

## Medicine posts

### Old Age Medicine

#### GP Curriculum statements – 3.05

##### Care of Older Adults

##### Learning Outcomes that could be delivered in Secondary care

1. Learn how to manage complex co-morbidity.
2. Interact with interprofessional teams.
3. Experience interagency work and working closely with the voluntary sector.
4. Deepen your knowledge and skills in end of-life care and advance directives.
5. Recognise the common, early, 'red flag' symptoms and signs of malignancy (e.g. weight loss, dysphagia, melaena, diaphoresis etc.), many of which may be non specific if taken in isolation.
6. Know that many cancers are more prevalent in the elderly population and may be insidious.
7. Understand the management of the conditions and problems commonly associated with old age such as Parkinson's disease, falls, gait disorders, stroke, confusion, cancer

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-05-Older-Adults.ashx>

### Respiratory Medicine

#### GP Curriculum statements – 3.19

##### Respiratory Health

##### Learning Outcomes that could be delivered in Secondary care

1. Understand the potential impact of the patient's family history, lifestyle and occupation on the subsequent development of respiratory disease.
2. Explain, encourage and support self-management strategies for different respiratory diseases, according to the differing wishes and expectations of patients.
3. Be able to explain to patients (and their carers) why they are breathless, the progression of their disease, benefits and limitations of treatments and how to recognise and treat exacerbations.
4. Know the key points in your history-taking and examination with respect to specific respiratory diseases, e.g. in relation to occupation, smoking, 'red flag' symptoms, family history, clubbing, lymphadenopathy.

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-19-Respiratory-Health.ashx>

### Cardiovascular Medicine

#### GP Curriculum statements – 3.12

##### Cardiovascular Health

##### Learning Outcomes that could be delivered in Secondary care

1. The acute setting is the place for you to learn about the immediate management of acute coronary syndrome (ACS), MI, stroke and aortic aneurysms. As a specialty trainee you will also learn about the invasive management of cardiovascular problems: angioplasty, coronary artery bypass grafts, transplantation, other forms of vascular surgery (carotid endarterectomy, vascular bypass).

2. Learn about secondary care investigation of cardiovascular problems (exercise tests, radionucleotide scans, MRI/CT, carotid dopplers, angiography and echocardiography).
3. Intervene urgently when patients present with a cardiovascular emergency, e.g. myocardial infarction, stroke and critical ischaemia.
4. Make an initial diagnosis to elicit the appropriate signs and symptoms, and subsequently investigate and/or refer patients presenting with symptoms (below) that might be cardiac in origin, noting that in each case there will be a non-cardiac differential diagnosis: chest pain, breathlessness, ankle swelling, symptoms or signs thought to be caused by peripheral vascular disease (arterial and venous), palpitations and silent arrhythmias, signs and symptoms of cerebrovascular disease, dizziness and collapse.
5. Be able to manage cardiovascular conditions, including: coronary heart disease, heart failure, arrhythmias (atrial fibrillation is by far the commonest), other heart disease (valve disease, cardiomyopathy, congenital problems).

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-12-Cardiovascular-Health.ashx>

## **Metabolic Problems**

### **GP Curriculum statements – 3.17**

#### **Care of People with Metabolic Problems**

##### **Learning Outcomes that could be delivered in Secondary care**

1. Secondary care is the best place for you to learn about patients with uncommon but important metabolic or endocrine conditions such as Addison's disease and hypopituitarism, as well as about patients with complex needs or with complications of the more common metabolic conditions.
2. Particular areas of learning include how to recognise metabolic or endocrine disorders that may be life-threatening if missed, which groups or types of patients are best followed up by a specialist team and when patients who are usually managed in primary care should be referred to a specialist team, including the timing and route of such referrals.
3. Recognise that patients with diabetes mellitus often have multiple co-morbidities such as neuropathy, nephropathy and cardiovascular disease, and consequently polypharmacy is common
4. Intervene urgently when patients present with a metabolic emergency, e.g. hypoglycaemia and hyperglycaemic conditions
5. Recognise that patients with metabolic problems are frequently asymptomatic or have non-specific symptoms and that diagnosis is often made by screening or recognising symptom complexes and arranging appropriate investigations
6. Demonstrate a logical, incremental approach to investigation and diagnosis of metabolic problems
7. Understand the need for early recognition and monitoring of complications in diabetes mellitus

