



KMMS4003

**Community and Primary Care in Practice
Year 1
(CPCP1)**

Module Handbook

Academic Year 2024/25

Contents

Introduction	3
Module Team	3
Module Details	4
Module Aims	4
KMMS EDI statement	4
Module Learning Outcomes	4
Content	5
Teaching and Learning Methods	6
Readiness for Practice Certificate	9
Attendance and Professionalism	9
Learning Activities	10
Immersion Weeks Dates for 2024/25:	16
Assessment	16
Learning Resources	22
Changes to the Module During the Academic Year	22
Appendix A: One-page Summary of CPCP1	23
Appendix B: Marking Rubric for Small Group Assignment Presentation	24
Appendix C: CPCP1 Small Group Assignment Information	26
Appendix D: Marking Rubric for Quality Improvement Project	27
Appendix E CPCP1 QI Written Report Submission Information	29
Appendix F: Guidance for Educational Supervisors and Medical Students Concerning Personal Safety When on Community-Based Placement.....	30

Introduction

Welcome to the **Community and Primary Care in Practice Year 1 (CPCP1)** module. This handbook sets out the details of this module including the module team, intended learning outcomes and assessment related to this module.

For information about placements, including travel, go to [KMMS Student Portal/Placements](#).

Timetabling and logistical details, including announcements can be accessed through the Student Portal. Learning support specific to this module is described within **Teaching and Learning Methods**. Further information and guidance to support you and your learning on the [KMMS Student Portal](#)

Unless additionally specified, programme-level policies, codes of conduct and expectations apply. These can be accessed under the '[Professionalism](#)' section of the Student Portal.

A full list of acronyms and abbreviations that may be used in the document can be found on the Student Portal.

Module Team

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For concerns or questions about your placement, please email: placements@kmms.ac.uk.

For enquiries relating to your module please contact the GP team at:
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Module Details

Level	Credit Rating	Duration	Terms	Year
4	20 credits (10 ECTS credits)	165 hours practice learning 25 hours academic direction 10 hours independent study	1, 2 and 3 (Year 1)	1

Module Aims

The aim of this module is to integrate clinical learning with theory learnt in vertical themes and adjacent modules in Year 1.

It aims to give an overview of a range of health care professionals, services and care pathways outside of hospital care that support patients and their carers within the community.

KMMS EDI statement

The learning activities in this module are designed to meet its learning outcomes while promoting the [KMMS values](#), particularly those of respect and collaboration. For this reason, all learning activities, and the sources of knowledge included, have been created to acknowledge the considerable diversity of our student group, as well as that of your future patients. The aim is for all KMMS modules to achieve the University of Kent Diversity Mark, and we therefore follow all recommendations for accessibility and readability.

KMMS continually updates its involvement with EDI and is currently a co-signatory to the BMA Charter Against Racial Harassment, the BMA's Ending Sexism in Medicine Pledge and the UK Medical Schools Charter on so-called LGBTQ+ "Conversion Therapy".

All our learning materials should reflect current and updated guidance from, the Medical Schools Council, Equality Diversity and Inclusion Alliance, the General Medical Council and the British Medical Association.

We will continue to work with you, and we would be grateful for your ongoing feedback. If you have any urgent concerns or issues, you should inform your module lead or any other member of staff in whom you feel comfortable confiding. You can also contact SLG if you need support. We strongly recommend that you submit a Notification form to tell us about any form of bullying, harassment or discrimination experienced or witnessed within KMMS. You can report details of the issue or incident with your name attached or anonymously. Anonymous reports may prove more difficult to act upon, however we do encourage this form of reporting if you feel named reporting proves too difficult. The Notifications are regularly monitored and, where possible, acted upon. You can also use the [Report and Support tool](#) to report behaviour noted above. These reports will help us to gather data and to capture patterns of behaviour within our Medical School.

Module Learning Outcomes

By the end of this module, you should be able to:

1. Demonstrate knowledge and scholarly, professional and clinical skills learnt in year one modules in clinical practice.
2. Demonstrate concern for the interests, dignity and respect of patients.
3. Recognise why patients and their family/carers need to be involved in decisions about their treatment and care.
4. Describe the ways in which patients access primary healthcare and use treatments.
5. Describe how primary care and community teams work effectively with patients and each other to provide co-ordinated healthcare across services.
6. Describe approaches to the assessment and care of common conditions and presentations in a general practice context.
7. Explore others and own clinical practice, values, behaviours, skills and knowledge, assessing the appropriateness of action taken.
8. Apply principles of clinical governance in relation to maintaining the quality and safety of healthcare.

Content

The content of this module is primarily based around the Fundamental Tracks of Ethics, Law & Professionalism, Human Behaviour, Person & Population Health, and Professional & Clinical Skills.

Learning activities will develop your understanding of:

- The context in which primary care team members work.
- Health of people, communities, and populations, including health inequalities.
- Application of knowledge, clinical skills including communication, appropriate professional behaviours, law, and ethics in medicine.

You will begin to appreciate how and why a patient is at the centre of the relationship between the doctor and healthcare professionals. You will also develop an appreciation of the rationale for effective team working attitudes and practices. This module will help you to learn about professional activities in the community and primary care practice.

After introductory sessions on campus, the module will be delivered in clinical placements. These will occur as six, week-long 'immersion weeks' throughout the academic year. These weeks are timetabled and themed to integrate both generic and systems-based knowledge, skills, and professional values learnt in other modules.

You will be placed in a named Primary Care Network (PCN) for your immersion weeks, usually in a group of up to 6-8 students. You will observe a range of health care professionals on placement to ensure that by the end of the module you will have had the opportunity to experience services that support patients outside of hospital.

General Practice is very broad, and you will see a diverse range of health issues whilst on placement. Patients presenting in the clinical environment will not all necessarily be aligned to the themed curriculum content for a particular immersion week. Irrespective of this, all patients will provide you with learning opportunities relevant to the module's learning outcomes as well as the opportunity to practice clinical skills under supervision.

The teaching in this module is aligned with the learning that takes place within the systems-based modules; Foundations of Health and Disease (FHD), Heart, Lungs and Blood (HLB) and Nutrition, Metabolism and Excretion (NME) as well as with the Skills for Clinical Practice 1 (SCP1) and Professional Development and Person-Centred Practice 1 (PDPCP1) modules. You will learn and apply knowledge learnt in this module to both this and concurrent modules. **Please note that knowledge taught in your other modules, which is linked to learning in this module, can be assessed as part of the Applied Knowledge Tests (AKT) for this module at the end of the academic year.**

This module provides foundational knowledge that is built on in subsequent years of the programme, in particular Community and Primary Care in Practice Year 2 (CPCP2), General Practice and Public Health (GPPH) in Year 4 and your senior rotations in Year 5.

