

# RCGP Curriculum

## Supercondensed Curriculum Guide

### URGENT AND UNSCHEDULED CARE

#### Role of the GP

- Recognise patients with urgent needs and act promptly to ensure timely treatment to reduce the risk of death or morbidity. Patient safety is the top priority
- Gather information and communicate effectively and sensitively with patients, carers and family members during urgent and unscheduled care., which includes assessing patients who may be acutely ill using the phone or e-consultations as well as face-to-face consultations
- Co-ordinate care with other services and professionals and ensure appropriate referral or follow up where necessary
- Maintain patients' autonomy in urgent situations; best interests decisions need careful discussions.
- Offer tailored advice on self-management, e.g., when and who to call for help if their problem worsens or does not follow the expected course of recovery ('safety-netting')
- The provision of urgent and unscheduled care is becoming increasingly diverse; ensure sufficient experience to develop the capabilities needed to work in a variety of contexts
- Integrated multi-professional care 'closer to home' or in the home itself requires a more flexible and team-based approach.

#### Knowledge and Skills Self-Assessment Guide

##### Symptoms and Signs



- Acute illness in adults including patients with intellectual disabilities, dementia or communication problems
- Acutely ill children
- Acute illnesses are often an acute exacerbation of a chronic disease
- Chronic or co-morbid diseases, risk factors and treatments that can influence the incidence and presentation of acute illnesses
- Factors that may alter the presentation of severe illness (e.g., pregnancy, children under 1 year, the very elderly, immunosuppressive drugs or other health conditions)
- Features of mental health emergencies including delusional states, high risk of harm to self or others
- Features of severe or life-threatening injuries
- Features of serious illnesses that require an immediate response. Examples include:
  - Cardiovascular: chest pain, abnormal pulses (arrhythmias, bradycardia, tachycardia), hypertension, dyspnoea, oedema, hypotension, dizziness, syncope, vascular compromise, haemorrhage
  - Central nervous system: reduced conscious level, seizures, dizziness, confusion, loss of sensation or function, cerebellar and vestibular dysfunction, weakness, spasticity, paraesthesia, speech and language deficits, headache, visual problems including reduced acuity, diplopia, pupillary abnormalities, visual field defects, ophthalmoplegia
  - Digestive: abdominal pain, dysphagia, melaena, bloody diarrhoea, haematemesis
  - Endocrine: lethargy, polyuria, polydipsia, pain
  - Kidney: dehydration, anuria / oliguria
  - Respiratory: wheeze, dyspnoea, stridor, drooling, choking, respiratory distress and respiratory failure, cyanosis, hypoxia, tachypnoea, low oxygen saturations, low peak flow, chest pain, haemoptysis, swelling of face or tongue
  - Sepsis: tachypnoea, hypotension, and altered mentation, fever, rashes and meningism
  - Severe pain (e.g., back or limb).

# URGENT AND UNSCHEDULED CARE

## Knowledge and Skills Self-Assessment Guide

### Symptoms and Signs (continued)



- When providing urgent and unscheduled care, it is especially important to consider how communication is affected by acute illness and distress, as well as the emotional effect this has on patients, carers and healthcare professionals.

## Knowledge and Skills Self-Assessment Guide

### Common and Important Conditions



- 'Conditions associated with social, cultural and lifestyle factors that influence the incidence, severity and presentation of acute illnesses (e.g., delayed presentation and increased mental distress in cultures in relation to certain illnesses that may be considered stigmatising; or acute illness relating to omitting medication during periods of religious fasting)
- Death (both expected and unexpected) including the assessment, confirmation and the legal requirements
- 'Dangerous diagnoses' – these are conditions that always require urgent action if they are suspected. Some important examples include:
  - Appendicitis
  - Cancer (e.g., hypercalcaemia, neutropenic sepsis, spinal cord compression, superior vena cava obstruction)
  - Intestinal obstruction or perforation
  - Limb ischaemia
  - Meningitis
  - Mental health crisis (e.g., mania, psychosis, suicidal ideation)
  - Myocardial infarction
  - Pregnancy related issues including (e.g., ectopic, abruption)
  - Pulmonary embolus
  - Ruptured aneurysm
  - Sepsis
  - Stroke / CVA/ subarachnoid haemorrhage
- Emergency conditions where the underlying diagnosis may not be known (e.g., anaphylaxis, choking, loss of consciousness, cardio-respiratory arrest)
- Emergencies that may occur in relation to certain healthcare activities (e.g., anaphylaxis or allergic reaction after immunisation, local anaesthetic toxicity, vasovagal episodes)
- Emergencies arising in patients receiving palliative or end-of-life care
- Multi-factorial problems associated with patients who live alone and / or with multiple co-morbidities, particularly older adults, with an acute presentation may be frail and have both social and medical care needs.

