

Practicalities of Student Placements

Suggestions and Ideas

Embedding students into the practice team will ensure the best learning experience for the students but can also be most helpful for the practice. Ensure they can log in to the clinical system so they can make notes under their own name if you are happy for them to do this. Medical students should always be identifiable as such if they are making entries in the notes.

Student surgeries and consultations

Add an appointment list with slots for student and create student surgeries. Ideally set in some protected catch-up slots or set student appt times longer to allow for the supervising GP to see the patient after the student (or before). Perhaps the same GP who supervises GP trainees in practice could also supervise the medical students.

Consider a template on accurx which can be sent in advance of an appointment (or a short document to hand to patients at reception) advising patients that they may be seen by a student (and they can decline if preferred)

Students should have maximal patient contact. They will benefit most from being allowed to consult rather than just observing.

There are a number of approaches and all are helpful.

1. Students observing a GP
2. 'Hot seating' - a GP observes the student taking the history and performing examination (helping as required)
3. Students learn by doing so give opportunities for them to see the patients first and then bring them to you to present the history and examination, suggest possible differential diagnoses and begin to think about investigations and management.

Encourage them to record the patient observations in consultations (we don't have obs charts!) and ask for patient consent to examine. Primary care is the perfect place to practice examinations as patients are often well enough to be examined.

Treatment room

ECGs, dressings, vaccinations and bloods (ask your student what their previous experience is as some are keen to get lots of practice at venepuncture and some will already be working as hospital phlebotomists and HCAs).

CVD risk management and primary prevention

As the placement progresses more senior medical students may be able to manage some blood pressures or lipids, use the Qrisk tool to stratify risk. They could counsel patients with new diagnoses of CKD (sick day rules explanation). They may be able to do some of this under supervision of an experienced practice nurse or Practice Based Pharmacist who is proficient in managing these patient groups.

Administrative time

Allocate a short time after surgeries for students to work on some simple administrative tasks. Please note the priority and main learning for students is in direct patient contact. Students should not be tasked with onerous administrative tasks that have minimal learning value (for example scanning, filing prescriptions or spending long periods of time coding)

- Helping to construct a referral for a patient they have seen
- Requesting an xray or other investigation as deemed necessary during consultations
- Coding problems, add problems, group problems together, code investigations and procedures.
- Allocate a small number of letters to students (mixture of handwritten outpatient letters and Apollo/docman) – are there actions or tasks? Is there follow up needed and can they help with this? Final year QUB students have an audit to complete from discharge letters so this is a good opportunity to complete this. Try to give letters before they are managed by a PBP or anyone else in the team so they can view and action them first. Final responsibility however lies with the practice so ensure safety around this.

Manage urine samples – speak to patients for history, do a urinalysis if appropriate, send urine for O+S and consider management/suggest a prescription for checking with GP who can sign if appropriate. Does the practice have a proforma for managing urine samples? Could they help design one based on current guidelines. This would be a good QI area if there isn't a proforma already in place.

Nursing home visits – You could arrange for students to visit a nursing home. There are great opportunities in nursing homes to speak to residents, explore medical histories and medications. Nursing home patients often have with clinical signs eg actinic keratoses, seborrhoeic keratoses, spontaneous bruising, peripheral oedema, tremors, bibasal lung crepitations, Dupuytren's contracture, chronic venous insufficiency, murmurs, carotid bruits, Heberden's nodes, OA hands/knees and onychogryphosis. Perhaps you could take the students who could do a 'ward round'

looking for clinical signs whilst the GP does the long-term conditions care plan. They could assist with doing manual BP measurements or updating cognitive assessments. If attending without a GP or other MDT member students should adhere to the university guidance on home visits.

Expert patients - Consider a bank of 'professional patients' - patients who can give a good history, has clinical signs or a patient who enjoys the interaction and opportunity to talk to students

Proactive Home visits - following hospital discharge, recent new diagnosis, this may be joint with another member of MDT or GP

Patient journey – students could identify patients who have been discharged and speak to them about their experience and journey from pre-admission to discharge. What was the diagnosis/diagnoses, what investigations were undertaken, treatment given, medication changes and the patients perspective.

QI project or audit – ideal for the students who spend longer times in practice or return regularly (see separate document for some ideas) [Quality Improvement and Audit Projects in Undergraduate GP Placements](#)

Clinical Case or Topic Presentation

Students could prepare a short (10 - 15 minute) presentation based on a patient they encountered during the previous week or on a common presentation or condition seen in primary care. Topics may be linked to an area of clinical interest or their current learning within the wider curriculum.

For patient-based presentations, students should review the patient's records and, where appropriate, speak with the patient again to develop a deeper understanding of the presenting complaint, relevant comorbidities, medications, and the impact of the condition on daily life. Presentations can be delivered informally during a coffee break or lunchtime teaching session.

This activity helps students consolidate their knowledge of common conditions, develop confidence in presenting clinical topics, and practise applying evidence and clinical guidelines to everyday primary care. Please see additional resource for further ideas. [Practice Educational Sessions](#)