MAP – Guidance for Criterion 4: Managing acute illnesses

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

- Tell us what the problem was and your working diagnosis (what the history yielded, and what you thought).

- Features – what did you find on examination (either physical or mental)? Give enough detail for us to see where your diagnosis and management plan came from. You may know perfectly well what was wrong with them, but we have only your account to read.

- Management of each patient– what did you do? What (exactly) did you prescribe? Give 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 and 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 twenty acute cases. Some people will see these in a day. Others may take two or three surgeries, depending on their work pattern. Please explain any particularly long gaps between patients, e.g. part-time working pattern.