

2018

Year 3 GP Teacher Workshop

Report

Welcome, Update and Overview

Promoting student wellbeing and supporting students

Best teaching practice in years 2&3

Consent and feedback for patients

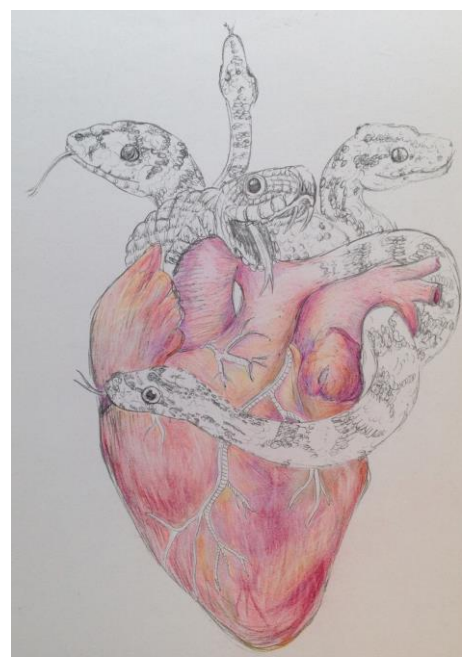
Year 3 OSCE – What you need to know

MB21 Year 3 – What will it mean for you?

Medical humanities in Year 3

Peer review – How and why?

**Much more
comfortable
around patients
and confident**
*From a Year 3
student 2017-18*



Organiser

Barbara Laue

Contributors

Lizzie Grove

Simon Thornton

Guest speakers

Nicola Taylor

Consultant Psychiatrist
and Senior Tutor

Year 3 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
 Tuesday 2nd October 2018



| Morning | | |
|-----------|--|-------------------|
| 8.30 | Coffee and registration | Kirsten |
| 9.00 | Welcome and Intro to the day Update and overview | Barbara |
| 9.30 | Promoting student wellbeing and supporting students - The role of the medical school and GP Teachers | Nicola Taylor |
| 10.30 | Coffee | |
| 11.00 | Best teaching practice in Year 3 | Small groups |
| 12.10 | Teaching concepts <ul style="list-style-type: none"> ▪ Consent and feedback for patients ▪ Year 3 OSCEs – What you need to know | Barbara Lizzie |
| 13.00 | Lunch | |
| Afternoon | | |
| 14.00 | MB21 Year 3 – What will it mean for your teaching? | Simon |
| 15.10 | Tea | |
| 15.25 | Food for thought <ul style="list-style-type: none"> ▪ Medical humanities in Year 3 ▪ Peer review – 'Why and How' | Lizzie Barbara |
| 16.25 | Q&A | Barbara & team |
| 16.30 | Home | |

Speakers, organisers and facilitators

- Barbara Laue, GP lead for Years 2&3 and Co-chair for MB21 Year 4
- Lizzie Grove, Academic Clinical Fellow (GP registrar)
- Nicola Taylor, Consultant Psychiatrist, Senior Lecturer
- Simon Thornton, Teaching Fellow, Engagement lead, Year 3 Co-lead

Objectives

- Update on teaching in Year 3 – MB16 and 21
- Sharing 'Best Practice' teaching with colleagues
- Understand student well being
- Consider and explore 'Consent' and 'Feedback' for patients
- Improve understanding of OSCE exams in Year 3
- Explore the role of medical humanities in year 3 GP teaching
- Consider the 'Why?' and 'How?' of peer feedback

Many thanks for coming to the Year 3 GP Teacher workshop and for your contributions. It was great to see so many GPs who are new to Year 3 teaching.

In this workshop we gave you an update of current Year 3 teaching and a chance to comment on Year 3 draft plans for MB21. We covered a range of teaching skills in the small groups and talks including planning and delivering the GP sessions, finding patient, consent and feedback. More 'food for thought' came from short explorations of medical humanities in Year 3 and peer observation.

Nicola Taylor provided us with a detailed overview of the extensive network of support available for medical students. She is a Consultant Psychiatrist and Senior Tutor and shares responsibility for student wellbeing with her colleague David Morgan, a research scientist.