Teaching and Learning Methods

The educational approach for this module is based primarily upon learning in the clinical environment. After initial campus teaching, your learning for this module will be based in your allocated Primary Care Network (PCN). PCNs are groups of GP practices and other community healthcare services that have begun to work closely together to serve their local area to provide more integrated and coordinated health and social care. You will be notified of your allocated PCN and Lead Educational Supervisor for the year by the Work Based Learning Administration Team (WBLAT) at Canterbury Christ Church University. You will remain with the same PCN for the six immersion weeks.

As the PCN is usually a network of several practices, you will typically be allocated in smaller groups to individual locations. You will be returning to the same PCN for all scheduled weeks in Year 1. Your placement for CPCP2 in Year 2 will typically be at another PCN.

Learning will be facilitated by a Lead Educational Supervisor in the PCN. You will observe a range of health care professionals on placement, ensuring that by the end of the module you will have had the opportunity to experience the range of services that support patients outside of hospital. As part of the placement, you may visit community organisations, including specialist and voluntary sector services, within the geographical area of the PCN.

You will be able to use the Module Leader Forum to identify any areas you may require support with, as well as being able to provide feedback on the module.

Your Lead Educational Supervisor and their deputy/deputies in the PCN, Personal Academic Tutor (PAT), Library, IT team, KMMS Student Life and Guidance teams will continue to support you throughout this module. More information about these can be found on the [Student Portal](#).

Placement Based Learning: The Structure of the Immersion Weeks

Each week will include nine timetabled sessions which are explained below - seven within the PCN and two on-campus. Each session will normally be of three hours duration. The sequence of the sessions over the course of each week will be organised by your specific PCN individually, and the details of how these are arranged will depend upon the scheduling of services in the area you have been allocated to, but the overall content will be equivalent. A typical week might look like this:

Monday	Tuesday	Wednesday	Thursday	Friday
GP Placement Symposium Session on Campus	TUTORIAL: Induction and introduction to the theme of the week & facilitated small group work	Professionals working together	Teaching Clinic GP	Clinical Session (other HCP)
Asynchronous Learning Session	Teaching Clinic GP	Free	Clinical Session (Other HCP)	TUTORIAL: End of week seminar (cased based)

i) GP Placement Symposium Session and Asynchronous Learning Session

The Monday of an immersion week will be delivered on campus by the KMMS GP team. The Monday morning will be a symposium for the whole cohort of students and will introduce the theme of the week. The afternoon will typically comprise of asynchronous and case-based learning. The remainder of the week (Tuesday – Friday) will take place in the PCN. The exact sequence of sessions will likely vary between PCNs based on a variety of factors, however overall, the content will be equivalent.

ii) Group Tutorials and Facilitated Small Group Work

Each week you will have two group tutorials. These will typically be at the start and end of the week, although this may vary between PCNs. The first tutorial is geared towards the theme of the week, outline of scheduled clinical activities and workshop material relating to the themes being taught concurrently on campus. The second tutorial at the end of the week will be a debrief session. You will be able to discuss cases and explore questions around the patients you have seen. You are expected to bring a case you have seen and reflected on each week. This is detailed in your e-portfolio later in this guide.

All tutorials should be led by the Lead Educational Supervisor (or deputy). You may wish to discuss with your educational supervisor in advance if there are specific things you wish to cover in the tutorial.

Within these tutorials, time should be allocated for facilitated small group work – activities linked to the module and preparing for the small group assignment and Quality Improvement (QI) project.

iii) Teaching Clinics

Each week you will have two teaching clinics with a GP. These may be clinics for urgent and/or routine care. Initially you will attend these observing in pairs; later in the year you will have opportunities for supervised practice including history taking and basic clinical skills, which you have learnt in the simulated environment. There should be allocated time for debriefing either during or at the end of the clinic. This will allow you to ask questions and to reflect upon the clinical encounters during the clinic. You are encouraged to enter relevant reflections in your e-portfolio.

iv) Clinical Sessions – Other Healthcare Professionals

These two clinical sessions will be with a non-GP member of the practice team such as a practice nurse. Where possible, these will be aligned to support the theme of the week and/or taught campus learning.

As with the GP teaching clinics, these sessions should be booked to allow time for discussion of cases and the opportunity to undertake basic clinical skills under supervision. You are encouraged to enter examples of practical procedures carried out in your e-portfolio. These are often a good opportunity to practice procedural skills, and it can be helpful to highlight this to the clinician at the beginning of the session.

v) Professionals Working Together

Most weeks you will have one session each week that relates to multidisciplinary working in the community. These sessions will be spent learning about professionals working together. You will observe how professionals interact to provide care around the patient, with the aim of understanding how teams work with each other to provide co-ordinated care to patients.

Activities for this session could include:

- Observing a multi-disciplinary meeting focussing on particular patient groups such as the frail, those with palliative care needs, or safeguarding concerns.
- Observing professionals meeting to discuss significant events.
- Supportive meetings for professionals such as a Schwartz round.
- Visiting a care home or hospice.
- Attending group education sessions for patients with particular needs such as cardiac rehabilitation, diabetes, or breathlessness.
- A supervised session with a patient with complex care needs about the services they engage with.
- Attending a specialist clinic in the community (e.g., physiotherapy, audiology, ultrasound, ENT, social prescribing, dermatology).

These activities should include a debrief of learning with your clinical supervisor for the session.

Summary of Teaching Sessions within CPCP1:

Over the six immersion weeks there are a total of 54 half-day sessions (9 sessions per week). These should be broken down as:

GP Placement Symposium and Asynchronous Learning Sessions	12	2 per immersion week
Group Tutorials including Facilitated Group Work	12	2 per immersion week
GP Teaching Clinic	12	2 per immersion week
Clinical Session (other HCP)	12	2 per immersion week
Professionals Working Together	6	1 per immersion week

Preparation for Teaching

You will be advised via the weekly student newsletter what you should prepare for the following week's teaching under 'Preparation for the week ahead'. This will include preparation for the following immersion week as well as other sessions of the module including the placement workshop. This can also be found on KMMS Learn under the relevant teaching week as student guide for the immersion week.

Equipment

You will regularly require the use of a stethoscope to learn and consolidate auscultation skills. All other equipment required throughout CPCP1, including personal and protective equipment, will be provided during your placements.

