**Severn GP School - UUSC Resources For Trainees Supervisors & Trainers July 2019**

This is a summary of the Acute Care Curriculum Statement: 3:03 that trainees would be expected to work towards and be confident in by their final ARCP in ST3.

***As a general practitioner (GP) you must:***

1. *Recognise the signs of illnesses and conditions that require urgent intervention*
2. *Work effectively in teams and co-ordinate care*
3. *Prioritise problems and establish a differential diagnosis*
4. *Make the patient’s safety a priority*
5. *Consider the appropriateness of interventions according to the patient’s wishes, the severity of the illness and any chronic or co-morbid diseases*
6. *Be able to make mental state assessments and ensure the safety of others*
7. *Accept responsibility for your actions, at the same time recognising any need for involving more experienced personnel*
8. *Keep your resuscitation skills up to date – this would normally involve a yearly certified resuscitation course*
9. *Act calmly in emergency situations and follow agreed protocols*
10. *Know the processes and arrangements for commissioning and delivering urgent and unscheduled care in your community*
11. *Be aware of how the management of patients with continuing conditions affects the need to give urgent and unscheduled care.*

In addition, Urgent care experience often provides unique opportunities to cover those aspects of care embraced in the RCGP Curriculum statement on ‘Care of people with Cancer with Palliative Care’ and ‘Care of people with mental health problems’.

***There are also 6 generic competencies defined:***

*1. Ability to manage common medical, surgical and psychiatric emergencies in urgent or unscheduled care setting*

*2. Understanding the organisational aspects of NHS out of hours care, nationally and at local level*

*3. The ability to make appropriate referral to hospitals and other professionals*

*4. The demonstration of communication and consultation skills required for urgent, unscheduled or out of hours care*

*5. Individual personal time and stress management*

*6. Maintenance of personal security, and awareness and management of security risk to others*

Below are some scenarios divided up by curriculum area that might be useful for trainees to explore with their trainers or for trainers groups to use as the basis for discussion

They do not need to all be attempted / completed, but are designed to give everyone an idea of the breadth and depth of problems faced in UUSC now that the requirement for a certain number of hours to be performed has been removed.

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**Severn School of Primary Care OOH Fellows**