We are aware that those of you who are new to Year 3 teaching may not have had all your questions answered. Please look at the Year 3 GP Teacher guidebook. It has detailed information on all aspects of the GP sessions. The link will have been emailed to you just before the start of the academic year. You can find the Year 3 GP Teacher and Year 3 GP student guidebooks and forms here

<http://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/three/>

Please remind your students to use the student Year 3 GP guidebook, especially the log of patients and templates for reflection. You could mention this when you email them about a session. The GP student guide is on the Primary Care website, the year 3 page of the medical school site in Blackboard (VLE) and on the Primary Care page of the Bristol Hippocrates site <https://www.bristol.ac.uk/medical-school/hippocrates/primarycare/>

We have already held workshops in the Somerset and Bath Academies in this academic year and are planning workshops for the Gloucestershire and Swindon academies. They will be advertised in the teaching newsletter and on the Primary Care workshop teaching web page <http://www.bristol.ac.uk/primaryhealthcare/teaching/workshops/>

More workshop dates for 2017-18 Both are full days at the Engineers' Hse, Bristol
Year 4 **Tuesday 23rd October**
Year 5 **Tuesday 13th November**

If you are interested in becoming an OSCE examiner, please let our team know by emailing phc-teaching@bristol.ac.uk and look out for our OSCE examiner training sessions in our newsletter. The **2019 exam dates for the Year 3 OSCE** are Thursday 6th June and Friday 7th June.

Best wishes from

Barbara

Barbara and the Primary Care teaching team

If you have any questions or suggestions, please email phc-teaching@bristol.ac.uk

Best practice - Small group session

At the start of the small group session each group made a list of topics to cover. Here are the **topics** covered with discussions and top tips.

How to organise the sessions

3rd year requires the students to organise their GP sessions around their clinical timetable (except in the Gloucestershire academy where GP days are fixed)

- Top Tip- Get academy administrator to co-ordinate
- Organise early, be proactive and contact the academy yourself

Managing 4 students

- Ensure that all students get some practice in each session
 - 1st pair: One to take history, one to examine
 - 2nd pair: One to take history, one to examine
 - Keep a record of who does what.
 - If patients have sign, if possible, let every student see, feel or hear that sign
- Keep the other students active by assigning roles
 - Good cop- comments on what is done well
 - Bad cop-comments on what needs improving
 - Guru- puts it all together
 - Tell observing students that you will ask one of them to present the case

Structure see also 'first session' below

How do you suggest running the session? Everyone agreed that they bring two patients in per session but how these were used varies.

A typical Year 3 teaching session plan

- 15 minutes introduction - meeting students individually and setting ground rules
- 1hr patient 1 - splitting one student for history and one for examination
- 15-30minute - coffee and de-brief
- 1hr patient 2
- 15-30 minutes - closing de-brief

How do you start the session?

- We discussed that having the same group of students for 4 sessions it's nice to try and invest some time in the first session getting to know the students, especially as these students might not know each other either.
- Spend a few moments on the first session meeting the students individually to identify any issues and student concerns and worries.
- Agree a set of ground rules at the beginning.

Patient selection

For year 3 teaching you're asked to bring in at least two relevant patients per session

- Keep a running record of patients that will be good for teaching.
- If you're doing this in clinic consider **coding** them '**consented for teaching**', you can then search for these patients by the code.
- Remember, through EMIS you can search for patients with particular conditions.

- To ensure that students have an equitable experience that we can base our written exam questions and the primary Care OSCE station on, we stipulate patients with particular conditions for each Unit, see GP Guidebook. Patients often have more than one condition and you could cover HT and DM in one patient.
- There is room for you to bring in patients with other conditions
- Involve the students in patient selection if possible. What have they not seen yet?

What do students want from the GP sessions?

- Ask your students when you first meet them. Are their expectations reasonable, clarify what is possible.
- Check how the sessions are going for them each time you meet them, patient? Taking turns? Being put on the spot with questions? The feedback they get? How is it all going for them?

What level of clinical skills do they bring? What do they know?

They will have been introduced to and will have practiced clinical skills

ICS (Introduction to clinical skills)

- In Year 2 they have had 4xclinical half weeks =5 clinical sessions (one of the GP session)
- Weeks were themed around body systems – CVS, RS, GI/Renal, NS
- These clinical weeks took place in 5 academies – Bristol North and South, Bath, Swindon, and North Somerset
- The weeks were preceded by a two- hour interactive intro lecture to the history and examination of that system
- The weeks were followed by a two-hour integrated interactive lecture delivered by a scientist, GP and hospital specialist. This was case based learning with a central case and pop up cases

LITHE (learning in the hospital environment)

- 4-week clinical block delivered in all seven academies. Students would do LITHE in the academy I which they are starting Year 3
- Time and opportunities to practice 'clerking'

What level to pitch it at?

Students will have had ICS=20 sessions, LITHE=4 weeks, intro lectures to the systems=8 hours, integrated interactive case-based lecture theatre sessions teaching clinical reasoning=10 hours

- Students will have had a summer break of three months and may be a bit rusty in the first session
- Ask the students how they feel about their clinical skills?
- What have they found difficult, what easy? What do they want to focus on particularly?

