



# Minor Illness

**An open learning programme for  
nurse-led primary care services**

## **Mentor's Guide**

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# The structure of this course

There are three parts to the course, each of which is designed to be read in conjunction with the book, *The Minor Illness Manual*.

## Part One: The essentials

- First Contact Minor Illness Nursing: improved access to care
- Communication and Organisational Skills
- Evidence-Based Practice
- Clinical Governance

## Part Two: Diagnosis

- Infections
- Examination Techniques
- Clinical Skills: Part 1
- Clinical Skills: Part 2

## Part Three: Using drugs

- Clinical Pharmacology: Part 1: Pharmacodynamics
- Clinical Pharmacology: Part 2: Pharmacokinetics
- Prescribing
- Recommended Formulary for Minor Illness

The modules should be used in tandem with a period of observation, followed by supervised management of patients with minor illnesses. A suitable mentor for this course would be a nurse with the Community Practice Teacher's qualification who has also completed a recognised Minor Illness course. Alternatively, a local GP mentor or trainer, or a GP in the nurse's own practice who has the required interest and educational skills, could act as a mentor. There may be a charge for this service.

From our experience in running courses for a number of years, we know that there may be difficulties for the practice in arranging a suitable time when both mentor and nurse are able to devote 15 to 20 minutes to each consultation and subsequent discussion. Some thought also needs to be given to whether a sufficient number of patients with minor illnesses will be available at these times.

We recommend the following system in which each section should take about two months to complete, with training sessions arranged for about four hours per week.

### Observation phase

A period when the nurse is observing you as you manage patients presenting with minor illness, and discussing each case afterwards. Consultation skills will have become second nature to an experienced practitioner. It is therefore essential that you are able to explain this aspect of the process.

### Supervised phase

During this period the nurse will be leading the consultation, with you observing. Again, there should be time available to discuss each case afterwards. Moving on to the next step may appear daunting. It is important that the nurses feel confident about their ability to do so and, equally, that the patients they see feel reassured by their confidence. It may be easier to change gradually, selecting one or two patients at a time for solo work.

### Solo phase

During this period the nurse will be seeing patients alone, but with you readily available in case of queries. As it is their professional duty to ensure competence in any action that is taken, it is important that they can refer to you easily whenever they need help. After each clinic the student should go through the notes with their mentor and discuss them. Video recordings of the consultations will provide another invaluable aid to learning at this time. Guidance on how to view the videos and give constructive feedback to the student is given later in this guide. If you do not have access to a video camera, you may be able to borrow one from a local GP trainer. The signed consent of patients is required before and after the consultation. Most patients are more than happy to oblige.

During all of these phases it will be necessary to ensure that the patients are aware, before they enter the consulting room, who will be present in the room. They should always be offered a consultation with the person whom they feel is most appropriate to deal with their problem. Occasionally this will preclude teaching, for example when the patient wishes to see one person alone.

At the end of the six months the nurse should have achieved a standard for safe practice in the minor illness setting. The manual of clinical competencies at the end of Part One, Module 1 (*First Contact Minor*

*Illness Nursing*) is designed to help document the conditions which they have seen and identify those which they still need to see. Of course, there will still be conditions that are puzzling and those that they feel unable to deal with, but they must not forget that there is always the safety net of referring on to a colleague – either a more experienced nurse or a GP.

## Suggested timetable

<b>Preparation</b>	<p><b>Part One: The essentials</b>  <i>First Contact Minor Illness</i>  <i>Nursing: improved access to care</i>  <i>Communication and Organisational Skills</i>  <i>Evidence-Based Practice</i>  <i>Clinical Governance</i></p>	
<b>Months 1 and 2</b> Mentor consulting, nurse observing	<p><b>Part Two: Diagnosis</b>  <i>Infection</i>  <i>Examination Techniques</i>  <i>Clinical Skills: Part 1</i>  <i>Clinical Skills: Part 2</i></p> <p><b>Part Three: Using drugs</b>  <i>Clinical Pharmacology: Part 1</i>  <i>Clinical Pharmacology: Part 2</i>  <i>Prescribing</i>  <i>Recommended Formulary for Minor Illness</i></p>	<ul style="list-style-type: none"> <li>• Assignments start</li> </ul>
<b>Months 3 and 4</b> Nurse consulting, mentor observing		<ul style="list-style-type: none"> <li>• Review course so far</li> <li>• Complete assignments</li> <li>• Marking and feedback</li> </ul>
<b>Months 5 and 6</b> Nurse consulting solo, with back-up nearby		<ul style="list-style-type: none"> <li>• Video some nurse consultations</li> <li>• Assessment of nurse progress</li> <li>• Complete manual of clinical competencies</li> </ul>
<b>End</b>		

# Assignments

There are five assignments in this course:

## Part One

- 1 **Organisational skills:** a detailed plan for the introduction of a new minor illness service or development of a new aspect of the service, using 'management of change' techniques (1200 words approx).
- 2 **Evidence-based practice:** an appraisal of a systematic review using the tools of evidence-based medicine, and a scenario involving the use of research evidence in practice.

## Part Two

- 3 **Adult case study** of a patient with minor illness whom the nurse has managed.
- 4 **Child case study** of a patient with minor illness whom the nurse has managed.

An example prescription is submitted with the case studies. If the case studied does not result in any prescription, an alternative example from a different case should be used.

## Part Three

- 5 **Clinical pharmacology scenarios:** short case histories which will pose prescribing dilemmas.

Unless seeking formal accreditation, the student's mentor would normally mark the assignments. Alternatively, the student may be able to arrange for them to be marked by a local GP mentor, trainer or course organiser.

# Directions to the student

## Organisational skills

Write a protocol for the establishment or development of a minor illness service in your place of work. It can describe the setting up of a completely new clinic, or concentrate on one aspect. Make use of at least one management tool. Even if you have not used one before, the aim is to save you time and improve your organisational skills.

Consider possible problems that might arise with:

- patients
- non-clinical staff
- clinicians.

The usual length of this assignment is 1200 words, but this is only a guideline. A variety of different approaches are acceptable. You can choose to use Gantt charts or diagrams with fewer words if preferred. Consider the problems that may arise in your particular working environment and how you propose to overcome them. Aim to demonstrate a clear structured approach to change, drawing on the literature and research that underpins the change cycle.

You will be assessed on your demonstration of how management tools can be used to support change and make the process efficient. Aspects of this include the relevance of your protocol/plan to your working environment, problem identification, plan of management and review, and use of literature.