**Urgent & Unscheduled Care Scenarios For GPST3 To Consider According To RCGP Curriculum Heading**

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| **Curriculum Area** | **Telephone Triage** | **F2F in surgery / TC** | **Home Visit** |
| **1.00 Being a General Practitioner**  | You phone a patient who has had to wait several hours for an “urgent” call back. What are the various ways you can start your consultation which will help soothe this situation.How do you address your own needs following a challenging or highly emotional telephone call? | Self care - You have just finished seeing your 10th patient back to back, and you have 4 more to go.In what ways might these next 4 consultations be influenced by the previous ones?How can you make sure you are in the best possible shape to make sure the next 4 patients get as good an encounter with you as your first 4 of the day? | You have come on duty to find 5 “urgent” visits need doingHow do you decide in what order to do them?What influences your decision? |
| **2.01 The GP Consultation in Practice**  | A patient starts yelling at you on the phone “oh for goodness sake, I told the receptionist what was wrong with me, I just need an appointment to see a doctor today, are you gonna give me one or do I have to come down there and yell at someone until I get one”?How do you respond? And how could this situation have been prevented?In what ways might your consultation be different when a fellow healthcare professional makes contact during your duty session / OOH shift? | You have just finished seeing your patient, a 5 year old with otitis media, and the mother says “I know I shouldn’t ask doctor, but I’ve had this awful cough, would you mind just having a quick listen to my chest as well?”You are currently running about 25 minutes behind? What are the different ways of handling this request? | You have just completed a home visit on a patient who you decide to admit, and when offering transport they say “no don’t worry doctor I’ll get my wife to take me in”On the phone they told you they had no transport and would need a home visit.Do you say anything about this? What are the potential consequences if you say nothing?  |
| **2.02 Patient Safety and Quality of Care**  | What are the issues when prescribing to a patient over the phone? How does your approach differ depending on whether you have access to their GP records or not?How do you specifically reduce the risk of AKI?How do you ensure good antibiotic stewardship during your duty doctor sessions? Does your antibiotic prescribing vary depending on what day of the week it is? What else influences your prescribing rates? | A 45 year old female patient attends your duty surgery / OOH appointment with a list of semi-urgent problems which includes cough for 3 weeks getting worse, some urinary frequency and occasional loss of control, an itchy rash on their feet, a mole on their back and they are also just feeling so tired in fact exhausted - something has to be wrongHow do you approach this?How would your approach differ to when you are not duty doctor or not doing an OOH shift? | You are visiting a frail elderly chap at home and wish to prescribe him an antibiotic for a UTI. What are the possible risks when prescribing / dispensing medication without access to our usual clinical decision support software?Suppose instead you decide to admit him - how would you handle implied criticism of your decision to admit him when phoning a colleague in secondary care?What can you do to help determine if your referral thresholds are appropriate? |
| **2.03 The GP in the Wider Professional Environment**  | A paramedic phones you about a 75 year old chap with COPD who is very SOB at home - how confident would you feel advising on whether he is safe to be kept at home or requires transfer to hospital. | You are seeing a child with earache with their mother. They saw a doctor in their own surgery 3 days ago but things have become a lot worse and the mother is cross that antibiotics were not prescribed. She says “You know, the last doctor didn’t even look in her ears, and I didn’t like his bedside manner at all”. How would you respond? | Your next visit is to a 60 year old man with a long history of alcohol problems. He is described on his records as a “frequent attender / caller who rarely has anything wrong with him”. How might your own emotions to this case affect his management?You are visiting a 95 year old lady in a residential home who is mildly confused and a little unsteady with a chest infection. You feel a pressure from family to admit to hospital, but both you and the carers feel she could safely and sensibly be managed at home. The family feel “you are just trying to save the NHS money”. How do you respond? What are your duties when it comes to making acute referrals to hospital? |
| **2.04 Enhancing Professional Knowledge**  | You receive a complaint following a call to a middle aged man 2 weeks ago. He phoned requesting antibiotics for a sore throat and he describes your attitude as dismissive and rushed. How would you manage this complaint? | You are discussing admission of a child with severe tonsillitis and the admitting clinician asks you what the FeverPAIN or Centor scores are? You haven’t heard of either of these.What is your response to discovering a gap in your knowledge? How might these gaps develop? And how can we minimise them over the course of our careers? | Your OOH provider feeds back to you that you spend a lot longer per visit than the organisational average, and your admission rate is 3 times higher. What might be affecting these figures and what would your response to them be? |