What have they been told before the session?

- I have a 20-minute slot on the intro day to year 3 to tell them about GP placements. This is supported by a 2-page handout see below

Pathology – what patients

The key important thing for all GP sessions is for students to get hands-on experience with history and examination. This also applies to Pathology.

Sometimes when we mention 'pathology' people think of post-mortems and histo-pathology. That tends to make GPs uncertain re their teaching during the pathology block. The part of pathology we use every day in GP is biochemistry, haematology, microbiology looking at results. This means that we can choose from a wide range of patients with abnormal chem path results.

We ask you to discuss blood results in hypothyroidism. This was a specific student request as they don't see patients with hypothyroidism in hospital. We also ask you to find patients with abnormal LFTs and U+Es. You should have many of these.

Good place to discuss when to order tests, how you use them in the diagnostic process, when and how patients can get results etc

It is important for student to see 2 patients per session during each GP session associated with the pathology unit. In hospital they only see a few patients while doing haematology. This means that they see very few patients during this Unit. In fact, the pathology unit starts with a 3-week block of lectures, bit like Year 2. This makes the GP sessions particularly importance during the pathology unit.

OSCE

Students have an end of year exam consisting of a written exam and an OSCE exam with 16 stations. One of those stations is a primary care station. Students must conduct a consultation including taking a history, absorbing examination and test findings (given to them), make a diagnosis, explain the diagnosis to the patient and make an initial management plan with follow up. This sounds a tall order for year three, but the actors' scrip is designed to move the consultation along. These stations are discriminating and spread the marks from fail to brilliant.

First session with your group

- **Greeting**
- Show them round the surgery, say hello to staff who are around at that time etc
- Bit of information about the area and your practice and patients
- Consider brief walk around the area, especially inner-city areas
- Students may not know each other, some introductions in the group, maybe what they did in the summer/Christmas holidays, career plans, what they hope to get out of the sessions
- **Explain sessions**
- How many patients
- Type of patients
- Discuss whether to reveal the diagnosis beforehand or for them to work out, maybe a mix?
- **Expectations:** arriving on time, informing you if not coming, professional, confidentiality, active engagement, giving feedback to each other
- Stress that this is not a test, it is a **learning 'journey'**, everybody is learning, incl. you. Students often view actively taking a history as a performance rather than a learning event. Important to stress that this is learning. Ok to get things wrong, nobody is coming to any harm
- Ensure that they know that they can ask for **time out** if they are stuck at any point

- Group rule: what happens in the group stays in the group. They should not talk about a peer's performance to somebody outside the group.
- Tell them when and how they will be given **feedback**, i.e. during the session from everybody and one to one from you at the end of the last session.
- **Timing of the session**, including a break
- Tea and biscuits are a good idea
- **Session structure** (this works for all sessions)
 - Discuss, agree and set learning objectives at the start of the session. Helpful to write them down
 - See the patients
 - Revisit the learning objectives, 'where they achieved?' and plan for the next session.
 - You could give them homework to do

Feedback

- We discussed that students want feedback and appreciate if this is objective, observed, specific and constructive.
- Set a scene that feedback will be given, during the session, by GP and peer to peer and to individual students at the end of the last session for each group. Consider the **Medals and Missions** format of feedback, e.g. what have they done well and what do they need to work on for the next session.
- Or '**done well**' and '**even better if...**'

In one group we started with a brief **feedback exercise in pairs** and then drew out key points. The pair role play consisted of the 'A's drawing a dog and the 'B's drawing a cow for one minute. Each person then had one minute to give feedback to their partner.' (you could consider doing this with your students. They did it in the lecture theatre, but it is 12 or 24 months ago (intercalaters)

- This highlighted how vulnerable we feel when we are receiving feedback and how we worry about upsetting people if we need to give critical feedback.
- Be aware that students may feel **vulnerable** and that it can be experienced as an emotional roller-coaster
- **Kindness** helps to hear critical feedback
- Include suggestions **how to improve**, 'next time consider...'
- **Start with self-evaluation** 'How did that go?' 'What do you think?' etc. This helps you to gauge the students understanding and insight
- **Be specific.** Also encourage your students to be specific in their feedback. Students are generally very supportive of each other and readily make comments like 'That was great' etc. This is important, but they also need to get down to detail, what was good?
- **Highlight the positive**
- **Be encouraging**
- **Sandwich** the critical stuff with the positive
- Need to have a **balance**
- We need to be aware that it is much harder to be critical and have an approach to critical feedback. For example, starting with an observation usually leads the student to identify what needs to change 'I noticed that you did not make eye contact when you greeted the patient. What effect do you think that might have had?'

