



**Faculty of Health and
Social Sciences**

Field of Health Care

**Stopsley Group Practice
Minor Illness Specialist Module**

August 2006

Module Handbook

Specialist in Minor Illness

1 Welcome

Welcome to this module on Minor Illness. Although the word minor is used in the context of this speciality, it should be clear that the challenge to health professionals dealing with such cases is anything but minor. Many people who find they need to consult a health professional have an idea about how serious their symptoms are, but what may seem minor to a lay person may be recognized as early symptoms of a major and possibly preventable disease by a professional. At the opposite end of the spectrum, worrying symptoms can be exacerbated by anxiety into a crisis, when all that is needed is reassurance. Sorting these out and managing them appropriately is a daunting challenge even for highly experienced health workers. This module is designed to give you the skills and knowledge to

- recognize major illness
- diagnose and manage minor illness
- prescribe appropriately
- manage health resources within your sphere
- access and use evidence in your daily job
- understand the legal and professional aspects of your work

2 Module Team

Rhona Rollings BA RGN CPT

Practice Nurse with 25 years experience and special interests in the management of minor illness, asthma and family planning. Rhona is a Community Practice Teacher and is the nurse tutor on the course.

Gina Johnson MSc MRCGP

A General Practitioner since 1983, with a Masters Degree in Medical Anthropology and a special interest in alternative medicine and acupuncture, Gina was previously Clinical Assistant in Paediatrics and Police Surgeon. Over many years she developed several local Primary Care guidelines. Gina leads the course work on Clinical Skills and Evidence Based Medicine.

Ian Hill-Smith MD MRCGP MRCP

Principal in General Practice, GP trainer for Registrars and Medical Students, Ian has an interest in applying fundamental science to medical care. His medical doctorate researched prescribing in Primary Care. Ian leads the course work on pharmacology and communication.

Amber Kelly MA RGN RHV CPT

Amber is a very highly experienced Practice Nurse, Community Practice Teacher and general guru. Independent of the formal teaching on the course, Amber is the mentor for nurses on the course.

Chris Ellis MB BS DFFP

Full time Principal in General Practice, co-author of the Minor Illness Manual and Minor Illness Open Learning Programme.

Geoff Morgan

The Practice Manager who manages not only the practice but also the education and research work.

The Practice

Stopsley Group Practice is a busy general practice based at Churchfield Medical Centre, which is situated approximately 2.5 miles from Luton town centre. The Medical Centre is purpose built and was opened in April 2006 to accommodate the needs of two medical practices that had outgrown their previous surgery in Wigmore Lane. The locality around is largely residential, comprising of private housing and warden-controlled accommodation for the elderly. More recently a complex of Housing Association homes have been completed. The main employer is the nearby airport.

The practice has three GPs, three sessional doctors, four practice nurses and a nursing assistant to provide care for 6,600 patients. Luton has had one of the highest birth rates of any district in England and Wales. The age distribution of Stopsley Group Practice shows that the largest group of patients belong to the 30-40 year age range, followed closely by the 0-10 year age range. This affects the demand for preventative screening programmes, child health services, immunisations and family planning services.

3 Staff-Student Communication

Email The preferred method to contact any of the team is by email:

rhona.rollings@gp-E81075.nhs.uk

gina.johnson@gp-E81075.nhs.uk

ian.hill-smith@gp-E81075.nhs.uk

amber.kelly@gp-E81075.nhs.uk

chris.ellis@gp-E81075.nhs.uk

geoff.morgan@gp-E81075.nhs.uk

If you send us important emails, for example your assignments, please make sure you receive an email acknowledgement. If you do not receive an acknowledgement within a few working days, then check that your email was safely received by telephoning.

Telephone

Switchboard	08 444 77 0958
Course Administrator (direct line)	01582 399 442
Answerphone	01582 481 914
Fax	08 44 88 40 138

Post

Dr Ellis & Partners
Churchfield Medical Centre
322 Crawley Green Road
Luton
Beds LU2 9SB

4 Academic Content

Background

Health Professionals other than doctors have been successfully managing urgent cases as first point of contact in a wide variety of circumstances for a very long time. Sometimes this has been because no doctors were available, such as in times of war or in places of overwhelming need following a disaster. Sometimes this has been because an alternative profession could provide the best care, such as in childbirth, when midwives have taken the central role. What has transpired since the early 1990s is that first contact by non-medical professionals has become more and more integrated as normal care provided by the NHS in the UK.

In 1992 the publication of *The Scope of Professional Practice* by the UKCC gave nurses, especially those in primary care, more freedom to take on new roles, by basing nursing practice on patient needs.

In 1995 Marsh and Dawes published a landmark paper on sharing the care of patients in a GP Practice by making better use of the whole team. At the same time the Stopsley team were starting to depend on the skills of the Practice Nurse Rhona Rollings to help with the demand for urgent care. The need to establish protocols to help us work efficiently as a team led to the first edition of *The Minor Illness Manual*, now in its third edition.

Since then we have seen two major changes in the national contract for General Practice, the development of NHS Walk-In Centres, extension of triage in Accident and Emergency Departments across the country, NHS Direct and a huge expansion in the scope of prescribing by nurses. Pharmacists are now encouraged to take on a more clinical role in direct contact with the patient. These developments have created a need for specialist skills and knowledge in diagnosis, communication, and clinical management. This is where this module fits in.

Marsh G, Dawes N. Establishing a minor illness nurse in a busy general practice BMJ 1995; 310: 778-780

UKCC. The Scope of Professional Practice 1992

Learning Objectives

See the table in the next section that shows the learning objectives in the left hand column, how the relevant teaching is delivered by the module, and how these will be assessed in the right hand column.