| **3.01 Healthy People: promoting health and preventing disease**  | A 22 year old phones and requests the morning after pill for the 3rd time in 3 months. How would you approach this? | While seeing a 2 year old child for an URTI, you discover that they have not had any immunisations? How would you manage this as duty doctor / an OOH doctor? | You are seeing a 48 year old at home with recurrent back pain. He has a BMI of 48. What are the various ways you might discuss the effect his weight is having on his health. What if you say nothing about his weight during this consultation - what effect might that have? |
| **3.02 Genetics in Primary Care**  | The parent of a 3 week old baby phones up and is distraught because they have just found out their new baby has been diagnosed with cystic fibrosis. How would you handle this as duty doctor? | While seeing a 4 year old boy with a viral upset, you can’t help notice that his younger sibling has very dysmorphic / syndromic looking features. When you ask the parents if there are any other illnesses in the family they say no. What would you do?A ​39 year old attends your duty surgery / OOH shift with chest pain.He has a very strong FH of early IHD with 2 close family members having had heart attacks in their early 40sHow is your management influenced by his family history (both acute and recommendations for ongoing management) | You are called to the home of a 60 year old man who has recently been diagnosed with Huntington’s Disease. He has been in bed for 3 days with a worsening respiratory illness. His wife meets you at the door and asks you not to mention the diagnosis as their son who lives with them is unaware of the diagnosis. How do you proceed? |
| **3.03 Care of Acutely Ill People**  | You are called by the wife of a 88 year old chap with Parkinson’s disease and she says he is too poorly too speak to you. What are the issues involved in speaking to her rather than him? | How do you recognise when someone in your waiting room is really sick?And how does your consultation differ from normal?You are seeing a patient who you suspect has meningitis? The nearest hospital is only 5 minutes away - do you administer pre hospital benzylpenicillin? What about if the nearest hospital is 30 minutes or an hour away? | You do not need to be competent in managing major trauma as a GP, but you might be expected to perform basic first aid in an emergency - what action would you take when stumbling across a severe RTA and you are the first on scene?  |
| **3.04 Care of Children and Young People**  | What might alert you on the phone that this child might be REALLY sick?What questions yield the most useful information for you at this stage of the assessment? | When might you consider giving benzylpenicillin to a child pre hospital admission?​A 3 year old with cloudy urine who is quiet, pale and feverish but you cannot get a urine sample from them. What are your options? | ​A 12 year old with cerebral palsy is visited at home for a possible chest infection. While visiting you notice mum looking extremely worn out and when asked how she is coping she says "I'm at the end of my tether with him sometimes". How do you respond? |
| **3.05 Care of Older Adults**  | ​An 84 year old who lives alone phones and says she has developed abdominal pain which radiates through to her back. What are the differentials not to miss here?Then a 72 year old phones and request something for “migraine” but on further questioning he doesn't have a past history of confirmed migraine. What are you potentially worried about here? | The daughter of a frail 90 year old comes to your duty surgery very worried about father. How do you manage this situation? | ​A nursing home have phoned because Ethel has become more chesty and drowsy overnight. Her treatment escalation plan says “not for resus, consider admission, not for ventilation”. You find her very drowsy, frail and chesty but comfortable. What are your options and how would you decide on a way forward? |
| **3.06 Women’s Health**  | Pain and PV bleeding in a 32 year old who is 7/40 in her 3rd pregnancyHow do you arrange an early pregnancy clinic appointment in your area? Does the patient always need to be seen for this? | A 15 year old girl with abdominal pain attends with her friend. How might you handle this if she had attended with her mother? | You are asked to visit a 79 year old in a nursing home as she has had some vaginal bleeding.Would you ever do a vaginal examination on a home visit? What are the issues you will need to consider? |
| **3.07 Men’s Health**  | An elderly man at home with his wife has not passed urine for 12 hours and is becoming increasingly uncomfortable. How could this be managed? | A 54 year old man with abdominal pain and vomiting. How do you make sure you don’t miss the less obvious causes of this? What examination findings should you document?  | What are the issues to consider when performing a male catheterisation (on your own) in someone’s house? |
| **3.08 Sexual Health**  | A 48 year old businessman has asked you to call because he has a penile discharge and pain when passing urine. He has just returned from a trip to Thailand - a female voice answers the phone. How do you proceed? | A 15 year old girl on trimethoprim for 3 days for UTI is not improving and attends with her mother. What are the issues involved? | A 63 year old man who lives with his male partner is being visited for a flu like illness / chest infection. He says he has not left the house in the last 3 months and has become increasingly weak and withdrawn. On examination you notice generalised lymphadenopathy and what you think is a Kaposi’s sarcoma on his chest wall. How would you proceed? |
