

GP Curriculum

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

Learning Outcomes	Capability Area	Suggested Learning Activities	Demonstrate Achievement
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, Pheochromocytoma 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.	CEPS

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

15.8 Respiratory Problems			
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 1. an exacerbation COPD 2. Suspected PE 3. Pneumothorax 4. LRTI	DOPS CBD 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: 1. TIA/CVA (Complete Stroke Proforma) 2. Epilepsy/Seizure 3. Suspected meningitis – perform an LP	MiniCEX CBD