

Course Title	IMT3	Scenario Title	IBD GP conversation
Patient	Name: Rana Age: 34 Hospital number: RLH19853		

Learning Outcomes	Technical	Non-Technical
	<p>Demonstrate systematic assessment using ABCDE</p> <p>Demonstrates knowledge of IBD guidelines for acute flare assessment</p> <p>Demonstrates knowledge of social determinants of health (CiP Category 1, professional behaviour, GPC health promotion and illness prevention)</p>	<p>Responds appropriately to GP concerns and information (Category 2: communication, teamworking and leadership)</p>
Scenario Overview	<p>Adult female with suspected inflammatory bowel disease and multiple DNAs. Missed appointment at 4pm yesterday in ambulatory care which GP has arranged as Rana has DNA'ed multiple appointments with gastro team.</p> <p>GP calls to speak to on call registrar in AC to discuss the case and ways to support Rana. GP has known Rana since she was a child and has detailed knowledge of her family and social background which is preventing access to secondary care services.</p>	
Set Up	Telephone call only Notes available	
Prop List	Notes	

	Initial	Subsequent	If treated	If not treated
RR				
SpO ₂				
BP				
Rhythm				
Temp				
Eyes				
Expected Actions	<p>Introduce self to GP</p> <p>Listen to concerns</p> <p>Ask questions/use notes to perform basic assessment of degree of need for admission</p> <p>Ask questions to rule out other causes of symptoms</p> <p>Ask questions to rule out complications such as abscess, perforation, fistulation etc.</p> <p>Escalate appropriately</p> <p>Formulate a plan to enable access to diagnostics and intervention for IBD</p> <p>Contact Gastro team urgently</p> <p>Would need to discuss with GP about how to support the patient during diagnosis and treatment of disease – sounds like the patient would need help with children and sister to be able to ensure she attends clinics, scans and colonoscopy</p>			
End Point	Scenario ends when participant and GP have agreed on next steps			

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Participant briefing	<p>You are working in ambulatory care this week. Yesterday when you were in a patient, Rana, did not attend for her appointment which was at 4pm. She was referred by the GP with a mild flare of her suspected Crohns disease. Looking at the notes she has also DNA'd her last two consultant gastro clinics. The specialist nurses have tried to get in touch with her but been unable to contact her. She does not yet have a formal diagnosis as she has not been able to come to any appointments.</p> <p>You receive a phone call from switchboard to say that Rana's GP wants to talk to you as she rang the surgery this morning for an urgent appointment complaining of uncontrolled abdo pain and bleeding PR.</p>
Parent/carer Briefing	<p>You are Dr Choudhury, Rana's GP</p> <p>You are concerned about Rana as she is clearly experiencing a flare of what you strongly suspect is Crohns colitis – but which is as yet undiagnosed as Rana has not been to any of her appointments. She has a positive faecal calprotectin, is currently having 4-5 episodes of bloody diarrhoea per day and has lost about 3 kg in weight in the last 3 months. She does not have a fever.</p> <p>You referred her to ambulatory care yesterday as a last ditch attempt to help her access secondary care but were disappointed to hear that she had made yet another appointment to see you this morning about her abdo pain and bleeding and had not gone to ambulatory care. When you asked her what happened to the ambulatory care appointment she told you that she couldn't make it because of school pick up. She tried to call and tell the team but the person on reception refused to help her.</p> <p>You are really struggling to support Rana – you know that she regularly DNA's appointments due to a combination of childcare, school pick up issues, work or other commitments. Rana lives in social housing, in a 2 bedroom flat with her three children who are 12, 7 and 2. She is in contact with her ex-partner (their father) but he does not live with them and is unable to provide financial support. She is in and out of work on zero hours contracts and juggling this with benefits. She has lost her most recent job due to being unable to attend because of her gastro problems. You have recently referred her to social prescribing but she was unwilling to attend this as "I don't have time to go to yoga!" She has also declined referral to the stop smoking service though you have told her time and time again that this would be the single best step she could take to improve her disease.</p> <p>You have known Rana and her family since she was a child. Unfortunately her mother died recently from sepsis and her father died when she was 15 of an MI. She has two sisters, one has moved away and the other has mental health problems and is unable to support Rana. In fact Rana supports her sister – adding to her mental load.</p> <p>If the registrar is engaged with the conversation you will contribute all of the above information and suggest that possibly an MDT is needed to develop a</p>

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	support plan for Rana. If not, you will get frustrated and irritated, take their name and ask to speak to their consultant.
Patient PMHx	Chronic daily headache Asthma as a child Gestational diabetes mellitus
Investigations & results	Faecal calprotectin positive CRP 15 – from GP
Plant Briefing	
On Examination	NA
Life Savers/ Plant	Look, are you able to get the contact details of the IBD team? I think we need their input here.
Telephone Assistance	Acute medical consultant/gastro registrar on call

Debriefing	Knowledge of NICE guidelines for management of acute flares of Crohns/UC – this patient is borderline for needing acute admission Appreciation of social determinants of health in this scenario Communication skills - telephone Multidisciplinary and cross organisational team working
References	British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults Gut (bmj.com) Overview Crohn's disease: management Guidance NICE Broader determinants of health The King's Fund (kingsfund.org.uk) Literature review: impacts of socioeconomic status on the ri... : European Journal of Gastroenterology & Hepatology (lww.com)
Curriculum mapping	Generic capabilities in practice (CiPs) Category 1: Professional behaviour and trust 1: Able to function successfully within NHS organisational and management systems > Aware of public health issues including population health, social determinants of health and global health perspectives Category 2: Communication, teamworking and leadership

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	<p>3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement</p> <p>> Communicates effectively with clinical and other professional colleagues</p> <p>Clinical CiPs – Internal Medicine</p> <p>4: Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)</p> <p>> Demonstrates professional behaviour with regard to patients, carers, colleagues and others</p> <p>> Delivers patient centred care including shared decision making</p> <p>Presentations and conditions of Internal Medicine by system/specialty</p> <p>>Inflammatory bowel diseases</p>		
Written by: Date: Review date:	<p>Anna Moore</p> <p>Reviewed by Sungjae Hwang (gastro reg and sim fellow) and Emma Radcliffe (GP)</p> <p>20/6/2022</p>		