| **3.09 End-of-Life Care**  | A 62 year old lady with breast cancer phones because she is short of breath. How do you determine where she is in her cancer journey?How confident do you feel on the phone in recognising when someone is transitioning from active management to EOL care? What questions can help guide you? | A district nurses interrupts your duty surgery to ask for some nutritional supplements for a patient who you have never met who is not eating who is possibly in the last few days of life. How would you handle this request? | Have you ever given a sub cutaneous injection - what do you need to consider when injecting CDs from JIC packs?How do you feel performing a HV on the palliative patient at home with multiple relatives present?An 80 year old in a nursing home has increasing symptoms from heart failure. He has only just been discharged a week ago with a similar episode and looks very frail. How might you discuss whether another admission was really in his best interests?How else can you recognise when someone is transitioning from active management to EOL care while on a home visit? |
| **3.10 Care of People with Mental Health Problems**  | A 29 year old man on the phone says he can’t go on and life is not worth living.How can you assess him on the phone? Would this always result in a F2F assessment? | Have you had any experience of assessing a patient who is acutely unwell who is potentially violent?How would you ensure your own safety and safety of others in the same setting? | Have you ever had to request or co-ordinate a mental health act assessment? What issues do you need to be aware of? |
| **3.11 Care of People with Intellectual Disability**  | A 30 year old man with moderate learning disabilities has a swollen left leg which is very red, but he won’t let anyone apart from his favourite carer anywhere near him. What are your thoughts about managing this case? | A 29 year old man with mild learning disability attends with a 2 day history of abdominal pain. Every time you ask him a question his carer replies on his behalf. How do you handle this situation? | A 56 year-old with severe learning disability and known epilepsy has a prolonged seizure at home. How would you assess him? What are your options for managing him and how would you go about making that decision? |
| **3.12 Cardiovascular Health**  | Your 60 year old man on the phone is refusing to call 999 for new onset cardiac sounding chest pain - what powers of persuasion might you employ?How do you manage someone with palpitations on the phone? What would make it more likely for you to want to assess them F2F? In what situation should they go straight to A&E / phone 999? | You see a 76 year old with known IHD who had 30 minutes of cardiac sounding chest pain at rest yesterday?Does he need admission if he appears cardiovascularly stable?He then tells you he is planning on flying to Cyprus tomorrow? How can you be sure if he is fit to fly? | A frail 86 year old with metastatic cancer develops a cold, painful right leg suddenly? |
| **3.13 Digestive Health**  | What are the diagnoses not to miss when talking to patients on the phone with abdominal pain.Do all patients with abdominal pain need to be seen - how to you differentiate between those who do or don’t? | You admit a 14 year old boy with severe abdominal pain convinced he has appendicitis, and he vomits in your consulting room as he is leaving. Do you know what you should do?Subsequently the discharge summary comes back saying “viral upset”. You then reflect on your admission threshold for abdominal pain - what factors influence our admission rates? | The carer of a frail 80 year old asks for a HV because she is off her food and just “not right”. You find that she is jaundiced. How do you proceed? |
| **3.14 Care of People who Misuse Drugs and Alcohol**  | A 38 year old says they have run out of quetiepine which was issued last week by the mental health team. She is cross because they said they would write to you. How do you proceed?What about requests for Zopiclone or Tramadol How confident are you in dealing with explicit requests for drugs of diversion - how confident are you at spotting more concealed requests?For example a 48 year old TR contacts the duty doctor - they are currently staying with friends and realise they have run out of Tramadol which they are taking for complications following hip surgery 2 years ago. What would you do? | ​At the end of an emergency consultation for abdominal pain a 40 year old man asks if he can have his next codeine and diazepam script a few days early as with all this pain he has run out a bit early this time. | You have been called to the house of a man in his 60s who lives alone and has well documented severe alcohol dependence. Both he and the house are in a very poor state, but you cannot find anything acutely medical wrong with him. His carer is insistent that “something has to be done”. It is Friday afternoon / evening - how do you weigh up your options? |
