

MODULE 2: PATIENT-CENTRED PRACTICE

SUGGESTIONS FOR LINKING CORE TEACHING

Teaching session	Module link	Reflective Comments
Balint group	Authentic patient autonomy Communication Patient safety	Opportunity to discuss a particular case from your roles with colleagues. Focussing on patient autonomy and safety. Communication not just with patients but also other professionals
Acute pain	Authentic patient autonomy Communication and consent	Reflect on individualised pain needs and therapy. Psychosocial aspects of pain. Communication and consent regarding any acute pain interventions
Obstetrics and Gynaecology	Authentic patient autonomy Communication and consent Patient safety	Any aspects of teaching that focus on patient choices in obstetrics Consent for pelvic examinations and role of foundation doctor in O+G/ED. Any content reflecting complex patient groups/challenging communication in O+G
Alcohol use disorders	Communication and consent Healthcare in a community	Any reflections on the socioeconomic groups that are at risk of alcohol use disorders. Treating those with these disorders with dignity and respect. Including engagement with services How your current or future Foundation placements might interact with alcohol/substance abuse services in the hospital or community.
Acute kidney injury	Patient safety	Standard procedures in hospital and community to manage AKI safely. Reflect on what AKI prevention strategies were discussed and what you can use for vulnerable patients.
STI and contraception	Communication and consent Authentic patient autonomy Healthcare in a community	Reflect on principles of respect and dignity in this area of medicine. Applied to the communication of sexual history taking and discussion of risk with different patient groups. Consent for pelvic examinations and consent for information sharing between healthcare providers. Individualised sexual health care and the role of the clinician in delivering this. Interaction with public health services and funding.
Stroke	Authentic patient autonomy Communication and consent Patient safety Healthcare in a community	A patient's journey with stroke is always unique despite protocolised services. Importance of patient choice and consent. Patients' views on their care needs/therapy plans. Difficult communication in stroke between clinicians, patients, and families. How standardised stroke care is focussed on patient safety – e.g. feeding, VTE, and secondary stroke prevention
Dealing with complaints	Authentic patient autonomy Patient safety Communication and consent	Appreciation of patients' voices and experiences when assessing complaints. How dealing with complaints robustly can improve patient safety globally.

THESE ARE JUST SUGGESTIONS – OTHERS CAN BE USED AS LONG AS THERE IS REFLECTION ON HOW THEY FIT WITH PATIENT-CENTRED PRACTICE.

MODULE 3: COMPLEX MULTIMORBIDITY

SUGGESTIONS FOR LINKING CORE TEACHING

Teaching session	Module link	Reflective Comments
Diabetes	Long term conditions Safe prescribing and polypharmacy Frailty	Discussion of diabetes as a lifelong condition and the psycho-social effects of this. Impact of diabetes on all areas of health and wellbeing. Including occupational health impacts and risk of other chronic illness related to diabetes. Can give link to examples from own practice. Safety aspects of antihyperglycaemic agents – both enteral and parental Specific cases related to insulin safety and policies. Use FDs personal experience in prescribing these and of recent safety alerts/AERs. Link to WBPAs Interactions of antihyperglycemic with medicines for chronic illness.
Vascular emergencies	Long-term conditions Safe prescribing and polypharmacy	Reflections/experience of the interaction of other chronic illnesses with peripheral vascular disease. Assessment of co-morbidity and frailty on those attending with AAA. Safe prescribing of anticoagulants/antiplatelets in a high risk group – drawing on previous experience or safety alerts.
Respiratory (multiple sessions including pleural disease, investigations and asthma and oxygen)	Long term conditions Safe prescribing and polypharmacy Frailty	Reflections on the impact of respiratory disease on an individual patient e.g. assistance with ADLs, practicalities of oxygen therapy in a home, use of inhaled therapy. Practical experience in assessing frailty in a respiratory patient. Examples of the immunosuppressed respiratory patient and long term implications of corticosteroid use. Link to teaching to examples from own clinical practice and reflect on how long term condition affected that interaction.
Stroke	Long term conditions Safe prescribing and polypharmacy Frailty	Extrapolate potential long term outcomes for patients with particular stroke syndrome. E.g. functional outcomes of a TACS vs lacunar. Links to WBPAs or reflections on cases seen in practice. Safe prescribing of antiplatelet agents in stroke. Role of secondary prevention strategies in stroke to reduce morbidity. Interactions with the wider stroke MDT and the role of stroke outreach service.
Acute Oncology	Frailty Safe prescribing and polypharmacy	Discussion of the acquired frailty of the oncology patient. Discussion of the complications of acute oncology treatment e.g. neuropathy cardiomyopathy Prescribing in the immunosuppressed oncology patient. Governance of cytotoxic treatment and how this relates to the role of a foundation doctor.
MSK disorders	Long term conditions Safe prescribing and polypharmacy	Awareness of some of the long-term complications of MSK disorders e.g. chronic pain, opioid dependency, and reduction in function. Awareness of risk/side effects of disease-modifying medicines used to treat chronic MSK disorders. Implications of steroid use for acute MSK presentations.
Heart failure	Long term conditions Safe prescribing and polypharmacy Frailty	Reflections on the different presentations of a heart failure patient in primary and secondary care. Personal experience of FDs of this presentation, linked to WBPAs. Reflections on the impact on daily living of a heart failure patient. Management strategies to improve symptoms and outcomes.

