

## Undertaking clinical placement in Minor Illness Specialist training: information for mentors

### Course aim

To empower experienced health care professionals to manage the problems presented by people requesting same day appointments, and enable them to expand the range of this professional practice.

### Who can be a mentor

For accreditation purposes, the University of Bedfordshire requires that the mentor is either a practising GP or a Specialist Nurse already qualified in minor illness who has been assessed and accredited by our course tutors. Educational experience is essential.

### The role of the mentor

We recommend the following plan, with sessions arranged for about four hours per week. Planning is needed to ensure the cases seen in this time are relevant to minor illness management.

#### *Observation phase*

During this 8-week period the student will be observing you as you manage patients presenting with minor illness, with time for discussion after each case. Consultation skills will have become second nature to an experienced practitioner. It is essential that you are able to explore this aspect of your work with the student. In addition to the management of the patient's clinical condition, you will need to discuss the use of consultation skills such as the detection of non-verbal cues and the discovery of hidden agendas.

#### *Supervised phase*

Over the next 12 weeks the student will be leading the consultation, with you observing. Again there should be time available to discuss each case afterwards. Moving on to the next step may appear daunting. It is important that the mentor and you feel confident in their ability to do so and that the student has ready access to help whenever needed.

#### *Solo phase*

During this 6-week period the student will be seeing patients alone, but with you readily available in case of queries. After each clinic protected time should be allocated for the student to go through the cases with you and discuss them.

Video recording of the consultations can provide another invaluable aid to learning at this time, but is not a requirement of the course. If you do not have access to a video camera, you may be able to borrow one from a local GP trainer. Patients' signed, informed consent before and after the recording would be required.

During all of these periods it will be necessary to ensure that patients are aware of who will be present in the consulting room. They should always be offered a consultation with the person whom they feel is most appropriate to deal with their problem. Occasionally this will preclude teaching, when the patient wishes to see one person alone.

At the end of the six months the student should have achieved a standard for safe practice in the minor illness setting. The skills manual is designed to help to document the conditions which they have seen and to identify those which they still need to see. Of course, there will still be conditions that are puzzling and those that they may feel unable to deal with, but they must not forget that there is always the safety net of referring on to a colleague, either a more experienced nurse or a GP.

The students are encouraged to keep a log of their learning. This serves as a record of fulfilling the University requirements for the course and is also an invaluable aid to identifying unmet learning needs.

### Impact on the practice

From our experience in running courses for a number of years we know that there may be some difficulties for the practice in arranging a suitable time when both GP mentor and student are able to

devote 15-20 minutes to each consultation and subsequent discussion. The benefits to the practice come later, when the student is fully competent to manage many of patients who seek urgent appointments.

Some thought also needs to be given to whether a sufficient number of patients with minor illnesses will be available at the times available for teaching. A temporary change to the appointments system may be necessary

**What else is there to consider?**

- alterations to computer system, timetables, room allocation
- changes to practice nursing hours
- effects on payroll
- guidelines and protocols to be agreed
- system for signing prescriptions (if necessary)
- equipment to purchase for the student
- anxieties caused by change
- training takes time.....

**Recommended equipment the student will need**

Equipment	Approximate cost (£)
Littmann stethoscope	50
Otoscope	130
Aural thermometer	40
British National Formulary subscription	17 per issue
EN13826 Peak Flow Meter	12
Total	£249

**Sundries**

- Placebo inhalers for demonstration*
- Disposable earpieces for thermometer & otoscope*
- Detergent-based wipes for cleaning stethoscope*
- Fluorescein strips or Minims*
- Urine test strips (including nitrite test)*

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<b>Total</b>	<b>£279</b>
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**Also consider**

- linking student's room to practice computer system if applicable
- including printer to print prescriptions
- there may be some additional disposables required by the student, e.g. tongue depressors

**Once trained, what can the student do?**

As specialists in minor illness they will be competent, highly trained health professionals, able to see most patients with undifferentiated problems.

With an understanding of the relevant theoretical background in the management of minor illness they will be able to assess the patient, make a diagnosis, and prescribe treatment.

By increasing their skills in communication and health promotion they will encourage patients to deal with many of these problems themselves.

They will have a holistic approach with insight into the possibility of a hidden agenda, leaving only the legal requirement that a doctor checks and signs the prescription (unless they are nurse prescribers or use patient group directions).

**National Minor Illness Centre**  
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