MAP – Guidance for Criterion 4: Acute Illness

Section 4 is all about what you do every working day. It offers a chance to show your day-to-day decision making.

Have a careful read of the section and then “do exactly what it says on the tin”

So:

- Make sure they are CONSECUTIVE NEW presentations. This may take a few surgeries. You probably see plenty of returns in your surgery. Unless they have a new complaint they are not suitable for this section. It is unlikely that you would see 20 patients in a row which meet these requirements, so leave these patients out of the account and include only patients with an acute problem.

- Tell us what the problem is and your working diagnosis (what did the history yield, and what did you think)

- Features – what did you find on examination (either physical or mental). Give us enough detail so that we can see where your diagnosis and management plan came from. You know perfectly well what was wrong with them – but we are only reading your account.

- Management of this patient– what did you do? What (exactly) did you prescribe – give me the details. What did you tell the patient? Was any review planned?

- Justify actions – nobody is perfect. You may choose to speculate that another course of action may have been better. Tell us why. Tell us what you learned. You may be well aware that your actions do not absolutely conform with guidance – but there may be an overwhelming reason for your actions – tell us about it.

It may be worth sharing your log with someone else locally. Is this what other people do in this situation?

Essentially you just need to set a date and go for it – and write up 20 acute cases. Some people will see these in a day. Others may take a few surgeries, depending on your work pattern. Please explain any particularly long gaps between patients, e.g. part-time working pattern.