

IMG Induction

Dr Mugdha Wakodkar

MBBS, MRCOG, MRCGP

- ST3 trainee
- Graduated from India – started working in NHS as FY2 in 2010- till 2018 worked in Obsgyn – Trust Grade Registrar ST5
- MRCOG in 2018
- Started GP training (Tameside and Glossop) – Feb 2019, full time
- Rotations were – ED, AMU, Old Age psych with GP, Peads (cancelled due to pandemic), ST2 GP 6 months, ST3 GP 1 yr
- Last day of training 2nd Feb 2022, starting Salaried GP role soon

GP training - 2019 to 2022

- Enjoyed thoroughly
- Challenging – very different to hospital jobs and acute speciality
- Very satisfying – more holistic care, continuity of care and patient centred
- Innovative – ways in which we worked during pandemic
- Informative – learning from everyday practise
- Intense

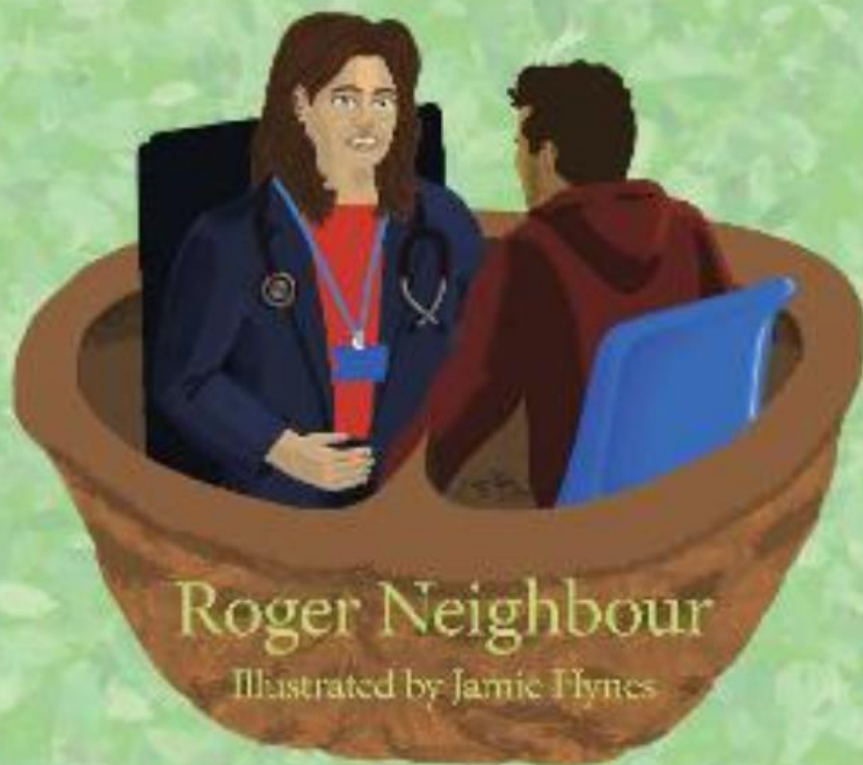
- Teaching sessions, mock CSA cases – right from first week of training
- Observe experienced colleagues' consultations
- Feedbacks from CS/ES during WPBA (COTS)
- Reflect and become your own critic!
- Make friends – Trainees conferences and courses, AiT group
- Watch TV – news, daily soaps
- Courses – Breaking Bad News – sensitive approach
- Avoid Medical terms – Patient.co.uk – simple lang



**Communication
Skills**

Consulting in a Nutshell

A practical guide to successful general practice consultations before, during and beyond the MRCP



Roger Neighbour

Illustrated by Jamie Flynnes

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Highly Commended at the BMA Medical Book Awards 2016