| **3.15 Care of People with ENT, Oral and Facial Problems**  | A 45 year old man is requesting antibiotics for a dental abscess - last time he phoned his own doctor / the OOH doctor issued a script for him​A 39 year old is on the phone with a sore throat asks his partner to take the call as he is finding it too difficult to speak. What challenges does this introduce for you? | Worsening sore throat in a 23 year old who was given phenoxymethylpenicillin for tonsillitis 4 days ago. What factors will influence your decision to treat in the community or to admit to ENT?​Carla is 14 months old and is unwell with coryza and fever. She is holding her right ear.She is grizzly and doesn't like being examined. How are you going to engage with her and enlist her parents help to perform a satisfactory ENT examination? | A 67 year old lady with a past history of BPPV wakes up feeling very dizzy and has vomited. How are you going to distinguish this recurrence from a cerebrovascular event or other possible causes of dizziness? What options have you got for managing her? |
| **3.16 Care of People with Eye Problems**  | A 65 year old man says he has a left eye which is bloodshot and very painful? What are your options for managing this depending on services in your area? | A 38 year old attends with a worsening painful red eye despite being given chloramphenicol drops by your colleague 3 days ago over the phone. He is rather dismissive of your colleague’s assessment. How do you manage this scenario?​An 8 month old is booked straight in to see you as they awoke with sticky right eye today. They are more sleepy today and while waiting have gone off to sleep in their buggy. How does this affect your assessment?  | You go to visit a 77 year old man at home who is severely visually impaired. He has become dizzy but has not yet fallen.How will his​ ​disability affect your assessment and management plan? |
| **3.17 Care of People with Metabolic Problems**  | A nurse from your local nursing home calls up because one of their residents has a bm of 15? Are you worried?What about 20 - or 25 - or 30When do you get worried? And why? | You are seeing a 62 year old type II Diabetic with a red forefoot and 2 toes which are very red swollen. It is Friday evening. How will you manage this?As he is leaving he says he felt a bit dizzy and faint earlier like he was going to collapse, and his left hand went all tingly. How do you handle this? | You are on a HV to see an elderly resident in a care home when the carer comes in and says one of the other residents is having a hypo.They bring some Hypostop but you notice it is 1 month out of date. What would you do in terms of your immediate management and also to prevent this happening again? |
| **3.18 Care of People with Neurological Problems**  | You are talking to a 71 year chap with hypertension as his wife noticed his speech becoming slurred an hour ago. His right arm now feels weak.​Anna who is one of your home visiting paramedics phones about a 97 year old she has visited at home as there were concerns from the carer that she was more sleepy than normal following a fall. All the observations are fine and Anna has spoken to the daughter to relay this back to her.How would your approach be different if there was a District Nurse or an ECP / ANP phoning you? | A 35 year old who complains of the worst headache they have ever had. | A 68 year old chap with a recent diagnosis of motor neurone disease deteriorates at home and his partner really doesn’t want him to go into hospital as per his treatment escalation plan but the son who lives 40 miles away is very unhappy and insists he is admitted. How would you handle this? |
| **3.19 Respiratory Health**  | A patient is demanding antibiotics from you because their cough “always goes to their chest”How might you handle this / negotiate a mutually agreeable outcome with the patient?What about the request late on a Friday for another ventolin inhaler because the 34 year old asthmatic has run out. You check the records and this is his 4th request in as many weeks. | How do you sell the idea of a delayed script to a patient F2F for viral bronchitis in case it develops into a chest infection?  | How would you go about setting up emergency home oxygen for a patient you find is symptomatic from their hypoxia a. During a weekday in the surgery as duty docb. over a weekend? |
| **3.20 Care of People with Musculoskeletal Problems**  | How confident do you feel talking to patients with back pain on the phone and ruling out serious pathology?A 49 year old tells you he has back pain and some difficulty passing urine. How would you approach this? | You see a 3 year old girl with a painful left arm and she is unable to move her elbow. Her mother says she might have fallen a few days ago but the story sounds a bit odd. What would you do?How can you ensure you maintain good working relationships with the parents in this situation? | You arrive on a home visit to find a 78 year old on the floor in the hallway and she is unable to stand up?What are your immediate concerns? It turns out she has waited several hours for your visit, what action needs to be taken to prevent this happening again? |
| **3.21 Care of People with Skin Problems**  | Do you need to see everyone who phones up about a rash?Who DO you need to see? And why? | A 34 year old lady who is 17 weeks pregnant comes to see you with a vesicular rash across her back. How do you manage her?She then tells you that her sister has just found out that she is pregnant. How do you advise her what to do here? | A 78 year old in a residential home develops a very itchy rash. The manager asks “could it be scabies?” They have their CQC inspection next week. How would you handle this? |