Preparing patients for telling their story

Almost all patients coming in for Year 3 sessions will have a 'cold' story to tell. How should we prepare the patient for this 'telling', where should they begin?

- Ask the patient 'to tell their story from the beginning'. What did they notice? What did they think, worry about? What action did they take, what happened next? Etc
 - Students and patients understand chronology
- Some patient will come straight out with it 'My doctor asked me to tell you about my heart valve...' In that case, ask the students to find out how it all began, how did it start etc.

How much teaching about prescribing

At the start of Year 3 all students are given a paper copy of the BNF.

In Year 3 the main task is still history taking and examination but with more emphasis on diagnosis, differential, investigations and management including prescribing. Year 3 students should learn about common medication prescribed for common conditions. They also need to start to learn about 'complexity', co-morbidities, polypharmacy and interactions.

Observation: Year 3 students are more prone to 'switching off' when they are in a small group situation and not 'actively' doing something

Practical suggestions to be tailored to the year and stage of learning

- Print medication list and ask students if they recognise any.
Good for connecting to existing knowledge. Students hear about drugs in their biomed. teaching in Year 2 and will come across many medications in their ward clerkings, when they attend ward rounds etc
- Ask them to look up drugs in BNF – *so they become familiar with the layout (paper and electronic)*


What training have students had in giving and receiving feedback?

Students have had a session on giving and receiving feedback in the intro week to Year 2, a year ago, or two years ago if they intercalated. They did the drawing exercise in pairs in a lecture theatre setting and we then drew out principles of effective feedback giving and receiving from that. There is a section on effective feedback giving in the student guidebook. Please encourage them to read those pages. That should help them to feel more confident with giving feedback to their peers and to you.

Year 3 intro session

The following is the **2-page info about GP placements** given to students at the intro day to Year 3. This is a back up as some of them won't read the Year 3 GP guidebook!

Welcome to Primary Care 2018-19

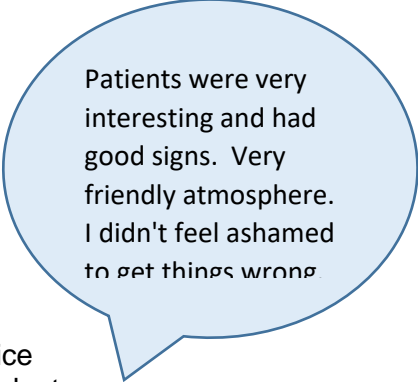
| | |
|---|---|
| <p>Placement Lead: Dr Barbara Laue Phone: 0117 4282841 barbara.laue@bristol.ac.uk Canyng Hall Whatley Rd Clifton BS8 2PS</p> |  <p>Placement Secretary: Kirsten Gill Primary Health Care Teaching Office Bristol Medical School University of Bristol 1st Floor, 5 Tyndall Avenue Bristol BS8 1UD Phone: 0117 4282841 phc-teaching@bristol.ac.uk http://www.bristol.ac.uk/primaryhealthcare/</p> |
|---|---|

The student guidebook for year 3 GP attachments is in Hippocrates/Primary Care and Blackboard ([MEDI YR3 GP: Year 3 Primary Care](#)). It has detailed learning objectives and learning resources which the Primary Care exam questions and OSCE station are based on.

Organisation of GP sessions

Attendance at the GP sessions is compulsory

- ▶ You will be in groups of 4 students (occasionally 5)
- ▶ 8 half day GP sessions in total over the year
- ▶ 4 sessions with the same GP in each academy
- ▶ 2 sessions in each of MDEMO and Pathology/Ethics
- ▶ 4 sessions in Junior Medicine and Surgery



Patients were very interesting and had good signs. Very friendly atmosphere. I didn't feel ashamed to get things wrong

24 hours of direct observation and feedback

- ▶ Your academy administrator will tell you your group and GP practice
- ▶ One student in each group has been nominated to be the lead student
- ▶ The lead student is the contact person for the GP teacher and needs to organise the dates for the GP sessions with the GP and the group (*some academies have fixed GP teaching days*)
- ▶ There will be 2 patients per session
- ▶ You will be practicing **whole person care, history, examination, consultation skills, diagnosing/clinical reasoning, investigating, prescribing and management, presenting skills**
- ▶ Your GP will usually find patients with conditions relating to the Unit you are studying
- ▶ Students in each group will usually be studying in the same Unit

Missed sessions

- If you are unable to attend your GP session you need to log your absence centrally and inform your GP or the Primary Health Care Teaching Office.
- Your GP teacher will complete a student absence concern form if you do not let the surgery know that you are unable to attend or if you miss ≥ 2 in one Academy

Do

- ▶ Arrive on time and dress appropriately for seeing patients
- ▶ Have a dialogue with your GP re patients to see and skills to practice
- ▶ Give and receive feedback

Don't

- ▶ Be late for the sessions or miss sessions
- ▶ Cancel at short notice

Please note If a GP session has been arranged it has priority over any hospital-based session that is arranged after that date.