The Naked Consultation

A Practical Guide to Primary
Care Consultation Skills

Second Edition



Liz Moulton

Foreword by Mark Purvis

 **CRC Press**
Taylor & Francis Group
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Data Gathering, Technical and Assessment Skills				Clinical Management Skills				Interpersonal Skills			
a. Candidate opens consultation where appropriate with Introduction, consent and confidentiality				a. Candidate appears to make a safe and appropriate working diagnosis/es				a. Encourages the patient's contribution, identifying and responding to cues appropriate to the consultation			
b. Takes an adequate and focussed history to allow for a safe assessment to take place				b. Offers appropriate and safe management options for the presenting problem				b. Explores where appropriate, patient's agenda, health beliefs & preferences			
c. Rules in/out serious or significant disease				c. Where possible, makes evidence-based decisions re prescribing, referral and co-ordinating care with other health care professionals				c. Offers the opportunity to be involved in significant management decisions.			
d. Explores where appropriate the impact and psychosocial context of the presenting problem				d. Makes appropriate use of time and resources whilst attending to risks and health promotion				d. If possible, explains and conducts examinations with sensitivity and obtains valid consent			
e. Plans and explains (and if possible performs) appropriate physical/mental examinations and tests				e. Provides safety netting and follow up instructions appropriate to the nature of the consultation				e. Provides explanations that are relevant and understandable to the patient			
CP	P	F	CF	CP	P	F	CF	CP	P	F	CF



Clinical Skills Assessment Overview



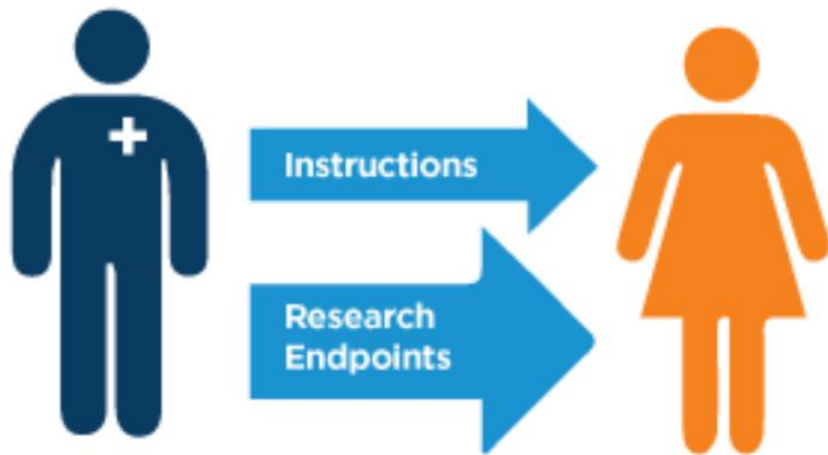


Psychosocial Support

- Actively ask about family situation, mood job, housing, care needs, quality of life
- **SP-ICE** rather than ICE
- Discuss with Supervisor complex cases
- Attend MDT meeting
- Meet social prescribers and get to know support systems- Ageing Well team
- Get to know patients on GSF register and attend meetings

Shared decision making

Traditional **uni-directional**
research-centered view



New **bi-directional**
patient-centered view





***Good
Consultation!***





Portfolio

FourteenFish 

Stay on top of portfolio from Day1

Induction meeting – discuss with ES

<https://support.fourteenfish.com/hc/en-gb/categories/360000630758-RCGP-Trainee-Portfolio>

Peer support – trainees whats app group

Timely communication with ES about meeting, queries and deadlines----never ignore emails from Deanery about ESR deadlines, ARCP dates-----twice a year ESR !!!



