



St George's
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Primary Care Out of Hours Placements: findings from our pilot

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Agenda



- Introduction
- Our journey at SGUL
- Opportunities and Challenges
- Next steps

Introduction- our vision



- OOH primary care setting offers a unique learning environment for medical students
- The training and exposure of medical students in this context has been overlooked

Learning outcomes for OOH placements

- Appreciating the interface between 'in-' and 'out-of-hours' primary and secondary care
- Appreciating potential differences in the population , acuteness and case-mix of patients presenting OOH to primary care
- Enhancing primary care prescribing skills in the OOH Primary care setting
- Appreciating how the biopsychosocial and cultural situation of the patient might influence shared decision-making about clinical management.
- Appreciate how to safely triage patients in the OOH primary care setting to an optimal place of care in a timely manner

Our journey to date



Clinical opportunities include:

- Base triage reviews (F2F, home visits)
- Hospital at home service
- Clinical ambulance validation telephone triage

Our journey to date



- Pilot placement: Tessa Jowell Health Centre (Dulwich)
- Pilot March-May 2024
 - 7-11pm on weekdays
 - 8am-12pm, 2-6pm 7-11pm on weekends
 - Students offered a choice of 7 placements/week
- Booking through SGUL primary care administrative team
- 3rd and 4th year students (final years if interested)
- 1-page briefing document sent to GPs supervising students to orientate them

Student feedback



“It was a good opportunity to experience GP out of hours work and home visits. Clinical assessment and decision making in patients own homes out of hours with limited equipment and services.”

“Was a useful experience to be able to take histories from patients who presented acutely to the service.”

“The session was fantastic and I would definitely do it again! I was able to go on three home visits, and was able to 'lead' two of the visits ...It gave the opportunity to elicit the patients' history, and examine them (to a degree) as well as to formulate a DDX and suggest a management plan. It was really great to be able to be more hands on than usual, and to be able to see patients in their own environment and the people around them, and to understand how that may/may not interact with their presentation.”

“The evening was really interesting as I've had no exposure to out of hours gp services. I really enjoyed being with the person who was doing home visits (in this case the nurse) etc - it was a novel experience and really interesting to see the types of patients who present etc. ”

Student feedback



“All of the OOH were telephone consultations so difficult to gain practice on histories and examinations and most of the home visits were diagnosing death.”

“The doctor I sat in with was lovely and very interested in talking to me, but there were no patients in-person that evening, and certainly no scope for me to practice any history taking or examination skills - of course my experience may not be representative! But I just thought I'd describe my experience anyway The shift ended with a home visit where he did allow me to examine a patient - but for most of the evening I felt like I was back in my T-year GP placement, watching a doctor do their job by telephoning patients, and not learning very much !”

Challenges



- OOH provider not familiar with processes needed for undergraduate placements e.g. requesting DBS for all students attending
- Logistically booking students on and communicating back to OOH provider
- Students - time off placement the next morning
- OOH service is subcontracted by another company
 - lines of communication within the organisation is not clear

Next steps...



- Proposed 2 models to the OOH provider
 - 1. Placements as per pilot (avoiding exclusively phone triage)
 - 2. Teaching clinic with dedicated GP supervisor and 4-6 students (weekend 10-2pm)
- Opportunistic placement vs mandatory placement
- Seldoc GP supervisor feedback