Hippocrates/Primary Care - Learning resources

- Year 3 GP guidebook
- Two e-Tutorials which are constructed like a Primary Care OSCE station. They will help you prepare for the Year 3 OSCE exam and enhance your consultation skills.

Blackboard ([MEDI YR3 GP: Year 3 Primary Care](#)) has organisational information, a copy of the year 3 GP guidebook and an extensive library of CCG consultation skills videos

Year 3 GP guidebook – Resources for self-directed learning

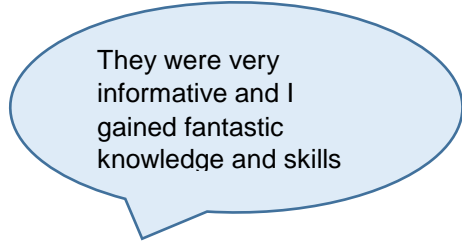
Medicine is a huge topic and you may at times feel overwhelmed with information. It helps to take stock: 'What do I know already? How good am I at these skills? What have I learned from the patient I have just seen? There are three forms to help you reflect (GP guidebook and Blackboard). The forms are for you to keep:

Form 1 Learning check-list Be honest! Try to complete it on 3 occasions

- Before GP session 1 (at the start of year 3)
- Before GP session 4 (end of 1st GP attachment)
- Before GP session 8 (end of 2nd GP attachment)

Consider using the learning check list

- When planning the sessions with your GP teacher
- When receiving feedback from your GP teacher
- To plan and focus your learning
- When preparing for long cases



Form 2 How am I doing? My reflection on learning in Unit 1&2 (3&4)

Reflect on your strengths and learning needs at the end of each Unit. Please take this form along to the final session in each of your GP attachments. Your GP teachers will give you individual feedback at the end of session 4 and 8. Note their feedback on your form and share your reflections on your progress with your GP teacher. Could add it to e-portfolio.

Form 3 Reflective log of patients seen in my GP attachments

- Keep a reflective diary of all the patients you see in your GP sessions.
- Reflect on what you have learned from these patients and plan further learning
- You may find it helpful to share this with your group and your GP Teacher.



Feedback

- You will receive feedback during the sessions from your peers and your GP teacher
- Your GP teachers will give you one-to-one feedback at the end of each attachment
- Giving and receiving feedback is a professional skill that you need to learn, see your GP guidebook

GP placement checklist

| | |
|--|--|
| Find out your group and GP practice | |
| Contact GP practice if you are the 'lead student' for your group and communicate with your group | |
| Open the GP guidebook to familiarise yourself with the contents | |
| Read through the guide in a way that relates to your clinical work and learning | |
| Use forms 1-3 to reflect on the patients you see and your progress | |
| Work through the e-tutorials in Hippocrates/Primary Care. They will help you pass the primary care OSCE station and improve your consultation skills | |
| Work through the consultation skills videos in Blackboard or Hippocrates/Primary Care | |
| Complete Form 2- 'Reflection' and take it to the last session with your GP (session 4&8) | |
| Revisit your forms 1-3 at the start of Unit 3 and discuss and plan your learning needs with your GP and your group | |
| Complete the online evaluation form for your GP teaching. The weblink will be emailed to you. We need your feedback to continually improve the GP sessions | |

Consenting patients for teaching

In Year 3 this is a relatively straight forward process as we are inviting patients to come in specifically for a student teaching session. Consent is implied by the fact that patients are coming in voluntarily under their own steam. One practice uses a written consent form and asks patients to sign it prior to the Year 3 teaching session.

There was general agreement that the patient's involvement in a teaching session should be recorded on the patient's notes.

With the electronic check in system there would automatically be a record that the patient attended the surgery on that day. It was agreed to be good practice to add a note that the patient helped with a year 3 session. This should not take a lot of time.

Best Practice: make computer entry that the patient attended for a teaching session

Feedback for patients

Feedback for patients is an underexplored area. We generally thank our patients, verbally when they agree to come in and before they leave. Some practices also send a thank you note after the session.

Recent research presented at the ASME conference in July highlighted that patients see themselves in a teaching role and are keen to have feedback on how their contribution has helped the students to learn and develop.

What patients want to know?