If you have any queries around your learning, please contact your module lead at communityeducation@kmms.ac.uk.

Readiness for Practice Certificate

To be issued your 'Readiness for Practice' certificate, you will need to complete certain mandatory training and activities. To access this information please go to [mandatory training activities page](#).

Please note the deadlines for completion and upload all certificates to PebblePad.

Attendance and Professionalism

Attendance is expected and mandatory for all scheduled activities for this module. Attendance will be captured through a combination of uploaded documentation to your e-portfolio, as well as through registers of attendance. If you are unable to attend any compulsory teaching or mandatory training, you must inform the KMMS Curriculum and Assessment team via the [processes outlined on the Student Portal](#).

It is important to be aware that considerable time and resources have been put into creating a learning environment within the clinical environment. Patients are pre-booked into appointments for student teaching and clinical supervisors also block out patient appointment times to facilitate teaching and debrief. In exceptional circumstances where students anticipate that they may be late the supervisor should be notified as soon as possible to allow valuable clinical time to be reallocated for patients.

As placement learning relies on the goodwill of clinical staff and patients, routine personal appointments for students should be scheduled outside of timetabled sessions. Unavoidable absences should be reported to the KMMS Curriculum and Assessment team via the [processes outlined on the Student Portal](#).

Learning Activities

The module includes the following learning activities. To help you understand where there is a link between what you will learn in each learning activity and something you have learnt already or will learn next, this is stated below your learning outcomes. The link may be to a learning activity within this module and/or other modules. The links stated primarily relate to learning within Year 1, though much of your learning will be relevant for later parts of your programme too. Please note, not all linkages between learning activities are listed.

Attendance is expected for all scheduled sessions. It is compulsory for face-to-face lectures, workshops, all learning activities during your immersion weeks and where additionally specified, such as mandatory training required to be able to go on the module placements. If you are unable to attend any compulsory teaching or mandatory training, including placement learning activities, you must inform the KMMS Curriculum and Assessment team via the [processes outlined on the Student Portal](#).

1. Introduction to Community and Primary Care in Practice 1 module (Lecture)

Learning outcomes:

- Outline of the CPCP1 module
- Outline how the module is assessed (formative and summative assessment)

2. Introduction to Placements (Lecture)

Learning outcomes:

- Identify CPCP1 module teaching methods, including resources on KMMS Learn
- Identify the arrangements and requirements for placement allocation and the role of the Work Based Learning Administration Unit (WBLAT)
- Understand the Occupational Health and mandatory training requirements

What have I learned already?

- Importance of medical ethics and expectations of you as medical students (PDPCP1).
- Overview of the concurrent modules and vertical themes (FHD, SCP1, PDPCP1).

What will I learn next?

- Arrangements and logistics of placements and what to expect in Week 1 (CPCP1).
- Mandatory training sessions in Basic Life Support, First Aid, Moving and Handling, Infection Control and Health and Safety in the Workplace (SCP1, CPCP1, PDPCP1).

3. Placement - Are You Ready? (Lecture)

Learning outcomes:

- Know whether there are any outstanding requirements for your personal preparation for practice and understand what you will need to do to ensure that this is completed
- Understand the arrangements and requirements for the first immersion week on CPCP1 placement, including how to contact the PCN Administrator and Lead Educational Supervisor
- Have clarity regarding any outstanding questions relating to the immersion weeks

What have I learned already?

- Introduction to the module (CPCP1).
- Introduction to patient-centred communication (SCP1)

What will I learn next?

- Reflective practice (SCP1).

- How quality improvement activities support and shape healthcare (CPCP1, PDPCP1).
- Outline of your quality improvement project assessment (CPCP1).

4. Introduction to Placement-based assessments (Lecture)

Learning outcomes:

- Have an overview of the options for Student Selected Components (SSCs) in CPCP1 module
- Have an appreciation of how the Quality Improvement (QI) SSC in CPCP1 is supported and assessed
- Understand the concept of QI
- Have an appreciation of how quality improvement SSC in CPCP1 is supported and assessed
- Understand the requirements of the SSC in CPCP1- QI project
- Understand the requirements of the small group assignment in CPCP1

What have I learned already?

- Logistics of undertaking your project in your own PCN during the first immersion week (CPCP1).

What will I learn next?

- Information Governance and management of data (PDPCP1).

5. Clinical and Communication Skills in Practice - Learning on campus, Learning on placement (Lecture)

Learning outcomes:

- Know the requirements for the clinical examination and procedural skills during placements
- Understand how to use PebblePad to support learning
- Understand how to evidence these skills and procedures in your e-portfolio
- Have clarity on how teaching and learning on campus aligns with your learning on placement

What have I learnt already?

- Introduction to the module and expectations for primary care placement (CPCP1).
- Introduction to e-portfolio and documenting reflective entries on PebblePad (Welcome Week).

What will I learn next?

- How quality improvement activities support and shape healthcare (CPCP1, PDPCP1).

6. Immersion Week 1: Minor Illness (Placement)

Learning outcomes:

- Summarise approaches to the assessment and care of patients with minor and / or self-limiting conditions
- Identify key principles and roles within the multidisciplinary team
- Describe the ways in which patients access primary healthcare and use treatments

What have I learnt already?

- Introduction to patient centred communication (SCP1).
- Introduction to clinical communication and reflective practice (SCP1).
- Mandatory training (SCP1, CPCP1, PDPCP1).
- Requirements of the small group assignment (CPCP1).

What will I learn next?

- Diagnostic reasoning (SCP1).

- Structure of the NHS (PDPCP1).
- NHS approach to patient safety (PDPCP1).

In Week 1, you will also start learning through preparation for your small group assignment. This will run until Week 3. **The learning outcomes for the small group assignment are:**

- Describe ways in which patients access primary healthcare services and use treatments
- Describe how primary care and community teams work effectively with patients and each other to provide coordinated care
- Explore services available to the patient and/or their carers
- Understand the NHS as an organisation and the provision of healthcare in the UK
- Identify barriers or challenges (at different levels) against the effective provision of care and suggest ways of improving these at individual or systems level
- Demonstrate knowledge and scholarly skills in oral presentation

7. Placement workshop 1 (Workshop)

Learning outcomes:

- Discuss and consolidate the learning from the preceding immersion week theme using Case Based Discussions
- Discuss clinical history and examination skills observed and practiced on placement
- Consider leadership and professional behaviours of a doctor

What have I learnt already?

- Patient safety principles (PDPCP1).
- Access to healthcare (PDPCP1).

