Longitudinal Patient Student Reference

Year 3 Keele Medical Course

[for further information please go to KLE]

Outline
Medical students in their 3rd year are expected to spend 2 – 4 hours a week allocated to ‘Longitudinal Patient’ learning. During this students are expected to learn about patients’ experience of illness or disability and the process of pathology both disease and recovery. Under this broad theme students will be expected to identify patients and then follow them through the health system and into the community. Activities may include:

- Interviewing a patient after a procedure, operation or treatment
- Re-examining clinical signs
- Accompanying a patient through an investigation or clinic appointment
- Interviewing a patient with a chronic illness or recovering from an acute illness in various settings including their home to explore patient’s and student’s perceptions of their care
- Visiting a special school, elderly care day centre, drug rehabilitation centre or other community facility related to the patient
- Co-visit with a health professional

Learning Objectives
Expected learning outcomes for students should include:

- observation of at least 3 complete episodes of care of which at least 1 to include a home visit
- evaluation of the evolution of clinical symptoms, signs including healing
- critical consideration of the impact on illness on patients
- critical consideration of the real life adherence and outcomes of a medical treatment plan
- appreciation of the clinical pathways of patient management
- demonstrate exposure to wide variety of clinical roles for subsequent career choices
- consider the effectiveness of discharge planning
- introduction to the wide variety of community agencies and supports for chronically ill and disabled patients
- understand the roles of other health, local authority and voluntary staff
- identify and apply evidence supported conclusions from clinical experience regarding future practice

Specification/Governance
1. Timetables during the 6 hospital blocks should allow between 4 and 8 hours a week for student directed clinical learning from which at least 2 hours a week should be devoted to identifying and following up patients. If the time is not specifically timetabled then teaching supervisors should be aware of the longitudinal patient component and support it as far as possible. In the first 2 weeks of the 6th block the time will be used for writing the reflective piece.
2. Each student should conduct an average of 1 or more interviews/activities per week. It is the student’s responsibility to identify patients and facilities to visit but they will be helped in this primarily by their clinical tutor but also by ward staff and supervisors.

3. Each student should be available to accompany their student pair when visits outside NHS facilities are planned.

4. Students cannot ‘share’ patients as students are expected to individually plan what they are going to try and learn from follow up visits, ask the questions that meet that plan as well as generate new learning points and then review what they have learnt. This does not mean that accompanying students cannot use what they have learnt in their reflective report but their report should show how they have used the LP experience to ‘Plan, do and review’ patient contacts.

5. By the 3rd week of the year each student should have 1 or more patient that are ‘open’ at any one time meaning that the patients are agreeable to visits.

6. Students should seek a wide variety of categories of visit including all of those below:
   - ward follow up
   - procedure / investigation
   - multi-disciplinary meeting
   - home follow up (acute)
   - home follow up (chronic)
   - co-visit
   - facility visit
   - telephone contact

7. Specifically students should carry out at least 20 visits over the 5 blocks of which at least 1 should be a home visit or a visit to a facility. Good students will manage at least one visit in each of the 7 face to face categories listed in point 6.

8. Contacts should cover at least 3 complete episodes of care.

9. Outside of a health service facility, patients must only be visited if all the following criteria are met:
   a. Medical and nursing staff who know the patient agree that the patient would be suitable and safe to visit
   b. the patient has given verbal consent to the student or to the patient’s doctor and this has been relayed to the student
   c. the student is able to see the patient as one of a pair. Under no circumstances are students to see patients outside an NHS facility on their own.
   d. nothing in the patient’s conduct, demeanour or history suggests that visiting the patient would put the students at risk

10. Before visiting patients outside health service facilities, it would be courteous to email or discuss the visit with the doctor most closely involved in the patient’s care. This will usually be the patient’s consultant. Normally this should be done in time for the doctor to respond. If possible discussion should be had about the likely learning points to explore. Similarly the patient’s GP should be informed of the intended visit and a template letter is available below for this.

11. During an out of NHS facility visit students must:
   a. provide the information leaflet detailing the medical school’s contact number, student name and contact number.
   b. wear a clear name badge and suitable clothes
c. gain verbal consent to talk to the patient  
d. in the circumstance of a ‘patient’ who does not have the capacity to  
give consent then the patient, for the purpose of this learning  
component is the relative, as it is the relative’s experience of the  
patient’s illness that is being learnt about.  
e. gain verbal consent to enter the home or establishment where the  
interview is taking place  
f. look for and respond to cues that the patient is tired or wants them to  
go by leaving promptly  
g. be courteous and respectful  
h. ask questions which are sensitive and not intrusive  
i. ask the patient how the medical school could contact them if they  
wanted to ask the patient or relative about their experience of the  
student visit – in particular find out how they would prefer to be  
contacted e.g. letter, telephone or email.

