# GP Curriculum

Learning outcomes that could be delivered in secondary care in Medicine (COE/general with diabetes) for 6 months, Ipswich

| Learning Outcomes | Professional Competency Area | Suggested Learning Activities | Demonstrate Achievement |
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| **15.6 Metabolic Conditions** | | | |
| Understand the principles of treatment of metabolic conditions in secondary care, acknowledging their multidisciplinary nature and the importance of teamwork. | Clinical Management Working with colleagues | Attendance at General Diabetes Clinic – Ideally follow new patient through doctor, DSN & Dietician. Involvement in Integrated Diabetes Service and MDT meeting Mon lunchtime | Reflective Practice – log entries CBD |
| Demonstrate a logical approach to the diagnosis of the following common and/or important metabolic conditions in secondary care: diabetes mellitus, obesity, thyroid disorders, hyperlipidaemia and endocrine disorders (i.e. Prolactinoma, Acromegaly, Diabetes Insipidus, Cushing's syndrome, Hyperaldosteronism, Addison's disease, Phaeochromocytoma and Parathyroid disorders. | Data Gathering and interpretation Making Diagnoses and decisions | Attendance at Tues AM endocrine clinic. | Reflective Practice CBD |
| Psychomotor skills A) BMI calculation B) Leg examination in diabetics C) Neck examination D) Near patient capillary glucose testing | Data Gathering and interpretation | Diabetic clinic & endocrine clinic attendance. Attendance at Diabetic Foot clinic and foot and vascular MDT meetings Session with diabetes nurses. | DOPS |

| 12 – Care of People with Cancer & Palliative Care | | | |
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| Demonstrate the knowledge:<br>The ability to manage pain<br>About a syringe driver<br>Suitable drugs for pain management<br>Conversion of drugs from oral dosage to syringe drive, either, IV or subcutaneous | Clinical Management | Ward based patients<br>Structured pain team referral & palliative care referral.<br>Writing up TTO for controlled drugs | DOPS<br>CBD<br>Reflective Practice |
| Demonstrate the knowledge of various palliative care emergencies and their appropriate management:<br>Major haemorrhage<br>Hypercalcaemia<br>Superior Vena Caval obstruction<br>Spinal cord compression<br>Bone fractures<br>Anxiety/panic<br>Use of emergency drugs | Clinical Management<br>Working with colleagues | Ward Based Patients | CBD<br>Reflective Practice |
| 7 Care of Acutely Ill People | | | |
| Identify patients for whom resuscitation or intensive care might be inappropriate and take advice from carers and colleagues | Practising Holistically<br>Data Gathering and Interpretation<br>Ethical approach | Complete UFTO/ DNAR with supervision.<br><br>Watch colleague breaking bad news | CBD<br>Reflective Practice |
| 2. Recognise death | Making Diagnoses and Decisions | Certification of death on ward patients.<br><br>Fill in death certificate. | DOPS |

| **15.8 Respiratory Problems** | | | |
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| 1. The ability to manage the following respiratory emergencies: Acute severe asthma, exacerbation of COPD, LRTIs, pulmonary embolus, Pneumothorax, anaphylaxis and respiratory arrest. | Data Gathering and interpretation Clinical Management Making Diagnoses and Decisions | EAU week: Attempt to clerk a patient with<br>1. an exacerbation COPD<br>2. Suspected PE<br>3. Pneumothorax<br>4. LRTI | DOPS<br><br>CBD<br><br>MiniCEX |
| **15.1 Cardiovascular Problems** | | | |
| Clinical skills including Cardiovascular Examination and blood pressure measurement Be able to perform an ECG Be able to demonstrate proficiency in Resuscitation of children and adults | Clinical Management | Ward Based Patients or EAU | ALS Course In house mandatory Resus training. DOPS |
| **15.7 Neurological Problems** | | | |
| Demonstrate an understanding of the acute management of the following: meningitis, meningococcal septicaemia, collapse, sudden loss of consciousness (including cerebrovascular accidents), status epilepticus and acute spinal cord compression. | Data Gathering and interpretation Clinical Management Making Diagnoses and decisions | EAU Week Attempt to clerk a patient with:<br><br>1. TIA/CVA (Complete Stroke Proforma)<br>2. Epilepsy/Seizure<br>3. Suspected meningitis – perform an LP | MiniCEX CBD |