3.03 THE CLINICAL EXAMPLE ON

Care of Acutely Ill People

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
# CONTENTS

Key messages .................................................................................................................................................. 3
Case illustration ............................................................................................................................................... 4
Learning outcomes ....................................................................................................................................... 5
The RCGP areas of competence .................................................................................................................... 5
   1 Primary care management ......................................................................................................................... 5
   2 Person-centred care .................................................................................................................................. 7
   3 Specific problem-solving skills ................................................................................................................ 7
   4 A comprehensive approach ...................................................................................................................... 8
   5 Community orientation ............................................................................................................................ 8
   6 A holistic approach .................................................................................................................................. 9
The essential features of you as a doctor ........................................................................................................ 10
   1 Contextual features .................................................................................................................................. 10
   2 Attitudinal features .................................................................................................................................. 10
   3 Scientific features .................................................................................................................................... 11
Learning strategies ........................................................................................................................................ 12
Learning resources ......................................................................................................................................... 14
Acknowledgements .......................................................................................................................................... 16
KEY MESSAGES

As a general practitioner (GP) you must:

- Recognise the signs of illnesses and conditions that require urgent intervention
- Work effectively in teams and co-ordinate care
- Prioritise problems and establish a differential diagnosis
- Make the patient’s safety a priority
- Consider the appropriateness of interventions according to the patient’s wishes, the severity of the illness and any chronic or co-morbid diseases
- Be able to make mental state assessments and ensure the safety of others
- Accept responsibility for your actions, at the same time recognising any need for involving more experienced personnel
- Keep your resuscitation skills up to date – this would normally involve a yearly certified resuscitation course
- Act calmly in emergency situations and follow agreed protocols
- Know the processes and arrangements for commissioning and delivering urgent and unscheduled care in your community
- Be aware of how the management of patients with continuing conditions affects the need to give urgent and unscheduled care
CASE ILLUSTRATION

You are undertaking a shift at the out-of-hours centre and take a phone call from a parent who is very worried about their 4-year-old daughter. Lisa is listless, not eating or drinking and feels very hot.

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care management</strong></td>
<td>What are the possible causes of these symptoms? What questions would I ask to aid my assessment? What other areas might I need to cover?</td>
</tr>
<tr>
<td><strong>Person-centred care</strong></td>
<td>How do I include the parents in the management of this situation? What questions would I ask? What do I need to know about them and the family? If I see the child, what skills would I use to enable me to assess Lisa as effectively as possible?</td>
</tr>
<tr>
<td><strong>Specific problem-solving skills</strong></td>
<td>How do I most effectively gain the information that I need via the telephone? If I need to examine the child but the parents are reluctant to bring Lisa to see me, how would I deal with this?</td>
</tr>
<tr>
<td><strong>A comprehensive approach</strong></td>
<td>What other factors do I need to know about the child? What other information about the family would be useful? What other conditions may present as a result of raised temperature in children (co-morbidity)?</td>
</tr>
<tr>
<td><strong>Community orientation</strong></td>
<td>What do I know about the incidence of specific infections illnesses in the community? What are the routes and sources for getting that information for my locality and nationally?</td>
</tr>
<tr>
<td><strong>A holistic approach</strong></td>
<td>How would I explore the health beliefs of the parents? What do I need to know about their understanding of the meaning and outcomes of a high temperature in a child?</td>
</tr>
<tr>
<td><strong>Contextual features</strong></td>
<td>Would my approach to the management of this child differ at different times of the day (e.g. the call was at lunchtime/midnight, or at the start of my shift/at the end of my shift)? If so, why?</td>
</tr>
<tr>
<td><strong>Attitudinal features</strong></td>
<td>Do I think that a doctor who is a parent would manage this situation differently to a doctor who has, or has had, no children? What are my attitudes towards parents and families of a different social class or general educational achievement?</td>
</tr>
<tr>
<td><strong>Scientific features</strong></td>
<td>What do I understand about the evidence for the effectiveness of temperature reduction in febrile illnesses? What are the protocols for the urgent management of serious bacterial infections?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of acutely ill people. These learning outcomes are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the care of acutely ill people you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 Know the symptoms, signs and presentation of common severe illnesses
1.2 Know the symptoms and signs of severe illnesses that may be also be produced by other less severe illnesses and ensure that effective processes are in place to avoid missing those severe illnesses when not obvious at initial presentation, e.g. viral symptoms in a child should not exclude your recognising possible meningococcal infection
1.3 Know how age, gender, ethnicity and the presence of other conditions may alter the presentation of symptoms and signs of severe illness (this is particularly important for presentations in very young and very old patients)
1.4 Manage patients in the out-of-hours context without access to their normal medical records or previous knowledge of them
1.5 Recognise those illnesses where immediate action is needed to reduce death and/or significant morbidity
1.6 Know when it is safe and appropriate to manage a patient in the community and when the patient needs to be referred to hospital for assessment or admission
1.7 Recognise the signs of death and how to assess for these
1.8 Know what you are required to do legally and appropriately following your diagnosis of sudden death of a patient, both expected and unexpected
1.9 Be able to make complex ethical decisions and show sensitivity to a patient’s wishes in the planning of care
1.10 Provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives
1.11 Co-ordinate care with other professionals in primary care and with other specialists
1.12 Take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient

1.13 Be aware of the need to maintain safety for individuals at all times (see also statement 2.02 Patient Safety and Quality of Care)

1.14 Be aware of the organisational need to ensure processes and procedures are in place to ensure patient safety (i.e. clinical governance, quality control and management processes)

1.15 Understand the ways in which patients can access urgent care in general practice during the day (in hours)

1.16 Understand the roles of different members of the primary care team in managing patients who present, or request help, urgently during the day

1.17 Understand the roles of different organisations and professionals who provide unscheduled care for patients both in and out of hours

1.18 Understand how the management of patients with chronic conditions in general practice influences the presentation of these patients to urgent and unscheduled care and their admission to secondary care services

1.19 Know how to diagnose and manage cardiovascular emergencies including interpreting an ECG and performing CPR

1.20 Know how to manage acute respiratory problems, such as asthma

1.21 Know how to manage acute arterial bleeding

1.22 Know the arrangements for providing unscheduled and emergency care, both in and out of hours in the locality in which you are working

1.23 Know the administrative and operating processes for any out-of-hours organisation in which you will be working, and ensure you have this knowledge (e.g. by appropriate induction) before working there. This includes understanding:

1.23.1 The appropriate information technology (IT)

1.23.2 The process for recording and transmitting information about patients and the outcomes of any contact with them

1.23.3 The communication systems within and without any out-of-hours organisation

1.23.4 The process for organising and booking any working sessions or shifts you will be having with the out-of-hours organisation

1.24 Know the requirements for effective continuity of care in the out-of-hours (OOH) setting and understand your responsibility to provide appropriate documentation and records of any patient contact, which must be handed over to the next professional who will be involved with that patient

1.25 Understand the information that OOH providers use to audit and map the service that they provide (e.g. the RCGP Out-of-Hours Toolkit)

1.26 Know the process by which you can give effective feedback to the out-of-hours organisation in which you have worked and trained, and ensure that you give this

1.27 Understand the importance of analysing significant and untoward events relating to acutely ill patients that you, the OOH provider or the training practice may be involved in, both in and out-of-hours, and ensure that you are actively involved for the benefit of both the team and the organisation, and for your own, personal development
2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 Understand the ways in which the acute illness itself and the emotions caused by it can affect the communication between the doctor and the patient
2.2 Understand how to acknowledge and maintain patients’ autonomy when they are acutely ill and in situations where the doctor and others may need to make significant decisions on behalf of the patient
2.3 Understand how continuity of care for an individual patient undergoing an episode of acute illness can be maintained in all contexts
2.4 Understand how the needs of others close to the patient (e.g. family members, carers) can be addressed appropriately
2.5 Understand the ethical and professional guidance relating to managing conflicts of interest between patients who are acutely ill and relatives, carers and other healthcare professionals
2.6 Understand the ways in which different individuals place emphasis on different symptoms and the significance of their acute illness
2.7 Understand the ways in which patients from different cultures and social backgrounds may interpret and report symptoms of acute illness

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 Know the main and common differential diagnoses for each presenting symptom of a patient who is acutely ill
3.2 Determine whether urgent action is necessary for patients who are acutely ill to ensure correct and timely treatment and to ensure that patients with similar symptoms for whom urgent treatment is not needed are protected from the potential harm of unnecessary investigations and/or therapeutic interventions
3.3 Communicate sensitively and professionally with seriously, acutely ill patients who may not wish to follow appropriate medical advice
3.4 Communicate effectively with patients, relatives and carers over the telephone in order to accurately assess a patient who is acutely ill
3.5 Use different modes of communication – such as closed and specific questions eliciting a yes/no response – as appropriate to the out-of-hours context and where the patient’s situation requires urgent action
3.6 Understand:
   3.6.1 when just giving advice to a patient or their relative/carer is sufficient and appropriate in order to manage the patient and the situation
3.6.2 when further assessment is necessary and when and where that should be carried out
3.6.3 when other healthcare professionals should be involved (e.g. ambulance service, paramedics, community nurses)

3.7 Use timely review of acutely ill patients in order to monitor their condition and determine changes to your initial management plans
3.8 Inform patients and offer appropriate explanations for any new symptoms, signs or changes in an existing condition that patients/carers should report back to you so that no serious conditions are missed (’safety-netting’)
3.9 Determine whether the older adult patient with an acute presentation needs predominantly social care or medical care, or a combination of both