Empowerment and opportunity in Primary Care: Enhancing the real time patient journey through undergraduate education

Finnamore, presentation at ASME, Newcastle, July 18 Patients want to know who the student is

- Patients feel strongly about their role in teaching
- Patients want to know how they are doing in their 'teaching role'
- Who the student is?
 - Male or female
 - Stage of training – which year?
 - How is this going to help the student progress?

How could we give feedback to patients on their role in the teaching sessions?

- In the room?
- Walk out with them and then give them one to one verbal feedback?
- Written note with information about the students and how their role in the teaching session helped the students?

Take home message

- Patients feel strongly about their role in student teaching
- Patients see themselves as **active** participants, as teachers
- Patients want **information** who the student is
- Patients want to know what **students gain** from seeing them
- Patients want **feedback** on their role in teaching

Please let us know if you have done this and how this has been received by the patients

Peer observation

We took a brief look at peer observation of teaching, benefits and barriers to organising it.

Why?

- *Personal development - **Formative***
- *Avoiding stagnation*
- *Quality assurance - **Summative***

Formative

- Fresh Pair of eyes
- Somebody who appreciates the context
- Is it good enough?

Summative

- Focus on sign off
- What is the standard?
- What to do if standard not met?
- What makes you a credible observer?

How?

- GPs from same practice?
- GP from different practice?
- Does the observer need to be a doctor teacher?
- What qualifications/skills should the observer have?
- What outcome should it meet?
- Who should decide the aims and objectives?
- How often? Every year? Every three years?
- Use video?

Medical Humanities in Year 3 presented by Lizzie Grove, Academic GPST

EVIDENCE

Humanities in Medical Education

Humanities in Undergraduate Medical Education: A Literature Review

Jakob Ousager, PhD, and Helle Johannessen, PhD

Abstract

Purpose
Humanities form an integral part of undergraduate medical curricula at numerous medical schools all over the world, and medical journals publish a considerable quantity of articles in this field. The aim of this study was to determine the extent to which the literature on humanities in undergraduate medical education seeks to provide evidence of a long-term impact of this integration of humanities in undergraduate medical education.

Method
Medline was searched for publications concerning the humanities in undergraduate medical education appearing from January 2000 to

December 2008. All articles were manually sorted by the authors. Two hundred forty-five articles were included in the study. Following a qualitative analysis, the references included were categorized as "pleading the case," "course descriptions and evaluations," "seeking evidence of long-term impact," or "holding the horses."

Results
Two hundred twenty-four articles out of 245 either praised the (potential) effects of humanities on medical education or described existing or planned courses without offering substantial evidence of any long-term impact of these curricular activities on medical proficiency. Only 9 articles provided evidence of attempts to

document long-term impacts using diverse test tools, and 10 articles presented relatively reserved attitudes toward humanities in undergraduate medical education.

Conclusions

Evidence on the positive long-term impacts of integrating humanities into undergraduate medical education is sparse. This may pose a threat to the continued development of humanities-related activities in undergraduate medical education in the context of current demands for evidence to demonstrate educational effectiveness.

Acad Med. 2010; 85:988-998.

- increased **empathy** for patients
- a **broadened perspective** of the human condition
- **reduced presumptions** about patients
- a **deeper understanding** of the complexities of humanity
- would be more likely to consider the **psychosocial aspects** of the case

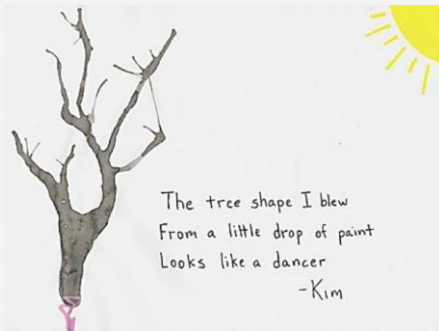
Students have an opportunity in different parts of the curriculum to reflect on patient encounters through the medium of the medical humanities. Bristol students' work has been collected and collated for several years on a website called 'OUTOFOURHEADS'. You can find it here <http://www.outofourheads.net/> This site has a collection of all kinds of work including visual arts, dance choreography with a film of the dance, music composition with audio recording of the piece, films and more.

We think that you would enjoy visiting this site and seeing, hearing and listening to how students view their experiences with patients.

Could you use the medical humanities with your practice team? Could it be used as a team building exercise? For example, writing a Haiku to a theme relevant to the team/meeting etc?