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-17-Metabolic-Problems.ashx>

## **Neurological Problems**

### **GP Curriculum statements – 3.18**

#### **Care of People with Neurological Problems**

##### **Learning Outcomes that could be delivered in Secondary care**

1. Observe many of the common conditions such as migraine, epilepsy, stroke and Parkinson's disease.
2. Know the functional anatomy of the nervous system relevant to diagnosis
3. Perform and understand the limitations of a screening neurological examination
4. Demonstrate a structured, logical approach to the diagnosis of 'difficult' symptoms with multiple causes, e.g. headache, dizziness
5. Demonstrate an understanding of the relevance to management and effective use of special investigations such as EEG, CT, MRI and nerve conduction studies
6. Understand principles of treatment for common conditions that are managed largely in primary care including epilepsy, headaches, vertigo, neuropathic pain, mononeuropathies, essential tremor and Parkinson's disease.

7. Manage the acute presentation of meningitis and meningococcal septicaemia and people presenting with collapse, loss of consciousness or coma.
8. Know the indications for referral of people with other neurological emergencies, e.g. spinal cord compression, cauda equina

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-18-Neurological-Problems.ashx>

## Digestive Health

### GP Curriculum statements – 3.13

#### Digestive Health

#### Learning Outcomes that could be delivered in Secondary care

1. Spending time in outpatient clinics, in both general and specialised areas – for example, hepatitis management, liver disorders, endoscopy clinics etc.
2. Demonstrate a structured, logical approach to the diagnosis of abdominal pain, e.g. to enable a positive diagnosis of irritable bowel syndrome to be made, rather than making the diagnosis by exclusion.
3. Know how to interpret common symptoms, including dyspeptic symptoms (epigastric pain, heartburn, regurgitation, nausea, bloating), abdominal pain, nausea, vomiting, anorexia, weight loss, haematemesis and melaena, rectal bleeding, jaundice, diarrhoea and constipation, and dysphagia.
4. Demonstrate a systematic approach to investigating common digestive symptoms, taking into account the prevalence of these symptoms and the likelihood of conditions such as peptic ulcer, oesophageal varices, hepatitis, gastrointestinal cancers and post-operative complications.
5. Intervene urgently when patients present with an acute abdomen.

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-13-Digestive-Health.ashx>

## Top Tips

- Good opportunity to do DOPS, CBDs and CEXs
- Attend any clinics if you can. Parkinson's Disease, Haematology and Oncology Clinics are recommended. The allocated Clinic Week has now been stopped.
- AAU – good experience, high paced, wide variety of cases, ward rounds with consultants. You have a fixed week when you are on take.
- Time to develop a structured history with screening questions including looking for red flags
- Good Medicine handbook from Dr Borland
- WALNUT - Good learning opportunities for ABGs, COPD, NIV, asthma, HOF, spirometry, CXR interpretation. Spend time with community respiratory nurses, high paced but good experience. Take the opportunity to learn chest drain insertion and pleural taps to add interest to the job
- GASTRO (JUNIPER) – variety of cases, go to endoscopy clinics, take forms with you on the WR as you can then go to negotiate scans at radiology with the consultant which makes it all less painful. WR work very busy. At present there are 2 GP posts, but still some gaps in the rota.

- STROKE(APPLE) – stroke/rehab/elderly care. Long ward round to do jobs as you go in tag team formation, don't slur midwives, new protocol – any suspected CVA now goes to Addenbrookes or Peterborough - so be aware when accepting patients. Focus on MDT. Lots of Discharge Planning.
- CHERRY TREE – see lots of Old Age Medicine and Parkinson's. Do not write in notes for Dr Borland or present cases. Remember your scores – Well's, Mental State Examination. You will need to cover Ortho Geriatrics (you are expected to help out)

### **What to expect**

- Discharge planning
- Electronic Discharge Letters
- Efficiency and cooperation helps avoid stress

### **Formal learning opportunities**

- Weekly medical meeting

### **Useful resources**

- Pocket handbook given – make sure you always have it with you
- Intranet useful
- Seek advice from Registrar and consultant

### **Useful meetings to attend**

- Best interest meeting