What will I learn next?

- The structure of the NHS and models for healthcare delivery (PDPCP1).
- How multi-professionals work together as part of the multidisciplinary team (CPCP1).
- Barriers in communication (SCP1).
- Skills for working in groups and teams (PDPCP1).

8. Immersion Week 2: Tired all the Time (Placement)

Learning outcomes:

- Outline holistic approaches, physical, psychological and social causes for non-specific symptoms
- Understand the variety of ways in which “tired all the time” can present and the concept of medical uncertainty

What have I learnt already?

- How to take a medical history and main barriers to communication doctor-patient (SCP1).
- Principles of clinical communication (SCP1).
- Reflective practice and using your e-portfolio (Welcome Week, SCP1).
- Introduction to models of diagnostic reasoning (SCP1).

What will I learn next?

- How professionals work together as part of the multidisciplinary team (PDPCP1, CPCP1).
- Principles of quality improvement activities for patient safety (PDPCP1).
- Common and serious pathophysiology presenting as tiredness (all systems-based modules Year 1 and 2).

In Week 2, you will start preparing for your Quality Improvement project. This will run until week 6.
The learning outcomes for this project are:

- Demonstrate knowledge and scholarly skills in data handling and enquiry
- Explore others and own clinical practice, values, behaviours, skills and knowledge, assessing the appropriateness of action taken
- Apply principles of clinical governance in relation to maintaining the quality and safety of healthcare
- Identify barriers or challenges (at different levels) against the effective provision of care and suggest ways of improving these at individual or systems level

What have I learnt already?

- Scholarly skills in information governance and quality management (PDPCP1, CPCP1).
- Principles of quality improvement activities for patient safety (PDPCP1).

What will I learn next?

- Scholarly skills in written scientific communication, referencing, and plagiarism (PDPCP1).
- Models to improve effective provision of care at systems level (PDPCP1).

9. Placement workshop 2 (Workshop)

Learning outcomes:

- Discuss and consolidate the learning from the preceding immersion week theme using Case Based Discussions
- Understand how professionals work together as part of the multidisciplinary team
- Discuss the concept of shared decision making and patient-centred care
- Discuss the concept of medical uncertainty

What have I learnt already?

- The importance of medical ethics (PDPCP1).
- Principles of diagnostic reasoning (SCP1).
- The structure of the NHS, models for healthcare delivery and access to healthcare (PDPCP1).
- How professionals work together as part of the multidisciplinary team (PDPCP1).

What will I learn next?

- Human factors in patient safety (PDPCP1).

10. Preparation for Small Group Assignment (Workshop)

Learning outcomes:

- Understand how to record and upload your presentation
- Clarify any questions you might have regarding the small group assignment

What have I learnt already?

- Requirements of the small group assignment (CPCP1).
- Scholarly skills in oral communication (PDPCP1).

What will I learn next?

- Scholarly skills in referencing and plagiarism (PDPCP1).

11. Immersion Week 3: Shortness of Breath (Placement)

Learning outcomes:

- Identify common and serious causes of breathlessness, and how these conditions might present in Primary Care
- Perform a respiratory history and examination
- Outline the management of a patient with respiratory conditions in Primary Care
- Appreciate the journey of a patient with a respiratory condition, and what multi- professionals might be involved in their care

What have I learnt already?

- Principles of respiratory history taking and examination (SCP1).
- Measuring and interpreting lung function tests (SCP1).
- Anatomy of the thorax and principles of respiratory physiology (HLB).
- Pathophysiology of common respiratory conditions (HLB).

What will I learn next?

- System-specific knowledge and skills for the assessment of those with common and serious presentations (HLB, NME, SCP1, CPCP1).

12. Placement Workshop 3 (Workshop)

Learning outcomes:

- Discuss and consolidate the learning from the preceding immersion week theme using Case Based Discussions
- Discuss the risks to health of smoking
- Discuss principles of respiratory health promotion including smoking cessation.
- Discuss the concept of health inequalities

What have I learnt already?

- How professionals work together as part of the multidisciplinary team (PDPCP1).
- Principles of respiratory history and examination (SCP1, CPCP1).
- Causes of breathlessness (SCP1, CPCP1).
- Principles of patient safety (PDPCP1).

What will I learn next?

- Breathlessness and presentation in cardiac conditions (SCP1, CPCP1, HLB).
- Cardiovascular history taking and examination (SCP1, CPCP1).

13. Immersion Week 4: Chest Pain (Placement)

Learning outcomes:

- Identify common and serious causes of chest pain, and how these conditions might present in Primary Care
- Perform a cardiovascular history and examination
- Outline the management of a patient with cardiac conditions in Primary Care
- Appreciate the journey of a patient with a cardiac condition, and what multi-professionals might be involved in their care

What have I learnt already?

- Pathophysiology of common cardiovascular presentations (HLB).
- How to take a focussed clinical history from a patient presenting with respiratory and cardiovascular symptoms (SCP1).
- Introduction to ECG (SCP1).
- Blood pressure and venepuncture (SCP1).

What will I learn next?

- Examination of the cardiovascular system including blood pressure (SCP1).
- Further details on common and serious cardiovascular diseases and presentations (HLB).

14. Placement workshop 4 (Workshop)

Learning outcomes:

- Discuss and consolidate the learning from the preceding immersion week theme using Case Based Discussions
- Discuss cardiovascular risk factors such as obesity and high cholesterol

What have I learnt already?

- Introduction to ECG (SCP1).
- Leadership and professional behaviours as a doctor (CPCP1, PDPCP1).
- Prevention of cardiovascular diseases (SCP1, CPCP1).

What will I learn next?

- Peripheral vascular examination (SCP1).
- Heart disease: prevalence and symptoms (HLB).

15. Immersion Week 5: Weight Loss (Placement)

Learning outcomes:

- Identify common and serious causes of weight loss, and how these conditions might present in Primary Care
- Perform a gastrointestinal history and perform an abdominal examination
- Outline the management of a patient with gastrointestinal conditions in Primary Care
- Appreciate the journey of a patient with a gastrointestinal condition, and what professionals might be involved in their care.

What have I learnt already?

- Nutrition and nutritional needs (FHD, NME).
- Pathophysiology of common and serious gastrointestinal conditions (NME).
- How to take a focussed history from patients presenting with common and serious gastrointestinal symptoms (SCP1).

What will I learn next?

- Personal responsibilities and wider determinants of health (PDPCP1).
- Examination of the gastrointestinal system (SCP1).
- Pathophysiology of liver diseases (NME).