4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Understand where the presentation of an acute illness is related to an underlying chronic illness and recognise that an acute illness may be an acute exacerbation of a chronic disease
4.2 Know how the presence of underlying disease or long-term conditions and risk factors (e.g. hypertension, smoking) influences the incidence and presentation of acute illnesses
4.3 Know how social and lifestyle factors influence the incidence and presentation of acute illnesses, e.g. delayed presentation – and mental stress – in cultures where it is considered 'inappropriate' to have certain illnesses; or acute illness from omitting medication during religious fasting
4.4 Identify co-morbid diseases
4.5 Describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness
4.6 Recognise those patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help, e.g. the patient who lives alone or has a mental health problem

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Know the factors that may determine patient responses to the acute presentation of illness within the community/communities that you will be responsible for, both in and out of hours (e.g. rural/urban, ethnic variation, presence of immigrant communities, mobile population, social demographics)
5.2 Know the type of healthcare resources available, both in the community and in secondary care, in order to organise effective care in the most appropriate location for patients who present with urgent healthcare needs.

5.3 Know which other resources for help and care within the community are accessible to patients, and their relatives or carers, in order to manage the presentation of an urgent situation.

5.4 Know how to communicate effectively with patients, relatives and carers, who may make inappropriate and frequent demands on the health service, and what strategies to use to allow them to manage their problems more effectively.

### 6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Know how presentations of acute illness are described and recorded by different patients and what this may mean for their understanding of what this means to them, and how it will affect their life in the future.

6.2 Know how the emotional impact of an acute illness on a patient may not equal the severity of the medical problem (i.e. some individuals may be very upset over minor illnesses and some may have little apparent emotional response to a significant and severe illness).

6.3 Be aware of the different beliefs that different patients may have with regard to the cause and meaning of acute illnesses and how this may affect their ability to manage the immediate and longer term consequences of that illness.

6.4 Demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death.

6.5 Demonstrate an awareness of cultural and other factors that might affect patient management.

6.6 Be aware of how different communities respond to and manage episodes of acute illness.

6.7 Be aware of the varying beliefs that patients have about the need to ask for medical help with regard to similar symptoms.
The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

### EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- **EF1.1** Demonstrating knowledge of the legal frameworks affecting acute healthcare provision, especially regarding compulsory admission and treatment – in particular, knowledge of the Mental Health Act and how to access the information and guidance for this.
- **EF1.2** Being aware of the differences between resources to manage patients in hours and out of hours and how you can appropriately alter your style of working to manage patients safely and effectively in both contexts (see also statement 2.02 Patient Safety and Quality of Care).
- **EF1.3** Knowing your ability and capacity to work under pressure, and how to manage yourself effectively and appropriately with regard to:
  - **EF1.3.1** Time management
  - **EF1.3.2** Heightened emotion
  - **EF1.3.3** Prioritisation and decision-making
  - **EF1.3.4** Relaxation and rest
- **EF1.4** Being aware of how to access and use the COGPED guidance for out-of-hours experience in GP training.

### EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1** An awareness of your own beliefs, ethical system and attitudes towards the care of patient
- **EF2.2** Knowing the GMC requirements as set out in *Good Medical Practice* and *Good Medical Practice for GPs*
- **EF2.3** Being aware of other models of belief, ethical systems and attitudes that patients and their relatives and carers may hold

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1 COGPED (Committee of General Practice Education Directors), [www.cogped.org.uk](http://www.cogped.org.uk)
EF2.4 Ensuring that your beliefs and attitudes do not compromise the delivery of effective and safe care to all patients or appropriate professional decisions in relation to patients, their families and carers

EF2.5 Managing the difference between what you think is an appropriate medical course of action and the course of action desired by patients, their relative and their carers

EF2.5.1 This is particularly important for patients receiving palliative or end-of-life care (see also statement 3.09 End-of-Life Care)

EF2.5.2 Some patients may make frequent contact for unscheduled care that is often unnecessary (e.g. because of a disorganised lifestyle)

EF2.6 Ensuring that if you feel you are not able to provide effective care because of personal circumstances (such as illness), particularly in more stressful environments such as out of hours, that you inform the organisation so that alternative arrangements can be made to ensure patient safety

EF2.7 Being aware of equality and diversity legislation and having a positive and respectful attitude to the other healthcare professionals and colleagues with whom you will be working

EF2.7.1 This is particularly important in the out-of-hours context where you may be working with individuals you have not met before on each session

EF2.8 Ensuring that you record your learning activities whilst undertaking out-of-hours work, in order to demonstrate the achievement of learning goals and to provide further goals for your appropriate personal development plan

EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.1 How as a doctor you should be able to access and use clinical decision support systems (e.g. algorithms for the management of suspected deep vein thrombosis, management of variations from the normal range of INR readings in patients who are anticoagulated, and changes in therapy for patients who have worsening asthma). You should also make your interventions evidence-based, e.g. through resources such as the Cochrane Library database, or National Institute for Health and Clinical Excellence (NICE) guidance

EF3.2 The importance of knowing the protocols for managing specific acute illnesses. These include the management of acute asthma, chest pain that could be cardiac in origin, stroke pathways, the management of possible deep vein thrombosis

EF3.3 How you should understand and be able to access those protocols that are used in the GP surgery/surgeries where you are working during the day and how these may be used appropriately in differing circumstances. You also need to demonstrate an understanding of the written protocols that are available from national bodies (e.g. the British Thoracic Society asthma guidelines) and how these may be used appropriately in differing circumstances and for different individuals

EF3.4 Evaluating how well you care for the acutely ill person, including significant event analyses, and taking appropriate action

EF3.5 Understanding the factors that affect the demand for OOH and unscheduled primary care in different communities, and at different times of the day and the year
LEARNING STRATEGIES

Work-based learning – in primary care

As a GP specialty trainee you must gain experience in emergency care, which is a feature of both in-hours and out-of-hours work. Because there are particular features of the out-of-hours period that require a specific educational focus, such as isolation, the relative lack of supporting services and the need for proper self-care, it is important that you spend time in the out-of-hours primary care work environment.

During your training you should work in the local out-of-hours service, under supervision, in order to gain competence and confidence in delivery of these services. You should be supported by your GP trainer, who should make arrangements as part of your initial educational planning for your sessions with the out-of-hours service provider. This should follow an evaluation of your level of knowledge, skills and learning needs.

There are a number of organisations involved in the delivery of primary care out-of-hours services, including GP co-ops, commercial deputising services, NHS Direct, NHS 24, nurse triage, minor injury centres, primary care walk-in centres, accident and emergency departments and some remaining individual practices and practitioners. The model of service provided varies, but there will be a need for partnership and collaboration between all agencies at the local level. As part of your training programme, you need exposure to a variety of community-based emergency and out-of-hours models.

Example: Consultations with patients presenting urgently in general practice, observed consultations, recorded consultations and material for use for COT and CBD.

Work-based learning – in secondary care

The hospital environment is the ideal setting for you to see concentrated groups of acutely ill children and adults. All doctors entering general practice training programmes will have acquired the competences in acute care laid down in the Curriculum for Foundation Programmes. Many doctors will have acquired additional competences during their hospital training, before entering GP training. Some GP training programmes will contain placements of varying length in acute medicine and in accident and emergency departments that are ideal environments for learning about acutely ill people and their management. While you will have learnt cardiopulmonary resuscitation skills in the Foundation Programme or equivalent, it is important to maintain these skills once in practice. Hospital resuscitation departments are excellent learning resources for you to keep up to date with these skills.

Example: Making a reflective entry in your ePortfolio based on assessment of urgent admissions from primary care and the community.

Non-work-based learning

All GP specialty trainees should have access to cardiopulmonary resuscitation courses and learning resources to help them address their learning needs.
Learning with other healthcare professionals

Teamwork is essential for the effective management of acutely ill patients in primary and secondary care. In primary care, it is vital that all members of the primary healthcare team understand their roles in managing acutely ill patients and contribute to the development of practice guidelines. Acute events are an important source of material for significant event analyses and team members should be encouraged to participate in these and learn from them at both the individual and team level. Working in the out-of-hours environment will help the specialty registrar gain valuable experience of working and learning in multiprofessional settings, which will include GPs, nurses, paramedics, accident and emergency staff, etc.

Example: Observing nurse practitioners triaging patients; undertaking home visits with paramedics.

Formal learning

Examples of formal learning are OOH induction processes, telephone consulting skills courses and e-learning opportunities
LEARNING RESOURCES

Examples of relevant texts and resources

- Committee of General Practice Education Directors. *Out of Hours (OOH) Training for GP Specialty Registrars* London: COGPED, revised 2010

Web resources

COGPED OOH Position Paper 2010

Guidance for Commissioning Integrated Urgent and Emergency Care – a whole system approach
This is a very useful comprehensive review of the models of delivery of urgent and unscheduled care in the UK and the data associated with these. It provides an understanding of the factors that GPs need to account for when involved in commissioning these services.
Royal College of General Practitioners
e-GP includes a course on trauma, covering topics such as basic life support, managing major incidents, burns and scalds, limb and head injuries and sports injuries.
www.e-GP.org
Resources on urgent and emergency care are also available at:
www.rcgp.org.uk/clinical_and_research/circ/innovation__evaluation/clinical_priorities/2008-2010.aspx#UrgentandEmergencyCare
ACKNOWLEDGEMENTS

This curriculum statement is based on the original statement 7 Care of Acutely Ill People in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners.

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