QUB Covid-19 Learning Activities Staging Framework - Academic Year 2020-21

Version 1.0 (2nd September 2020)

To: GP Tutors & Practice Teams

Background

In March 2020, Lockdown as a result of Covid-19 resulted in all clinical placements being cancelled. QUB rapidly adopted and adapted technologies including Zoom, Microsoft Teams and the recording of lectures to keep the curriculum on the road. Whilst this managed to keep most of our students engaged it is clear that you cannot learn to be a doctor only through remote and online learning; students need to be on clinical placement. In the context of Covid-19, like every other facet of our lives, this is challenging.

Tri-partite Partnership

The training of doctors is a collaboration between many partners: our Department of Health in their remit for the workforce, the medical schools in their remit to design curricula and guide students and clinical educators (in our case GP Tutors) in their role to immerse and engage students in clinical practice. Each partner has equal standing; one cannot fulfil their remit without the others. This has perhaps never been more apparent than through the out-workings of the Covid pandemic.

Medical Schools Council

The key challenge set out by the Medical Schools Council in May 2020 was for all Medical Schools to do everything possible to return to a clinical curriculum in September 2020; not necessarily 'The' curriculum but 'A' clinical curriculum. (https://www.medschools.ac.uk/media/2646/statement-on-clinical-placements.pdf)

Why a Stages Framework?

Reflecting on feedback from focus groups & 'Town Hall' meetings with our GP Tutors between June and August we came to the conclusion that a Framework of Stages between Stage 5 (Normal clinical placements in GP) and Stage 1 (Lockdown and clinical attachments are NOT possible) would be helpful to guide our thinking and provide a language for dialogue between GP Practices and QUB. We hope that it will will assist us in determining what level of clinical experience General Practice is able to facilitate at any given stage. Please help us to refine it over the coming months.

***Extract from Medical Schools Council (MSC) 1 May 2020 - Statement on clinical placements**

NHS will not return to pre-pandemic levels for some time. This will require medical schools to use the capacity that is available carefully, with some prioritisation being necessary.

1. The first priority for all medical schools will be their final year students. It is vital that these students are able to graduate in 2021 in order that they start their professional lives in the NHS. Medical schools will need the support and collaboration of their local NHS providers not only to deliver clinical placements for this stage of learning, but to cover core gaps from placement experience in their penultimate year due to the pandemic. The Medical Schools Council believes that facilitating placements for final year students is not only important for the learners themselves but will benefit the NHS as it continues to develop its response to the pandemic. Final year medical students can be fully embedded within clinical teams and can assist the clinicians in the care of patients.
2. The second priority is for students in the latter part of the course who would ordinarily be spending the majority of their time in clinical placements. Whilst there is not an immediate urgency to prepare these students for graduation medicine is a longitudinal programme of study that requires these valuable years to

learn clinical skills and apply their knowledge. It is expected that their clinical placements will need to be more heavily supported by virtual learning and simulation than in previous years. Students in the earlier years of many programmes are mainly focused on developing foundational knowledge and developing clinical skills within the university.

The Medical Schools Council recognises and supports the importance of early clinical experience and acknowledges the efforts that many medical schools have made in expanding the provision in recent years. However, in the current situation the need to undertake clinical placements through direct experience is not an absolute priority. Government guidelines on social distancing will also affect whether these students are able to go on placement. MSC would expect them to follow social distancing guidelines. However, students in the earlier years of the course do find the periods of time spent on placement both rewarding and motivating and if these placements can be facilitated, they should be. MSC will promote the sharing of best practice on how students can experience clinical practice through tele-medicine and other means that have been developed in the recent crisis.

What is the 'new norm'?

There is so much uncertainty in our world and Covid-19 has taught us that what we understand to be our solid foundations on one day completely changes the next. We have had to learn to be flexible both personally and professionally. In the 'new norm' things that were once deemed as essential have been demoted in importance. We have set aside things with an expectation to pick them up again in the future though we increasingly recognise that some things we may never pick up again. We are working in pursuit of the 'New Norm'; in medical education and the training of tomorrow's doctors too.