16. Placement Workshop 5 (Workshop)

Learning outcomes:

- Discuss and consolidate the learning from the preceding immersion week theme using Case Based Discussions
- Discuss substance misuse; alcohol and alcoholism

What have I learnt already?

- Gastrointestinal disorders and significance of weight loss (CPCP1).

What will I learn next?

- Pathophysiology and presentations of liver and renal disease (NME).
- How multi-professional teams support patients and carers (CPCP1).
- Referring patients with systemic health problems to secondary care (CPCP1).

17. Immersion Week 6: Chronic and Complex health problems (Placement)

Learning outcomes:

- Recognise approaches to the multi-disciplinary assessment and management of patients with multi-system pathology
- Appreciate the journey of a patient with complex health problems, and what professionals might be involved in their care
- Discuss mechanisms for supporting patients, families and carers

What have I learnt already?

- How professionals work together in the multidisciplinary team (CPCP1, PDPCP1).
- Caring for carers and for patients at different life stages (PDPCP1, FHD).

What will I learn next?

- Pathophysiology and presentations of renal disease (NME).

18. Placement Workshop 6 (Workshop)

Learning outcomes:

- Discuss and consolidate the learning from the preceding immersion week theme using Case Based Discussions
- Explore referral pathways from primary to secondary care

What have I learnt already?

- Appropriate handover and continuity of care (CPCP1, PDPCP1).
- Measurement of kidney function (SCP1).

What will I learn next?

- Clinical reasoning in renal disease (SCP1).

Immersion Weeks Dates for 2024/25:

Immersion week	Dates	Assessment timeline
Week 1	4 th – 8 th November 2024	N/A
Week 2	25 th – 29 th November 2024	N/A
Week 3	20 th – 24 th January 2025	Oral small group assignment presentation
Week 4	24 th – 28 th February 2025	N/A
Week 5	12 th – 16 th May 2025	Feedback on draft Quality Improvement (QI) project.
Week 6	9 th – 13 th June 2025	Marking of final submission of QI project report.

Assessment

Your assessments in this module are designed to help you develop and display your understanding and skills relating to the primary care environment, including professional and clinical skills, team working, principles of patient safety, population level healthcare, management and systems.

The table below outlines the formal formative and summative assessments within this module. All assessment dates are outlined in the Assessment document on KMMS Learn.

Assessment	Formative	Summative	Pass Method
Small group assignment		Y	Numerical Pass Mark
Individual Quality Improvement Project Draft Submission	Y		
Individual Quality Improvement Project Final Submission		Y	Numerical Pass Mark
End of Year AKT		Y	Numerical Pass Mark
E-portfolio		Y	Pass/fail

Coursework at KMMS is normally submitted with your exam number only and not your name. This is to allow for anonymous marking. When submitting, please use the KMMS Coursework Coversheet as the first page.

Please see more information on mitigation of extenuating circumstances, penalties for late submission, grace period, marking and moderation processes under the [assessment information provided on the student portal](#).

Summative Assessment

Small Group Assignment

Criterion 1: This is a small group assignment completed by the end of immersion week 3 relating to experiences in the primary care environment. Assessment will be in the form of an oral presentation made to colleagues within the PCN in pairs (or groups of three, if a pair cannot be created). This assessment will contribute 35% of the mark for this module.

The oral presentation should be for 10 minutes (+/- 10%) with questions and feedback for up to 10 minutes after the presentation. Each student in the pair or group will be given the same mark. The presentation will be video recorded in line with KMMS guidance. The recording should capture both the presentation and the questions with feedback. You will be expected to submit your recording alongside your slides. A penalty will be applied where the presentation is outside the allocated timeframe.

Electronic marking will be completed independently (double marked) by two GP educators in the PCN (with moderation by the central KMMS GP faculty).

Marking is based on an oral assessment rubric system attached in the handbook as appendix B. There will be moderation undertaken by the KMMS GP and Community Education.

The topic for the oral assessment will be based on a model of 'patient-centred' care.

'NHS patient-centred care through the eyes of a future doctor! What does this look like?' Identify a patient you have recently come across and discuss their care using this as an example.

You will be expected to:

- Describe what is meant by patient-centred care.
- Outline pathways of care and access to care.
- Recognise how care has been delivered to this patient.
- Describe the highlights of this patient's care and what may need to change.
- Discuss how the described changes can be made for this patient.
- Discuss how these aspects might appear for the patient in the future.
- Analyse the challenges and benefits.

Individual Quality Improvement Project

Criterion 2: This is an individual Student Selected Component (SSC) Quality Improvement project relating to the primary care environment. This SSC will be assessed by the Lead Educational Supervisor and deputy of another PCN, with moderation by the KMMS GP and Community Education team. This project will contribute 40% of the mark for this module. There will be a variety of academic prizes in relation to exceptional SSC project work.

As part of being a doctor we are continually trying to improve care for our patients. Within your first few immersion weeks, you will identify, with the Lead Educational Supervisor, a suitable and relevant project which should be based upon an aspect of patient care in primary care.

You will:

- Select a topic of interest from those offered in their PCN.
- Consider how the quality of patient care may be improved in that area.
- Review the underpinning evidence base for best practice.
- Collect data of current practice in the practice setting.
- Present your findings as an academic report using the guidance below.
- Submit a written report via KMMS Learn before immersion week 6.

You are NOT EXPECTED to...

- Review patients independently without close supervision.
- Complete a full audit cycle as part of this Quality Improvement Project.
- Achieve the measured outcome indicated by the Quality Improvement Project.
- Provide any statistical analysis that is beyond the scope of your experience.

Suggested areas of quality improvement to consider could include:

Areas of interest	Ideas
Administration and Records	<ul style="list-style-type: none"> • Efficacy of systems for medication reviews e.g., Methotrexate monitoring. • Efficacy of systems for contacting patient - by text, letter or phone.
Patient Experience	<ul style="list-style-type: none"> • Ease of booking an appointment – telephone, online. • Telephone system – how long it took to get through. • Average length of time appointments compared to the allocated appointment slot.
Health Promotion and Prevention	<ul style="list-style-type: none"> • Smoking cessation advice to particular groups of patients. • Uptake of screening (for cervix, breast or bowel cancer). • Immunisation uptake.

Chronic disease management	<ul style="list-style-type: none"> • Hypertension e.g., smoking status, BP checks, lifestyle advice. • Asthma e.g., inhaler technique checks, PEFR documentation, compliance with medications.
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The project should be written up using the template provided in no more than 1500 words (+/- 10%). The key to this is keeping it simple and completing the template provided. It should be written in the third person.