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MODULE 4: POPULATION HEALTH

SUGGESTIONS FOR LINKING CORE TEACHING

Teaching session	Module link	Reflective Comments
Common psychiatric conditions	Health inequalities Health promotion	Recognising that those with mental illness are at greater risk of poor physical health and reduced life expectancy How to promote care that is responsive to the needs of those with mental illness
Health promotion and public health	Understanding data Public health practice	Discussion of how data is used to identify population health needs Conversation around health inequalities that are prevalent in, or relevant to, your geographical area The role of public health practice in population wellbeing, and foundation doctors can promote this
Complex discharge planning	Health promotion	The roles of community assets to support complex discharge planning The positives of social prescribing and how these services can be accessed locally Barriers to safe discharge, and the importance of involving patients directly in decision making
Obstetric emergencies	Understanding data Health inequalities	The differences in complication rates between different social groups, along with a discuss about why this may be the case Discussion of bias in healthcare settings and how this can be counteracted
ENT emergencies	Health inequalities Health promotion	Recognition of the burden of modifiable lifestyle factors in head and neck cancers, and how this intersects with other social determinants of health Discussion of the importance of smoking cessation to prevent ENT disease and how these services can be accessed
Diabetes management	Health inequalities	Discuss the effects of poverty on physical health, and how healthy dietary choices are difficult on a low income
Research and critical appraisal	Understanding data	How data can be used to identify population health needs How misuse of data and poor ethical practice can impact on trust in healthcare professionals

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MODULE 5: 3 IN 1 DOMAIN

SUGGESTIONS FOR LINKING CORE TEACHING

Teaching session	Module link	Reflective Comments
Medical emergencies simulation	Interprofessional leadership and practice Recognising vulnerable individuals	Use cases that highlight the importance civility, collaboration and leadership in emergency scenarios Incorporate themes such as modern slavery, mental illness and learning disabilities. Use this as an opportunity to discuss communication in these circumstances and signpost learners to further resources
Frailty and geriatric medicine	Recognising vulnerable individuals Inclusive practice and promoting social justice	Discuss methods for improving communication with those with dementia and cognitive impairment Include cases that demonstrate how frailty and multimorbidity can make individuals vulnerable to exploitation and abuse
Pharmacy and medicines management	Environmental sustainability	Explore environmental impact of unnecessary prescribing Discuss practical measures trainees can take to reduce their environmental impact, such as prescribing propellant free inhalers
Effective leadership and our NHS structure	Understanding the health care and ICS structure GIRFT programmes	Discussion around how the NHS is structured along with how this can be helpful, and a barrier, to good clinical practice Explore GIRFT as a practical tool to improve outcomes and patient experience, along with specific opportunities within the trust that may be available
Surgical emergencies	Understanding the social determinants of health GIRFT programmes	Understand how healthcare inequalities impact rates of surgical problems such as bowel cancer and IBD. Explore how the social determinants of health can affect the type and quality of care individuals receive Discuss the general surgery GIRFT programme and how lessons learnt from this can carry forward into everyday practice
LGBTQAI+ healthcare	Understanding the social determinants of health Inclusive practice and promoting social justice	Discussion of specific healthcare inequalities affect the LGBTQAI+ community, and how these intersect with other identities Helping practitioners to understand how they can advocate for their patients, through behaviour, actions and promotion of resources Discussion around challenging stigmatising behaviour from other healthcare professionals
HIV and Hepatitis	Inclusive practice and promoting social justice	Draw upon patient experience of diagnosis and treatment in hospital Discussion of impact of stigma and attitudes of healthcare workers on access to treatment

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