## Knowledge and Skills Self-Assessment Guide

### Examinations and Procedures



- Basic Life Support skills including cardio-pulmonary resuscitation (CPR) and the use of Automated External Defibrillators
- Targeted examinations including the importance of vital sign observations (the 'obs')
- Mental state examinations and risk assessments to ensure the safety of others
- Giving emergency or urgent medications in primary care, including oxygen, adrenaline, GTN, intramuscular or subcutaneous injections (analgesia or antibiotics), inhalers and nebulisers.

# URGENT AND UNSCHEDULED CARE

## Knowledge and Skills Self-Assessment Guide

### Investigations



- ECG interpretation
- Differentiate between patients who require urgent investigation and those can wait for routine tests, as well as those where time should be used as a diagnostic tool
- Near patient blood testing (e.g., glucose, haemoglobin, INR, lactate, CRP, d-dimer, urinalysis, pregnancy test)
- Peak flow measurement and interpretation.

## How this might be tested in MRCGP

### AKT



- Differential diagnosis of acute confusional state
- Signs and symptoms of sepsis
- Management of an epileptic seizure.

### SCA

- Phone call: Paramedic asks for a routine visit to a middle-aged man who has a 4-hour history of paraesthesia in his arm. His provisional diagnosis is nerve entrapment
- House call: Young man with acute headache and vomiting. An examination is expected
- Young woman feels unwell and is sweating, lightheaded and has a rapid pulse. An examination is expected.



### WPBA



- Take a history with a parent about their febrile child
- Case discussion about an elderly patient with pneumonia who has capacity and is refusing admission to hospital
- Clinical examination of an acute abdomen for possible appendicitis.

# LEARNING OPPORTUNITIES (Examples)

## Core Content

- **Communication and Consultation**
  - Breaking bad news in an acute setting
  - Focused history-taking
  - Effective handover
- **Prescribing**
  - Interactions of medication
  - Compliance
- **Co-morbidity**
  - Multiple pathology
  - Psychosocial issues
- **Teamworking**
  - Across health and social care, hospital and community, working with a wide variety of specialities
- **Ethical and medico-legal**
  - Capacity, Consent and Confidentiality
  - Patient autonomy
  - DNACPR and where appropriate, discussion and documentation of end of life care preferences.

## Primary Care

- Out-of-hours clinics
- Basic Life Support (BLS) courses
- Work in walk-in centres
- Work in NHS 111

## Other Specialties

- Paediatric emergency department: the sick child
- Orthopaedics: fractures and trauma
- Medicine and medicine of the elderly
- Psychiatry
- ENT
- Ophthalmology.

## Acute Care



- ABC of resuscitation
- Wound assessment and management
- Fractures and minor injuries
- Loss of consciousness and collapse
- Overdose and toxicology
- Serious infection and sepsis
- Acute abdomen
- Acute musculoskeletal pain
- Breathlessness.

## Multidisciplinary Team



- Emergency social work
- CRISIS team and on-call community psychiatric nursing team
- Policy
- Ambulance control and paramedics
- District nurses
- Palliative care team
- Intermediate care.

## Other

- Audit (e.g., patients' use of urgent care centres)
- Significant event analyses (e.g., sepsis)
- Clinical governance (e.g., antibiotic prescribing).