You may request feedback on one draft version of this assignment. The **draft copy** should be submitted through Turnitin with a cover sheet according to assessment timelines.

The report should be structured using the following headings:

Template Headings	Recommended Word Count
Introduction <ul style="list-style-type: none"> • <u>Title</u> • <u>Rationale for the choice of topic</u> - Why do you think that this topic is important? • <u>Background</u> - Briefly summarise the key factors in the current literature about this problem. 	300 words
Results Here you should present the data you have collected, including tables and figures as appropriate, summarising the findings.	200 words
Discussion - Including Analysis of the Results Here you should discuss the results in line with the underpinning literature you have identified in the earlier section.	500 words
Conclusion Here you should summarise your findings and consider how quality improvements may be implemented in practice.	500 words
References	At least 6-8 current academic references

Your Lead Educational Supervisors (or deputy) will:

- Suggest suitable topics of interest available within the PCN.
- Supervise your project plan and provide guidance.

For the draft and final submission, the reports will be allocated by KMMS staff to the Educational Supervisors in another PCN for independent marking (using the marking rubric in the appendix in the final submission only). There will be moderation undertaken by the KMMS GP and Community Education.

Further details of the Quality Improvement Assignment Submission can be found in **Appendices D and E**.

End of Year Applied Knowledge Test (AKT)

Criterion 3: This will be taken at the end of Year 1 to assess knowledge of core material in this module and the application of clinical knowledge derived from the integration of learning from

vertical themes and adjacent modules. The core knowledge includes pre-reading material and, other CPCP1 module preparatory materials.

There are specified reading materials/resources for each immersion week as outlined in the 'student guide for immersion weeks' on KMMS learn. You are encouraged to read these before or during the immersion weeks to consolidate learning on placements. These will also provide the learning/teaching for knowledge assessment in your AKT for this module.

There will be a maximum of 20 questions comprising single best answer and short answer questions. These will contribute 25% of the mark for this module.

E-portfolio

Criterion 4: You must achieve a successful sign-off in your e-portfolio section related to this module. This will include aspects of professional behaviour and satisfactory attendance and engagement with the learning activities of this module.

There are mandatory training requirements associated with this module. These are listed on the [e-portfolio requirements](#) under CPCP1.

Reflective Entries: For satisfactory completion, the e-portfolio must include a minimum of **five** reflective entries upon clinical encounters during your immersion weeks which must be completed on the KMMS template. At least one of these should be completed via the template on your e-portfolio for an encounter during each of weeks 2-6.

Your reflections can be reviewed and signed off by any healthcare professional and should be submitted prior to the tutorial with your Lead Educational Supervisor at the end of each week. The final sign off at the end of week 6 must be completed by the Lead or Deputy Educational supervisor, and not by any other healthcare professional.

Your five reflective entries will be read and commented on by your supervisors or any other allocated healthcare professionals as above. These should demonstrate personal insight into how you are learning from your primary care placement experiences. Professional reflections avoid patient identifiable information, are not overly sensitive and should be based on the modified Driscoll's (2007) 'What' model. You should focus on these areas:

- What happened?
- What is the issue you reflected on? What made you stop and think?
- What went well?
- What could be approached differently?
- How did this affect you? How will this encounter influence your future learning and practice?

Formative Workplace DOPs (Direct Observation of Procedures)

The Workplace based DOPs for Year 1, as listed below, are formative. You are however encouraged to use opportunities that arise to observe and practice your skills whilst on placement under supervision. Your observation and feedback can be recorded in your e-portfolio. Evidence of simulation competency is needed to undertake venepuncture. Please note that venepuncture should only be practiced, on placement, **on adults**. Paediatric competencies will be taught in Year 4.

It is important that you do not perform intimate or invasive examinations (including Digital Rectal Examination) or procedures until you have been taught on campus. A certificate of simulation competency is mandatory for Digital Rectal Examination before it is performed on adults under supervision when on placement.

Direct Observation of Procedures (DOPs) for Year 1

Clinical skills and Procedures:

- Handwashing
- Temperature Check
- Measure Pulse Rate
- Measure Oxygen Saturations
- Measure Respiratory Rate
- Measure Blood Pressure
- Measure/Calculate Body Mass Index (BMI)
- Explain and carry out Peak Expiratory Flow Rate (PEFR)
- Venepuncture
- Carry out a urine multi-dipstick test
- Carry out a 12-lead ECG
- Instruct patients in the use of devices for inhaled medication

A Fail (zero mark) will be awarded for any criterion component that is not attempted. If a student is unable to demonstrate a passing performance in this module, then the module and stage are failed and must be repeated in the next academic year, if the student is not excluded from the programme.

Distinction, Awards and Prizes

The criterion to be awarded a distinction in a module is a mark of 25% or more above the pass mark for the module. Students referred in any failed component of the module cannot achieve a distinction for the overall module grade.

KMMS continues to develop the number of prizes available to students enrolled at different points of the programme. For the most up to date information regarding prizes relating to this module and others, please [see the Student Portal](#). for questions relating to prizes at KMMS, please contact the Chair of the Prizes and Awards Committee (PAC)

Learning Resources

The Reading List of this module can be found on the [KMMS Library Portal](#).

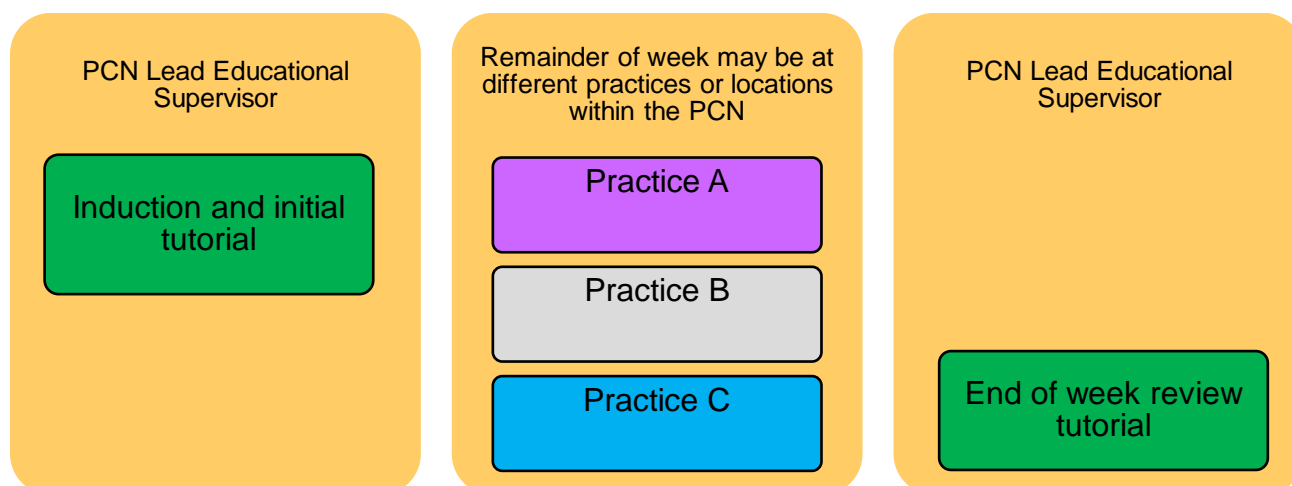
Changes to the Module During the Academic Year

