating Scale

The confidence rating document is designed for use by the trainee in preparing for the first meeting with the CS. It can identify any areas that the trainee and CS agree should be the main learning objectives for the post.

Although not exhaustive, it provides a list of clinical conditions and issues that are particularly relevant to working in a General Practice setting.

CSR TEMPLATE

Evidence

CSR

Doctor's surname: *

Doctor's forename: *

Doctor's GMC Number: *

ST year: *

Speciality: *

Please grade the trainee in comparison with doctors at the same stage of training

Relationship

Area	Grade	Comments/Concerns
Explores patient's agenda (their Ideas, Concerns and Expectations)	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Works in partnership to negotiate a plan	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Recognises the impact of the problem on the patient's life	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Works co-operatively with team members, using their skills appropriately	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>

Diagnostics

Area	Grade	Comments/Concerns
Takes a history, examines and investigates systematically & appropriately	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Elicits important clinical signs & interprets information appropriately	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Suggests an appropriate differential diagnosis	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Recommends appropriate management plans and follow-up arrangements	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Refers appropriately and co-ordinates care with other professionals	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>

Management

Area	Grade	Comments/Concerns
Keeps good medical records	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>

CSR TEMPLATE

Refers appropriately and co-ordinates care with other professionals

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Management

Area	Grade	Comments/Concerns
------	-------	-------------------

Keeps good medical records

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Uses resources cost effectively

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Keeps up-to-date and shows commitment to addressing learning needs

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Professionalism

Area	Grade	Comments/Concerns
------	-------	-------------------

Identifies and discusses ethical conflicts

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Shows respect for others

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Is organised, efficient and takes appropriate responsibility

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

Deals appropriately with stress

Unable to Grade

Below Expectations

Borderline

Meets Expectations

Above Expectations

If you have concerns, or are unable to grade please elaborate further. Do you have any recommendations that might help the learner or the Educational Supervisor?:

Revalidation: Details of Concerns / Investigations

Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint?: Yes No

If yes, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about this trainee's fitness to practise or conduct?: Yes No

If there are any unresolved causes of concern, please complete an Exception Exit Report (available from your Deanery Responsible Officer) and return it to your Deanery office.

Brief summary of unresolved concerns:

Endorsement by Clinical Supervisor

I confirm that the above is based on my own observations and the results of workplace-based assessments and has been discussed with the trainee concerned

Clinical Supervisor's name: *

Clinical Supervisor's GMC number:

Clinical Supervisor's contact details (assessors will be contacted at random for confirmation):



FOLLOW US



Staff Name	
Dr Claire Loughrey	GP Director
Dr Paul Carlisle	
Dr Andrew Leitch	
Dr Michele Stone	GP Specialty Training Associate Directors
Dr Siobhan McEntee	
Dr Louise Sands	
Dr Nigel Hart	Associate Director - Quality Improvement
Rebecca Mahood	GP Training Manager
Bernie Devlin	GP Training Coordinator
Caroline Diver	
Elly McGinn	
Lauran Morrow	
Rachel Hawkins	GP Specialty Training Administration Team
Kerrie Young	
Pierce Ewing	
Andrew Raybould	
Mandy Boyle	

Area Group	Programme Director
Northern	Dr Steve Harte, Dr Davina Carr, Dr Katherine Potter
Southern	Dr Aine McShane, Dr Ali Rogers, Dr Adrienne Keown
Belfast	Dr John Clements, Dr Fionnuala Pollock, Dr Marie King
South East	Dr Michael Mulholland, Dr Ursula Mason, Dr Andrea Murray, Dr Andy Nelson
Western	Dr Derval Dolan, Dr Diane Robinson, Dr Robert Jennings