Set small targets – every SUNDAY morning

	ST1	ST2	ST3
Mini-CEX/COT Any setting (face to face, telephone, or video)	4	4	7
CBD / CAT	4 Cbd	4 Cbd	5 CAT
MSF	1 (with 10 responses)	1 (with 10 responses)	2 (1 MSF, 1 Leadership MSF)
CSR	1 per post*	1 per post*	1 per post*
PSQ	0	0	1
CEPS	Ongoing	Ongoing	Across 3 years 5 intimate plus a range of others
Learning Logs	36 Case Reviews	36 Case reviews	36 Case Reviews
Placement Planning Meeting	1 per post	1 per post	1 per post
QIP	1 (in GP)	1 (in GP) – if not done in ST1	0
Quality Improvement Activity	All trainees must demonstrate involvement in Quality Improvement at least once a year		
Significant Event	Only completed if reaches GMC threshold of potential or actual serious harm to patients	Only completed if reaches GMC threshold of potential or actual serious harm to patients	Only completed if reaches GMC threshold of potential or actual serious harm to patients
Learning Event Analysis (LEA)	1	1	1
Prescribing Review	0	0	1
Leadership	0	0	1
Interim ESR	1**	1**	1**
ESR	1	1	1
CPR & AED Use (BLS)	Competence in CPR and AED use for all placements	Competence in CPR and AED use for all placements	Competence in CPR and AED use for all placements
Child & Adult Safeguarding	Knowledge and Reflection***	Knowledge and Reflection***	Knowledge and Reflection***

ESR preparation

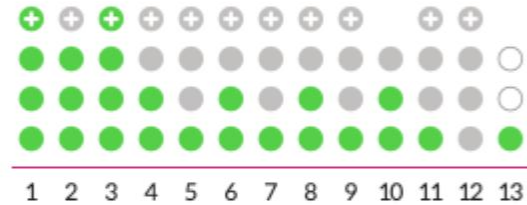


Requirements

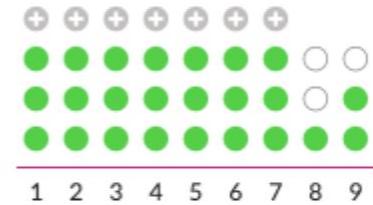


Prepare

Capabilities



Clinical experience groups



Learning log	ST1	ST2	ST3	Current review	Total
CEPS	0	0	0	0	0
Clinical case review	0 / 36	19 / 36	19 / 36	19 / 27	19 / 108
CPD	0	3	3	3	3
Feedback	0	0	0	0	0
Leadership	0	2	2	2	2
OOH	0	0	0	0	0
Placement Planning Meeting	0 / 1 per post	0 / 1 per post	0 / 1 per post	0 / 1 per post	0 / 3
Prescribing reflection	0	2	2 / 1	2 / 1	2 / 1
QIA	0 / 1	0 / 1	0 / 1	0 / 1	0 / 3
Significant event	0 / 1	3 / 1	3 / 1	3 / 1	3 / 3

Put reminders/task/to do list

Organise it well

Difficult in hospital jobs—easy to loose track!

Law and Ethics



- GMC good medical practice – has set out standards and expectations from doctors
- Consent guidelines and Capacity assessment
- Teaching sessions- discussion of complex cases
- Discussing with ES/seniors whenever guidance was needed (anticipate difficulty/plan)
- ***Rotation in Hospice setting – ACP and EOL discussion, LPA***
- ***Attended a Coroner Inquest – observer !***

Support framework

- Educational Supervisor, Senior Trainees, weekly teaching sessions – *discuss your concerns!*
- Exams – revision groups/whats app - identified my weak points (*plan well in advance*)
- RCGP website – ECU, Podcasts, E-Learning hub, courses – made friends -*loved Resilience sessions !*
- GPST Ready: Northern Region – 2 hr session, RED WHALE Courses - **GPCPD**
- Support from staff – reception/admin/referral team – *more local knowledge*
- Junior Doctor Forums in Hospital posts
- *HEE Buddy Scheme – to get senior trainee as mentor – didn't know this!*
- *Writing Reflections – had to work a bit extra*

NOTE TO SELF

- You are doing the best you can
- It is okay to ask for help
- You are worthy and enough
- It is okay to be not okay
- Your boundaries are important
- You are capable of amazing things
- Your feelings are valid
- It is okay if you are a work in progress
- It is okay to allow yourself to heal

Prof Steve Peters
CREATOR OF THE **GROUNDBREAKING** MIND MODEL