Changes Made to the Module During the Academic Year	Date of Change	Date Module Handbook Updated

Appendix A: One-page Summary of CPCP1

Key Facts

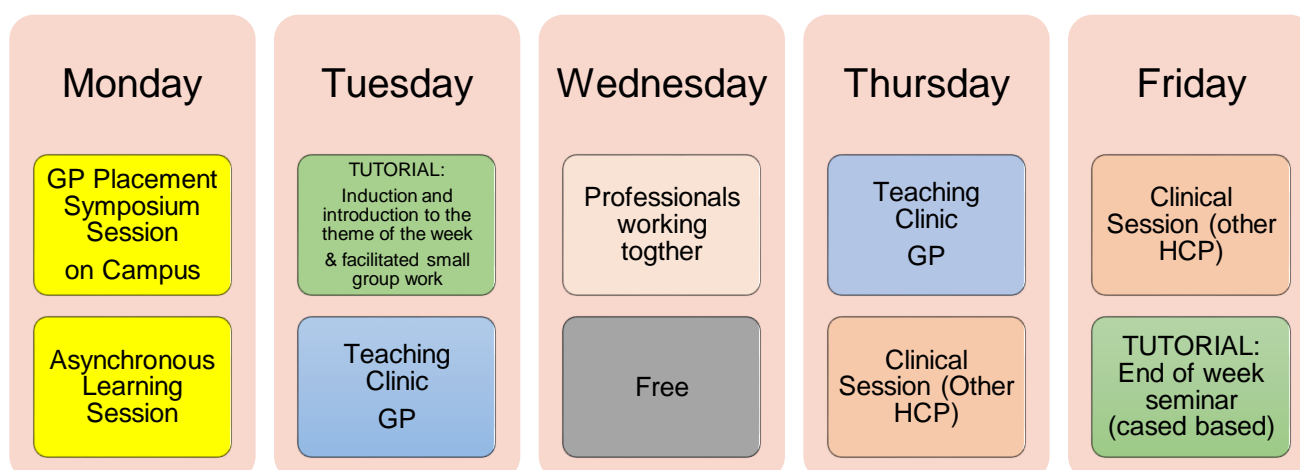
- Six - eight students per Primary Care Network (PCN).
- Six immersion weeks over the course of academic year (1-week blocks).
- Each week one day with learning on campus, then an initial tutorial and an end of week tutorial as groups.



A typical timetable for Immersion Weeks

Nine sessions per week:

- Monday morning Immersion Week Symposium.
- Monday afternoon asynchronous learning session.
- Two group tutorials, including facilitated group work.
- Two teaching clinics with GP.
- Two clinical sessions with other health care professionals.
- One session on professionals working together observed session.



Assessment for CPCP1

- Oral small group assignment presentation (35% of final module mark).
- Quality Improvement Project (40% of final module mark).
- Applied Knowledge Test (25% of final module mark).
- E-portfolio reflections, professionalism and attendance.

Appendix B: Marking Rubric for Small Group Assignment Presentation

	Poor	Borderline	Acceptable	Excellent
Academic content 80%				
Presentation Structure	Little or no identified structure.	Basic structure in place.	Structured with outline and conclusion.	Exceptionally clear structure.
Knowledge and understanding of the subject	Substantial deficits in identification of the key concepts in subject.	Identification of key concepts in subject.	Clear identification of the key concepts in subject.	Excellent presentation summarising the key concepts in subject and principles.
Evidence of research and preparation	Little evidence of any serious attempt to understand or use material from different sources. No referencing.	Some use of evidence from a limited range of sources. A basic attempt to reference.	Evidence of successful understanding although limited integration of information from sources. Appropriate use of referencing.	Information from a wide range of sources fully and effectively understood and integrated. Appropriately referenced work to a high standard.
Take home message emphasised	Vague summary.	Superficial summary.	Clear summary of the arguments.	Excellent summary of arguments made with justification.
Discussion of new ideas	Absent or limited expression of new ideas and solutions.	Some expression of new ideas and solutions.	Relevant new ideas and/or solutions.	Creative approach to problem solving with innovative solutions.
Presentation skills 20%				
Captured and maintained interest of audience	Presentation pitched at an inappropriate level for the target audience either making it too complex or too elementary. No form of engagement with audience.	Presentation pitched at an acceptable level. Limited engagement with audience.	Presentation pitched at an appropriate level for the target audience. Good engagement with audience.	Presentation carefully pitched at an appropriate level with care taken to ensure that all necessary background information is provided. Excellent engagement with audience.
Organisation	Disorganised presentation, not involving all the students.	Organised presentation with balanced involvement of the students.	Well organised presentation involving all students within the group	Excellent clear presentation, with balanced, effective contributions from all of the students.
Use of visual aids	Visual presentation causing confusion	Visual presentation acceptable.	Visual presentation supporting the verbal content.	Visual presentation clear with logical structure and few

	(misalignment between verbal and visual content). Significant errors in the slides.	Some small errors in slides.	Generally logical structure with few/only minor errors.	presentational errors.
Time management	Poor use of time either severely over or under length.	Fair use of time.	Acceptable use of time, presented within the guidelines.	Excellent and effective allocation of time within the presentation.
Response to questions	Failure to involve all students/not answering questions/ poor answers.	Reasonable response to questions. Unequal involvement of students.	Relevant answers to questions. All students involved in Q&A.	Fluent response to questions by all students.