Recommended Resources

For each seminar you will receive a printed copy of notes on the material with suggested further resources relevant to the subject. The Minor Illness Manual (Third Edition) is provided free to everyone on this module and gives numerous further references to specialist material. You may also wish to explore the Links section on the minor illness website (go to www.minorillness.co.uk and click on 'Links').

5 Assessment

Learning Outcomes On successful completion of the module, you will be able:	Module Section	Assessment Criteria
1. Evaluate relevant, up-to-date, high-quality research information about minor illness and reflect on the usefulness of this in clinical practice	Evidence Based Practice seminar and self-directed learning based on this.	Evidence Based Practice Assignment. The student must be able to demonstrate the ability to access and evaluate a systematic review from the Cochrane Library, and to critically appraise a simple research article.
2. Critically analyse a clinical assessment of patients with minor illness	Clinical Skills seminar, clinical attachment.	2a. Manual of Clinical Competencies. Following a six-month clinical placement in primary care, the student must complete a Manual of Clinical Competencies, demonstrating signed competencies in a wide range of areas relating to the clinical assessment of minor illness. 2b. Case History Assignments. The student must supply two case histories of patients with

		minor illness that they have personally managed; one of an adult patient and one of a child, each of about 600 words. The management of the patient must be logically justified and referenced, and an example of a prepared prescription appended.
3. Explore a differential diagnosis, propose strategies, and agree a plan of management	Clinical Skills seminar, clinical attachment.	Assessed as for 2a & 2b above.
4. Analyse information, recommend medication and prepare a prescription which is appropriate, effective and safe	Pharmacology Seminar, self-directed learning, clinical attachment.	Pharmacology Assignment. This is a structured written assessment, with open access to sources of information, which consists of a series of clinical scenarios. Each of these contains a miniature case history with sufficient information to present at least one problem possibly requiring drug treatment. In some cases all the relevant facts will be given, in others critical information will be missing. The aim of the assessment is to examine the students' ability to use knowledge of basic clinical pharmacology as opposed to testing such information itself, which is readily available. Example Prescription in 2b above.
5. Reflect on current practice and synthesize newly-acquired competencies into their clinical practice	Communication to Achieve a Change Seminar and self-directed learning on managing a proposed or developing change within the student's	Organisational Skills Assignment. Option 1: To provide a protocol for the establishment of a new nurse-led minor illness service in the student's place of work,

	<p>own work environment.</p>	<p>incorporating any factors that relate to their particular circumstances. Potential problems should be considered, as well as possible solutions. Option 2: To review or create a management process. A review will require the use of a management tool, and result in a description of how this was employed to effect a change in practice. Creation of a new process will require a description of the principles of management underpinning that process, and how it can be utilized.</p>
<p>6. Analyse and develop their use of communication skills during the consultation</p>	<p>Communication skills in the consultation seminar, clinical attachment.</p>	<p>Assessed as for 2a & 2b above.</p>

Details of Assignments

Details of each assignment and their deadlines are provided for each cohort of students in printed form. You will also receive copies of the marking grid for each assignment so that you can see how your skills and knowledge will be assessed. A seminar on the assessment process is held for every cohort and you will have ample opportunity to ask any questions. Submission by email is encouraged, but if you prefer then you can post your typed or printed assignment. If you need to defer an assignment, we can usually reach an agreement **but you must contact us first**. We try to ensure that a date for deferred submission is suitable for the University Examination Board.

You are reminded to read the University's guidance which is available from both the main website (<http://students.luton.ac.uk/>) and the minor illness website link (www.minorillness.co.uk). This covers referencing style, the importance of **not revealing confidential information about any patient**, and the regulations relating to plagiarism and cheating.

6 Transferable skills and personal development

Many of the skills taught in this Module are transferable across health care roles. The communication skills are generic, both in the approach to a consultation and support the managerial skills involved in the section on communication to achieve a change. Clinical assessment skills are wide-ranging, adult, child, male, female, and although they are taught as a method for first-contact assessment of a patient; they are also used by medical and non-medical professionals in the management of chronic conditions. The pharmacology section builds an insight into how drugs work from first principles and extends to practical matters, such as how to use the British National Formulary and how to write a prescription. These are essential skills for anyone engaged in non-medical prescribing. This is a rapidly expanding field and if you are thinking of taking further modules in this field, skills from the Minor Illness module should be a good starting point. Evidence-based practice is an intrinsic part of modern-day medical practice and has no boundaries.

7 Academic skills

Applicants to the course should normally:

- be a health care professional
- hold current registration with the Nursing and Midwifery Council, or other relevant profession body
- have been a registered practitioner in their field for the past three years
- have a minimum of six months' professional experience in primary care on commencement of the course
- have already accumulated 120 CATS points at Level 2 in health care modules

- have support for undertaking the module from their normal place of work

8 Health and Safety

On site at Churchfield Medical Centre make sure you know your route out of the building and where to assemble in case of a fire. Your employer or the site where you have the attachment must cover all aspects of Health and Safety during your clinical attachment.

9 Absence

Please inform any of the teaching team if you cannot attend part of the module. It is helpful if you can let the person teaching the part of the module that you will miss know of your absence. We do understand that some absences are inevitable, but significant absences may mean we cannot accredit your skills or attendance.

10 Disability

Churchfield Medical Centre has a lift and toilets suitable for those with disabilities. If you need course material supplied in a special format to make it easier to read we will do our best to provide you with this. Please direct any requests to the course administrator.