What would help us

We know that circumstances will continue to change. This document is a start, not the end point. The QUB team are themselves all working GPs and so do have some insights from the frontline but if we could ask you to feedback to us on how you are finding things, what experiences you have had, what adaptations you have made, what innovations you have invoked, what you are struggling with, what you need help with. We will endeavour to address your concerns and reflect your experiences in any future versions of this Learning Activities Staging Framework.

Please contact us via: gpadmin@qub.ac.uk

Thanks

The QUB GP team

https://www.med.qub.ac.uk/wp-gp/

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Year	Module ↓	← Level of patient contact and time student spends in practice →				
	Staging Level →	1 Major Lockdown	2 Students not attending surgery	3 Students attending surgery** but no Face to Face patient contact (F2F) *	4 Students attending surgery** but using PPE for F2F	5 "Normal" placement
1	Clinical Skills (groups usually 6-8) 9-11 afternoons	No time in GP practice All synchronous teaching remote via ZOOM or MS Teams QUB staff facilitating all synchronous virtual teaching Use of self-directed asynchronous eLearning e.g. Clinically Speaking, Capsule, healthtalk.org Virtual General Practice Simulation training Remote teaching by an MDT lead	GP practice tutor delivers teaching via ZOOM to a group. Students buddy with another student (live) and/or a family member (non-live & pre-recorded with consent) to practise defined clinical skills and receive feedback on skills from the GP. Tutors will also discuss aspects of the skills and may demonstrate some skills where possible.	N/A	N/A	Full course delivered in practice Direct patient contact +HV F2F** tutorials in practice Interaction and learning with full range of Primary Care Team F2F home visits/ District nursing / community pharmacy learning opportunities Study guide full requirements completed
2	Clinical Skills (groups usually 6-8) 9-11 afternoons					
1	Family Medicine 1 (groups usually 8-9) 5 afternoons		Year 1 - GP practice tutors deliver all 5 sessions via Zoom. Students meet family via ZOOM on 2-4 occasions.	GP practice has students split so only 2 attend at any one time on one occasion during attachment	Students meet family face to face on 1 afternoon session. GP practice has students split so only 2 attend at any one time on one occasion during attachment	
2	Family medicine 2 (groups usually 8-9) 5 afternoons		Year 2 – GP practice tutors deliver all 5 sessions via Zoom, in combination with other members PCT/Patients.	Max 2 students meet members of PCT to observe roles in practice	Max 2 Students meet patient with PCT member or GP for 1 afternoon during attachment	
4	GP Specialty (1 or 2 students) 13 days over 3 weeks (See Appendix)		GP practice tutor delivers some sessions remotely e.g. AccuRx or ZOOM video surgery (student observes). 'Virtual tour' of a practice environment if possible, though students never physically on practice premises.	Student physically attends practice for a minority of the usual 13 days (could be e.g. half days only), with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures.	Student physically attends practice for a majority or all of the usual 13 days, with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures**.	

* Some students (for health reasons) may not be> stage 3, even if COVID risk level permitted (i.e. may still attend practice but no F2F** patient contact)