Appendix C: CPCP1 Small Group Assignment Information

- Only electronic submission of work is accepted in line with KMMS 'digital-first' approach.
- You are required to submit your work in the following format:
 - Initial slide with the students' names and numbers.
 - A slide outlining the presentation structure.
 - Slides discussing the relevant points in a logical order.
 - Concluding slides with a summary of the presentation, reiterating the key messages, and setting the discussion in a wider context.
 - A final slide listing (a minimum of 6-8) current academic references to the evidence used in the official KMMS format (Harvard Cite Them Right v11).
 - The slides and a video recording of the presentation should be uploaded to KMMS Learn by the submission deadline. Instructions for recording and uploading the presentation should follow the guidance from the Digital Education Team.
- The oral presentation should be for 10 minutes (+/- 10%) with questions and feedback for up to 10 minutes after the presentation. Your recording should capture both the presentation and the questions with feedback. A penalty will be applied where the presentation is outside the allocated time frame.
- The module handbook details the learning outcomes and rubric for marking.
- You can submit your slides and recorded presentation until the deadline. Anything submitted after the deadline (and two-hour grace period) will be deemed a late submission.
- Non-attendance at a live presentation will be considered as a non-submission of the assessment.
- You will receive notification about your result from the Curriculum and Assessment team with your marks and written feedback/comments on the specified results day.

Appendix D: Marking Rubric for Quality Improvement Project

	Poor	Borderline	Acceptable	Excellent
Academic content of report 80%				
Overall Report Structure	Little or no identified structure or adherence to template.	Logical structure with some template headings used.	Well-structured with adequate focus and adherence to template headings.	Exceptionally clear structure and focus, with clear adherence to the template.
Framing problem statement	Lack of clarity in the statement of the problem and rationale for choice of topic.	Identification of problem and rationale for choice of topic.	Clear statement of the problem and rationale for choice of topic.	Succinct statement of the problem and rationale for choice of topic.
Evidence of research and preparation	Little evidence of any serious attempt to understand or use material from different sources.	Some use of evidence from a limited range of sources.	Evidence of successful understanding and integration of information from several different sources.	Information from a wide range of sources fully and effectively understood and integrated.
Presentation of results	Muddled presentation of results, leading to some confusion.	Results presented adequately, minimal confusion.	Clear presentation of results, no confusion caused.	Excellent presentation of results, very clear.
Analysis of results	Vague summary, and inappropriate deductions.	Superficial summary identifying problems.	Clear summary of the issues.	Excellent summary of issues with justification.
Conclusion including recommendations for change	Poor conclusions drawn and absent or limited expression of new ideas and solutions.	Appropriate conclusions noted. Some expression of new ideas and solutions.	Appropriate conclusions noted. Relevant new ideas and/or solutions.	Appropriate conclusions noted. Creative approach to problem solving with innovative solutions.
Presentation of report 20%				
Presentation of a scientific report	Poor presentation of scientific report academic style. Confusing presentation of data with tables and/or figures. Outside word count	Limited presentation of a scientific report with some use of tables and figures. Within 10% of word count	Adequate presentation of a scientific report including data presented using tables and/or figures. Within 10% of word count	Excellent presentation of a scientific report including presentation of data in tables and/or figures. Within word count
Spelling and grammar	Frequent errors in spelling and/or grammar.	Some errors in spelling and/or grammar.	Few errors in spelling and/or grammar.	Excellent spelling and grammar.
Referencing	No referencing or attempt at referencing	Some attempt at referencing	Consistent referencing	Excellent referencing according to Harvard

	with multiple errors in Harvard format.	using Harvard format with errors.	according to Harvard format with few/minor errors.	format with minimal errors.
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Appendix E CPCP1 QI Written Report Submission Information

- Only electronic submission of work is accepted through Turnitin. You may submit one draft for feedback or comment from the PCN Lead or Deputy Supervisor.
- You are required to submit your work anonymously in the following format:
 - KMMS Coursework Coversheet as first page
 - A4 page size
 - Arial Font
 - Font Size 12
 - Single spaced
 - Justified paragraph setting
 - Page numbers at the bottom right in the footer
 - Exam number in the header at the top
 - Normal margins
 - Minimum of 6-8 current academic references (formatted using Harvard Cite them Right v11)
- The word count for this assignment (**clearly stated at the end of the assignment**) includes headings, text and in-text citations but excludes tables, figures, and the reference list. A penalty will be applied where the submission is outside the word count by +/-10%.
- The module handbook contains a template with guidance on headings and word count for each section. Marking will follow the rubric published in the handbook.
- **Please see more information on mitigation of extenuating circumstances, penalties for late submission, grace period and marking and moderation processes under the [assessment information provided on the student portal](#).**
- You will receive your result through Turnitin which will automatically release on the specified results day as per as the assessment schedule.

Appendix F: Guidance for Educational Supervisors and Medical Students Concerning Personal Safety When on Community-Based Placement.

The following principles are set out as guidance for Educational Supervisors and medical students to ensure safety whilst on clinical placement in the community/primary care settings. It is vital that all students adhere to the policies and procedures of the host organisation as they relate to lone working and personal safety. It also must be clearly stated that any activities undertaken by students must be within their level of competence and congruent with their stage of education.

Students should do everything they reasonably can to ensure their own safety and that of others at all times. Taking care after dark, being sure to get good directions and preferably being accompanied are all sensible precautions.

If a student feels uncomfortable about going somewhere, they need to inform the Educational or Clinical Supervisor. Students must always pay attention to their personal belongings. Whilst this is rare, if someone is threatening or abusive, or if the student feels that their safety is in doubt, they should terminate the consultation, alert the Educational or Clinical Supervisor immediately, and record and report the incident.

We recommend that before starting consultations students should have a discussion with the Educational Supervisor or Clinical Supervisor, at the end of which they should know:

- What the practice health and safety protocol is
- Where the panic buttons are or what to do to raise the alarm
- What the practice alarm sounds like
- What response you should expect if you press the panic button
- What you should do if you hear an alarm set off by someone else

Guidance on Home Visits

Students will have limited experience of home visits and the associated potential health and safety issues. It is therefore important that the Educational Supervisor and the practice staff undertake a general risk assessment of student safety. Students are allowed to do home visits for those patients deemed 'low risk'.

Students must have a functional phone with them at all times and their contact details available at the practice. Students are required to sign out of the practice and inform the Educational or Clinical Supervisor and practice staff of their expected time of return. They should not go directly home from a home visit without making contact with their Educational or Clinical Supervisor. If they do not return within an agreed period of time, the student should be contacted. If the student does not respond, then please escalate as appropriate.

Permission

Students should not visit or arrange to visit patients without the express permission of the Educational or Clinical Supervisor.