GET CREATIVE

Haiku



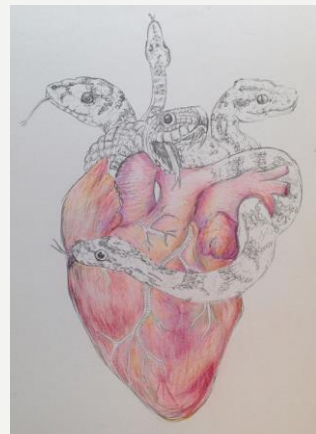
- ✓ Line #1 = 5 syllables
- ✓ Line #2 = 7 syllables
- ✓ Line #3 = 5 syllables

Think of a recent patient that sticks in your mind



MEDICAL HUMANITIES

- ✓ Humanities might help **student express emotions** or create a **deeper understanding** of a patient
- ✓ Could it be used as part of **student feedback**
- ✓ Books / film **recommendations**
- ✓ Change the **waiting area**
- ✓ Your own **CPD**.



Assessment in 3rd year

- **SSC** - BMJ style case report
- **Objective long case** – 1 hour full clerking
- **Clerking portfolio**
- **Professionalism** (>80% attendance)
- **OSCE**
- **Written examination** – 120 MCQ best of 5

| Assessment | When | Notes |
|---|--|---|
| Internal Student Selected Component (ISSC) BMJ style case report and accompanying 10-minute presentation within your Academy. | Progress with the ISSC (choice of case, outline structure etc) will be reviewed regularly with your tutor including at mid-point review. The written report must be submitted to blackboard by the deadline specified on the Assessments website. The date of presentation will be determined by the Academy but will be after the Mid-point review. | Formative assessment; feedback will be given on your presentation and written case report and reviewed by your tutor. Work of particularly high standard may be invited for presentation at Grand Rounds and/or submitted for publication. |
| Objective long cases (OLCs) Full clerking observed by an experienced doctor from your Academy; over the course of one hour you will be required to take a full history and perform a complete examination for a single patient. | One OLC before the mid-point review and another before the end-point review with precise timing determined in the Academy. | Formative assessment; feedback will be provided by your examiner and reviewed by your tutor. |
| JMS Clinical Portfolio Record of clerkings and other clinical interactions. These are contemporaneous records of clinical encounters and not revised versions. Evidence of progression is expected. | Review the guidance regarding compilation of the portfolio as soon as you start JMS. The Academy will tell you when to submit the Portfolio but it will be approximately one week before your End-point review. | Formative assessment which will be reviewed by your teachers on an ongoing basis and they will give you regular feedback. You should continue to add to the Portfolio for the entire duration of JMS. |
| Professionalism Demonstration of expected standard of competencies, behaviours and ethical values. | Attendance and engagement in JMS will be monitored throughout with a minimum requirement of >80% attendance. Ongoing assessment by all members of administrative and clinical teams. Review of Attitudinal Learning Objectives at mid- and end-point review. TAB requests should be sent regularly throughout your attachment. | Review of the Attitudinal Learning Objectives (see Assessment website) is a structured process and you will be given feedback by your tutor although no mark is returned. A review of progress towards completion of TAB will be undertaken at the mid- and end-point review. The self-TAB should be completed prior to the mid-point review and completion of TAB is required for progression to year 4. |
| Objective Structured Clinical Examination (OSCE) 15-station clinical examination with 5 MDEMO stations and 11 JMS stations. The JMS stations comprise 4 medical, 4 surgical, 1 primary care and 2 clinical procedure stations. | All students will have the OSCE examination over 1-2 days at the end of the academic year. A 4-station practice JMS OSCE will be held in each Academy and the scenarios are available on the Assessments website. | Summative assessment and marks will count towards progression to year 4 and ranking. |
| Written examination 80 best-of-five questions which are combined with 40 MDEMO questions to form a single paper. | Single MCQ paper sat at the end of the academic year. | Summative assessment and marks will count towards progression to year 4 and ranking. |

Clerking portfolio

Clerking portfolio

- ✓ Structure clinic clerking's
- ✓ 20 full from hospital
- ✓ 6 GP / clinics

OSCEs in Year 3

16 stations

- 4 medicine stations
- 4 surgery stations
- 3 musculoskeletal stations
- 2 clinical skills
- 1 primary care
- 1 emergency medicine
- 1 ophthalmology

Promoting student wellbeing and supporting students presented by Nicola Taylor

Dr. Nicola Taylor, Consultant psychiatrist and Senior Tutor came to talk to us about support for medical students. Together with her colleague, Dr. David Morgan, a biomedical researcher in the Medical School, she looks after student wellbeing. This also means that Nicola and David look at all the concern forms we send in.

