

# The RCGP Curriculum

## The Curriculum Topic Guides

Super-Condensed Topic Guides 2021



### Urgent and Unscheduled Care

#### The Role of the GP and emerging issues in primary care

- Make the patient's safety a priority. Recognise patients with urgent needs and act promptly and effectively to ensure correct and timely treatment and reduce the risk of death or morbidity
- Gather information and communicate effectively, professionally and sensitively with patients, carers and family members in urgent and unscheduled care contexts. This includes accurately assessing a patient who may be acutely ill through phone, email and face-to-face consultations
- Co-ordinate care with other services and professionals (e.g., ambulance service, community nurses and secondary care) and follow agreed protocols where appropriate, ensuring appropriate referral or follow up where necessary
- Maintain patients' autonomy in urgent situations where you may need to make decisions in their best interests.
- Offer patients and carers tailored advice on self-management and when and who to call for help if their problem worsens or does not follow the expected course of recovery ('safety-netting').
- The provision of urgent and unscheduled care is becoming increasingly diverse and experience should be sufficient to enable the development of capabilities necessary to work in a variety of contexts.
- Integrated multi-professional care 'closer to home' or in the home itself requires a more flexible and team-based approach

#### Knowledge and Skills Self-Assessment Guide

##### Symptoms and Signs

- Acute illness in adults including patients with intellectual disabilities, dementia, communication problems
- Acutely ill children
- Acute illnesses that may indicate an acute exacerbation of a chronic disease

- Chronic or co-morbid diseases, risk factors and treatments that can influence the incidence and presentation of acute illnesses
- Factors that may alter the presentation of symptoms and signs of severe illness, particularly when there are limitations to immune competency (including those who are pregnant, very young or very elderly, on immunosuppressive drugs or who have other health conditions)
- Features of mental health emergencies including delusional states and self-neglect
- Factors suggestive of a high risk of harm to self or others
- Features of severe or life-threatening injuries
- Features of serious illnesses that require an immediate response. Examples include:
  - Cardiovascular: chest pain, abnormal pulses (arrhythmias, bradycardia, tachycardia), hypertension, dyspnoea, oedema, hypotension, dizziness, syncope, vascular compromise haemorrhage
  - Central nervous system: reduced conscious level, seizures, dizziness, confusion, loss of sensation or function, cerebellar and vestibular dysfunction, weakness, spasticity, paraesthesia, speech and language deficits, headache, visual problems including reduced acuity, diplopia, pupillary abnormalities, visual field defects, ophthalmoplegia
  - Digestive: abdominal pain, dysphagia, melaena, bloody diarrhoea, haematemesis
  - Endocrine: lethargy, polyuria, polydipsia, pain
  - Kidney: dehydration, anuria / oliguria
  - Respiratory: wheeze, dyspnoea, stridor, drooling, choking, respiratory distress and respiratory failure, cyanosis, hypoxia, tachypnoea, low oxygen saturations, low peak flow, chest pain, haemoptysis, swelling of face or tongue
  - Sepsis: tachypnoea, hypotension, and altered mentation, fever, rashes and meningism.
- When providing urgent and unscheduled care, it is especially important to consider how acute illness and distress, and the emotional effect this has on patients, carers and healthcare professionals, can affect communication.

### **Common and Important Conditions**

- Conditions associated with social, cultural and lifestyle factors that influence the incidence, severity and presentation of acute illnesses (e.g., delayed presentation and increased mental distress in cultures in relation to certain illnesses that may be considered stigmatising; or acute illness relating to omitting medication during periods of religious fasting)
- Death (both expected and unexpected) including the assessment, confirmation and the legal requirements.
- 'Dangerous diagnoses' – these are conditions that always require urgent action if they are suspected. Some important examples include:
  - Acute psychosis/mania
  - Aneurysms
  - Appendicitis
  - Cancer (e.g., hypercalcaemia, neutropenic sepsis, spinal cord compression, superior vena cava obstruction)