12. Following a visit or interview for the student’s own patient the student should  
carry out the steps below. It is not required to complete these for the student  
contact where they were ‘accompanying’ although the student may find them helpful.  
a. Inform the medical school of the completed visit by filling out a  
‘Completed Community Visit’ form and emailing it to  
p.a.gilchrist@keele.ac.uk. This must be done within 3 working days of  
the visit.  
b. Maintain a record of the ‘Complete episode of care’ applying thought to  
how the contact relates to the specific learning objectives of the  
‘Longitudinal Patient’ component of the course. The appendix “Episode  
of Patient Care Summary” is a suggested format for this.  
c. The student should be prepared to discuss this with their clinical tutor  
who will want to know that worthwhile activity is taking place. The tutor  
should meet one pair of students each week to discuss their visits. If  
the student needs debriefing sooner than this then they should arrange  
this with their tutor  
d. The student should look out for opportunities to discuss their  
experience in case based studies when their experience is relevant

13. Student to write a reflective piece on what they have learnt from this  
component of the course. Date for submission, word count, guidance on  
content, assessment process found in document: “Reflective Review of the  
Longitudinal Patient Experience” document.

Appendices  
1. Draft text for student letter to GP regarding a patient visit  
2. Completed Community Visit form  
3. Medical Student and Patient Follow Up (Patient Information Leaflet)  
4. Episode of Patient Care Summary

see over
Dear Dr [GP]

Re: [Firstname] [Surname], DOB [DateOfBirth], [Address]

I am a 3rd year medical student and am writing to inform you of my intention to follow up the patient of yours above by carrying out a home visit with my clinical partner on [VisitDate].

Please find the enclosed patient information leaflet which sets out the visit’s purpose.

No action is required from you and this is simply to let you know for reasons of professional courtesy.

I would be very grateful if you could let me know via the clinical placement coordinator above if the patient has died.

If you need to contact me before or after the visit please do so using the telephone number or postal address above.

Yours sincerely

[StudentTitleAndFullName]
Medical Student
Keele University Medical School

CC: [PatientConsultant]
Completed Community Visit Form Confidential

Medical Student name:

Date seen:

Carer’s / Patient’s name:

Carer’s / Patient’s address:

Carer’s / Patient’s preferred means of contact and details of this: e.g. letter (address as above?), telephone (give number below) or email (give email address below).

Instructions:
Please complete the above and email to Penny Gilchrist, Longitudinal Patient Administrator, School of Medicine (Royal Stoke University Hospital), Email: p.a.gilchrist@keele.ac.uk.

Admin:
Date received:

Recorded?: ☐
Medical Student and Patient Follow Up

Patient Information

What is this about?
We would like Keele Medical Students to understand what patients go through when they are unwell or have a chronic illness. We think that this will help them make better decisions when they qualify as doctors. So we are asking patients if they would mind if they are ‘followed up’ by a medical student.

We would like you to agree to be visited by the student who gives you this leaflet and to tell them about what has happened. You may be able to tell them a lot about your symptoms, your treatment and how well you manage.

What am I being asked to agree to?
Your student will tell you what he or she wants as it will depend on the situation. They might want to visit you at home after you are better to see how you are getting on.

If you are visited outside of the hospital or GP surgery then students will always come in pairs to talk to you.

What if I don’t want this or I am not sure?
If you don’t want this then please say so to the student. The treatment that you receive from the hospital or GP will not be affected in any way whether you agree, or decide against student follow up.

We would be grateful if you would let the student know if you are already being ‘followed up’ by another student.

Do I have to sign anything?
No, you don’t have to sign anything so if you get tired or just don’t feel like it you can say so and the student(s) will go away.

If you are being visited at home the student will write to your GP so they are informed.

Is that it?
We would like to know that our students are courteous and professional. We may email, write to you or telephone to ask your views on the students using your preferred contact method.

If, for any reason, you would like to tell us about your student then please telephone the Assessment Office on 01782 679569 and they will deal with your enquiry accordingly.

What students can’t do!
Medical students are not qualified to give any medical advice so do not delay speaking to your family doctor or hospital consultant about specific advice that you need.

Your student’s details are:-

Name: __________________________________________________________

Contact Number: 01782 679569 ___________________________________
<table>
<thead>
<tr>
<th>Episode of Patient Care Summary</th>
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</thead>
<tbody>
<tr>
<td>Anonymised Patient Identifier</td>
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e.g. AB                           |
| Onset                           |
i.e. background and start of     |
clinical problem                  |
| Presentation                    |
i.e. when seen first in hospital |
hospital or clinic                |
| Initial management              |
i.e. of initial presentation     |
| Ongoing management              |
i.e. later management            |
| Hospital outcome                |
i.e. assessment at discharge     |
from ward or leaving clinic       |
| Community outcome               |
i.e. assessment when established |
at home                         |
| Visit/Contact Log               |
i.e. date, location              |