Nicola gave a comprehensive overview of the facilities and processes put in place by the University and the Medical School to ensure student wellbeing. Help is widely advertised and promoted. For example, when student log into the Medical School site in Blackboard, the virtual learning environment, they see this on the **first page**

The screenshot displays the MBChB Bristol Blackboard portal. At the top, there are navigation tabs for 'MBChB', 'MBChB Years 1 & 2', and 'MBChB Years 3, 4 & 5'. Below this is a header with the 'MBChB Bristol' logo and several menu items: 'How Do I...?', 'Clinical Academies', 'Student Support', 'Programme Contacts', and 'Personal & Professional Development'. The main content area is divided into two sections. On the left, 'Get Help Now' features three large circular buttons: a teal one for 'I need help.', a yellow one for 'A friend needs help.', and a red one for 'I need to raise a concern.'. Below these buttons, contact information for Student Advisors Claire Moszoro and Amy Wilkinson-Tough is provided, along with an email address and location. On the right, 'Your MB ChB Colleges' features a central red circle with 'BRISTOL MEDICAL SCHOOL' and 'YOU BELONG' text, surrounded by a network of lines connecting to various college names: Gloucester, Cheltenham, North Bristol, Whitehall, St George, Montpelier, South Bristol, Somerset Yeovil, Somerset Taunton, Clifton, Stoke Bishop, Redland, and North Somerset. At the bottom of the page, there are file upload icons for 'Timetable Collaps...xlsx', 'Best practice Faci...docx', and '2018 Year 4 Wor...docx'.

The green, yellow and red help buttons have a wealth of easily accessed resources behind them that are easy to navigate.

Plans for Year 3 in MB21 presented by Simon Thornton, Teaching Fellow

Year 3 MB21 will run for the first time in 2019-20, in less than a year's time.

This will be a particularly challenging year for all of us as the timing of intercalation will change. In MB16 students intercalate after Year 2. In MB21 students will intercalate after Year 3.

This means that we will have about 100 MB16 students who are currently in their intercalation year returning into MB21 Year 3 in a year's time. This means that for the academic year 2019-20 we will have 350 instead of 250 students. We call this the 'bulge year'.

Comparison

| MB16 | MB21 |
|---|---|
| 2 academies | 2 academies |
| 8 sessions, 4 in each academy | 32 sessions, 16 in each academy |
| Half days | Full days |
| Variable days | Always Tuesdays |
| Focus on clinical skills (history, examination, consultation, diagnosis making, management etc) | Focus on clinical skills (history, examination, consultation, diagnosis making, management etc) |

Draft plans for the sessions

Eight full days in practice per placement. 6 students in each group. Tuesdays.

| Week | 1 | 2 | 3 | 4 | | | | | | | | |
|--------------------------|---|--------------------------|-----------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|-----------------------|--------------------------|
| Morning | Group workshop | | Group workshop | | | | | | | | | |
| Afternoon | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #0070C0; color: white;">A Teaching Surgery</td> <td style="width: 50%; background-color: #92D050; color: white;">B Self Directed</td> </tr> </table> | A Teaching Surgery | B Self Directed | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #0070C0; color: white;">A Teaching Surgery</td> <td style="width: 50%; background-color: #92D050; color: white;">B Self Directed</td> </tr> </table> | A Teaching Surgery | B Self Directed | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #92D050; color: white;">A Self Directed</td> <td style="width: 50%; background-color: #0070C0; color: white;">B Teaching Surgery</td> </tr> </table> | A Self Directed | B Teaching Surgery | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #92D050; color: white;">A Self Directed</td> <td style="width: 50%; background-color: #0070C0; color: white;">B Teaching Surgery</td> </tr> </table> | A Self Directed | B Teaching Surgery |
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| A Self Directed | B Teaching Surgery | | | | | | | | | | | |
| Week | 5 | 6 | 7 | 8 | | | | | | | | |
| Morning | Group workshop | | Group workshop | | | | | | | | | |
| Afternoon | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #0070C0; color: white;">A Teaching Surgery</td> <td style="width: 50%; background-color: #92D050; color: white;">B Self Directed</td> </tr> </table> | A Teaching Surgery | B Self Directed | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #92D050; color: white;">A Self Directed</td> <td style="width: 50%; background-color: #0070C0; color: white;">B Teaching Surgery</td> </tr> </table> | A Self Directed | B Teaching Surgery | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #0070C0; color: white;">A Teaching Surgery</td> <td style="width: 50%; background-color: #92D050; color: white;">B Self Directed</td> </tr> </table> | A Teaching Surgery | B Self Directed | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #FFD700; color: black;">Presentations</td> </tr> </table> | Presentations | |
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| Presentations | | | | | | | | | | | | |

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Centre for Academic
Primary Care

CAPC Teaching

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Feedback and suggestions for MB21 Year 3 to simon.thornton@bristol.ac.uk