** All F2F** encounters with caveats around appropriate SD – more detail in student and tutor guides

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4	GP CCTV (2-3 students) 1 session	No CCTV Sessions	Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback	Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback	Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback	Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback
5	GP Placement (2 students) 2 weeks	No time in GP practice All teaching remote via ZOOM tutorials No GP tutors used outside of QUB staff Use of self-directed elearning e.g. Speaking Clinically, Capsule, healthtalk.org Simulation training Remote teaching by a MDT lead	Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback	GP practice has student present 2-4 days/week Telephone/video consulting (joint surgery)	GP practice has student present for 4-5 days/week Some video and telephone consultations (joint/parallel) See 1-2 patients F2F** with consent Home Visit (if possible)	Full course delivered in practice Direct patient contact Face to Face tutorials in practice Interaction and learning with Primary Care team e.g. visits Study guide full requirements completed
5	GP Placement (CCP) (2 students) 2 weeks		Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback	GP practice has student present 2-4 days/week Telephone/video consulting (joint surgery)	GP practice has student present for 4-5 days/week Some video and telephone consultations (joint/parallel) See 2-4 patients F2F** with consent Home Visit (if possible)	
5	GP assistantship (1 student) 1 week		Student takes history remotely using accuRx or ZOOM with tutor observing and giving remote feedback	GP practice has student present 4 days Telephone/video consulting (joint surgery) Complete project	GP practice has student present 4 days Some video and telephone consultations (joint/parallel) See 2-4 patients F2F** with consent Home Visit (if possible) Complete audit	

* Some students (for health reasons) may not be> stage 3, even if COVID risk level permitted (i.e. may still attend practice but no F2F** patient contact)

** All F2F** encounters with caveats around appropriate SD – more detail in student and tutor guides

Appendix

Year 4 GP course element/ assessed element: further detail	**Level 2 Students not physically attending practice**	**Level 3 Students attending practice for at least some time, no F2F patient contact**	**Level 4 Students attending practice, using PPE for any F2F**
Time in practice	No physical attendance, practice tutor might facilitate remote involvement in consultations, or a virtual tour of practice environment	Student physically attends practice for a minority of the usual 13 days (could be e.g. half days only), with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures	Student physically attends practice for a majority or all of the usual 13 days, with observation, participation and practice-based teaching during this time F2F** within practice with appropriate SD measures
Mini CEX	No real opportunity for students to complete	Opportunity for students to complete 1 or 2 based on their own observed telephone/video consulting	Opportunity for students to complete based on their own observed telephone/video consulting or F2F** interactions which have taken place with appropriate PPE
CBD	Students able to prepare based on observed patient consultations	Students able to prepare based on their own telephone/video consultations	Students able to prepare based on their own telephone/video consultations, or F2F** encounters in PPE
STAT	Prepared as usual by students, virtual presentations to GP practice tutor/team, or could be virtual group presentations for peer-to peer learning	Prepared as usual by students, SD F2F** presentations to GP practice tutor/team, or could be virtual group presentations for peer-to peer learning	Prepared as usual by students, SD F2F** presentations to GP practice tutor/team
Asynchronous online learning	Heavy reliance to support learning outcomes (e.g. Capsule Cases, Virtual Primary Care, QUB produced Mediasite and portal resources)	Reasonable amount to support learning outcomes (e.g. Capsule Cases, Virtual Primary Care, QUB produced Mediasite and portal resources)	Some to support learning outcomes (e.g. Capsule Cases, Virtual Primary Care, QUB produced Mediasite and portal resources)

MDT exposure	No opportunity for F2F** engagement with other members of MDT. Opportunities for this might be virtual, or supported by online resources	Some opportunity for F2F** engagement. Opportunities for this might be e.g. observation of PBP or treatment room activities	Opportunity for F2F** engagement with other members of MDT. Opportunities might be observation of PBP or even treatment room involvement with appropriate PPE. Home visit involvement possible if not having to share transport. Recognise 'traditional' opportunities for MDT learning e.g. with DN highly challenging (important to note the experiences students are offered in terms of MDT members highly variable across our teaching practices – we do not mandate, only suggest)
Synchronous (timetabled) virtual sessions during 13 day attachment	Practice based virtual learning supported by substantial amount of synchronous virtual (small group) teaching (which could be facilitated by QUB or potentially by practice-based GP tutors for small group elements)	Practice based learning supported by some synchronous virtual (small group) teaching (which could be facilitated by QUB or potentially by practice-based GP tutors for small group elements)	Practice based learning supported by minimal synchronous virtual (small group) teaching facilitated by QUB; likely only Wednesday PMs