- Intestinal obstruction or perforation
- Limb ischaemia
- Meningitis
- Mental health including crisis
- Myocardial infarction
- Pregnancy related issues including ectopic
- Pulmonary embolus
- Sepsis
- Stroke/CVA
- Subarachnoid haemorrhage
- Emergency conditions where the underlying diagnosis may not be known (e.g., anaphylaxis, choking, loss of consciousness, cardio-respiratory arrest)
- Emergencies that may occur in relation to certain healthcare activities (e.g., anaphylaxis or allergic reaction after immunisation, local anaesthetic toxicity, vasovagal episodes)
- Emergencies arising in patients receiving palliative or end-of-life care
- Multi-factorial problems associated with patients who live alone and / or with multiple co- morbidities, particularly older adults, with an acute presentation may be frail and have both social and medical care needs

#### **Examinations and Procedures**

- Basic Life Support skills including performing cardio-pulmonary resuscitation (CPR), using Automated External Defibrillators and giving emergency drugs
- Examination of the relevant system or body part as appropriate
- Mental state examinations and risk assessments to ensure the safety of others
- Giving emergency or urgent medications in primary care, including oxygen, adrenaline, GTN, intramuscular or subcutaneous injections, inhalers and nebulisers.

#### **Investigations**

- ECG interpretation
- Recognise and differentiate between patients who require urgent investigation, patients who can wait longer for a routine investigation and those where time should be used as a diagnostic tool
- Near patient blood testing (e.g., glucose, haemoglobin, CRP, d-dimer)
- Peak flow measurement and interpretation
- Urinalysis tests including pregnancy test

- Vital signs measurement including respiratory rate, blood pressure and oxygen saturation.

### How this might be tested in MRCGP

#### AKT

- Recognition of less common presentations of CVA
- Symptoms and signs of sepsis
- Management of an epileptic seizure

#### RCA

- Phone call: Paramedic asks for a routine visit to a middle-aged man who has a 4-hour history of paraesthesia in his arm. His provisional diagnosis is nerve entrapment
- Home visit request: Young man with acute headache and vomiting.
- Young woman feels unwell and is sweating, lightheaded and has a rapid pulse.

#### WPBA

- Take a history with a parent about their febrile child
- Case discussion about an elderly patient with pneumonia who has capacity and is refusing admission to hospital
- Clinical examination of an acute abdomen for possible appendicitis.

# How to learn this topic

This section describes *examples* of opportunities for learning.  
We recognise that Covid-19 restrictions have significantly affected their accessibility



### Other Relevant Specialties

- Paediatric A/E - the sick child
- Orthopaedics - fractures and trauma
- Medicine and Medicine of Elderly
- Psychiatry
- ENT, Ophthalmology

### Acute

- ABC of resuscitation
- Wound assessment and management
- Fractures and minor injuries
- Loss of consciousness and collapse
- Overdose and toxicology
- Serious infection and sepsis
- Acute abdomen
- Acute MSK pain
- Breathlessness

### Core Themes

- **Communication and Consultation** -breaking bad news in an acute setting, education of patient re-appropriate use of services. Focussed history taking, effective handover
- **Prescribing** - interactions including adverse interactions, compliance if required
- **Co-morbidity** - multiple pathology, psycho-social issues
- **Teamworking** - across health and social care, hospital and community. Working with a wide variety of specialities, GP OOH.
- **Ethical and medico-legal** - capacity, DNARs/patient autonomy, consent, confidentiality, determining competency

### Primary Care

- Attend OPD and follow-up clinics
- BLS course
- OOH / Urgent Care centres.
- Walk in Centres
- NHS 111

### Community/MDT

- Emergency social workers, on-call CPN – crisis team
- Police
- Ambulance control, paramedics
- District Nurses, palliative care

### Tips

- Audit e.g., use of UUC
- Significant Event Analysis e.g., sepsis
- Clinical governance e.g., antibiotic usage
- Risk Assessment
- Dr as teacher
- Leadership

