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University of BRISTOL

SCHOOL OF SOCIAL AND COMMUNITY MEDICINE
Canynge Hall, Whatley Road, Bristol, BS8 2PS

Year 4 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
Tuesday 1st November 2016

Contents

For all year 4 teaching resources for GP teachers:
http://www.bris.ac.uk/primaryhealthcare/teachingundergraduate/year/four

And check out the website http://www.bris.ac.uk/primaryhealthcare/teachingundergraduate/ or see the end section or contact us regarding further teaching opportunities.

Dear GP teacher,

Many thanks to those of you who attended our 2016 Year 4 GP workshop. Whether you are an experienced GP teacher or just starting out taking year 4 students in your surgery I hope you found it useful. If you were unable, then hopefully this report will be interesting and valuable reading.

Based on feedback from previous workshops, this year we focused purely on how to make year 4 teaching easy, interesting, rewarding and fun. We are all well aware of the current pressures in primary care and want you be able to continue teaching and for it to be enjoyable experience rather than an added burden. We covered an overview of teaching year 4 students in primary care and changes in year 4 teaching, and had two year 4 students at hand to give their thoughts and tips too. Sharing top tips in small groups was positively received – please read your colleagues pearls of wisdom below. The workshop also focused on specific teaching competencies to enable you to develop as teachers and to fulfil the needs of our students. For example we did a session on giving feedback as both students and the GMC feel this is an area that could be improved. We covered the innate but essential skills of clinical reasoning – how on earth can we teach it if we can't even describe it? Hopefully you will now have some strategies to support this. In small groups we also worked on developing tutorial plans for core topics that students want to learn about but may not necessarily encounter in day to day GP practice. As a result of this we have developed resources for you to use, like predesigned tutorials plans and a tool for running a student led surgery, all of which can be found in the appendix.

We discussed SSCs and saw examples and learned what opportunities there are for GPs to earn money with a different form of educational support whilst getting some practice quality improvement projects done.

An overview of how to identify struggling students and how to share concerns as well as what resources there are to support students was most informative.

We heard about some of the impending changes to the medical school curriculum in particular how the new year 4 may look in a few years time. There will be lots of scope to be involved with the new curriculum; whether it is to give your opinion on proposed learning outcomes and the way teaching is structured, to continue to take students on placement in your surgery (the opportunities are likely to increase). Look out for information from the university over the coming year and let us know if you don't regularly receive the primary care newsletter which will continue to update you.

Read on for more information and if you have any queries or concerns, please do get in touch

With all best wishes

Lucy Jenkins, GP and clinical teaching fellow (year 4 element lead).

Lucy.jenkins@bristol.ac.uk 0117 9287224 (Tuesdays only) or contact Phc-teaching@bristol.ac.uk 0117 331454

Workshop programme

Morning		
9.00-9.30	**Tea, coffee and registration**	Melanie Butler
9.30-10.10	**Welcome and introduction to the day** **Update and Review of Year 4 teaching in Primary Care**	Lucy Jenkins
10.15-11.05	**Small groups – sharing good practice** **New Year 4 teachers top tips**	Sarah Jahfar, Barbara Laue, Melanie Blackman, Nick Halsey. Lucy Jenkins
11.05-11.20	**Tea and Coffee**	
11.20-12.00 12.05-12.45	**Teaching competencies (groups 1/2 and 3/4):** A – Teaching clinical reasoning B – Feedback beyond the sandwich	 Annie Noble Barbara Laue
12.50-13.10	**MB21** – information and update on the new curriculum	Barbara Laue
13.10-14.00	**Lunch**	
Afternoon		
14.00- 14.25	Student concerns, and student health Supporting students in self-care in the modern age: new app	Jessica Buchan
14.30-15.30	**Teaching competencies:** • Tutorial design and planning •	James Seddon (and facilitators)
15.30-15.45	**Tea and Coffee**	
15.45-16.15	**SSCs (Student Selected Components)** What they are, how they can help your practice and top tips	Veronica Boon
16.15-16.30	**Questions, sum-up, evaluation and close**	Lucy Jenkins
16.30 – 17.00	**Optional – look at a practice OSCE station**	Lucy Jenkins

Speakers and facilitators

- Dr Melanie Blackman, GP and Academy GP Lead for Bath
- Dr Veronica Boon, GP and Teaching Fellow, Lead for primary care SSCs
- Dr Jessica Buchan, GP University of Bristol Student Health, curriculum development yrs 1& 2.
- Mrs Melanie Butler, Primary Care Teaching Administration Manager
- Dr Nick Halsey, GP and Academy GP Lead for North Bristol
- Dr Sarah Jahfar, GP and Teaching Fellow, GP Lead for Year 1
- Dr Lucy Jenkins, GP and Teaching Fellow, GP Lead for Year 4
- Dr Barbara Laue, GP, Senior Teaching fellow, GP lead for Years 2&3, ICS lead, Co-chair Year 4 Curriculum Committee

- Dr Annie Noble, Lecture in Medical Education, THLP, Year 4 Co-lead
- Dr James Seddon, Academic Clinical fellow in Primary Care
- Year 4 medical students – Olivia Byrom and Mia Danielsson-Waters

Aims of workshop

- To ensure participants know what the year 4 primary course entails and what is expected of GP teachers
- To provide participants with an opportunities to develop and improve on a range of teaching skills and opportunities
- To make year 4 teaching easy, enjoyable, interesting and rewarding for you and your colleagues in you practices

Objectives

At the end of this workshop participants should:

- Be aware of recent developments at the university
- Have a clear understanding of the course objectives and requirements
- Have discussed 'Best Practice' for year 4 teaching with GP colleagues
- Be confident and have a plan to try a student led surgery (formal structure for this to be circulated post top tips session)
- Developed their teaching competencies:
    - Teaching clinical reasoning
    - Giving valuable feedback
    - Tutorial planning and delivery (tutorial plans for four core tutorials to be circulated after the workshop)
- Gained an understanding of the new Bristol MBChB curriculum for 2017 and beyond.
- Know what is involved in Student selected components and how they can help the practice
- Have considered how we support struggling students and help all with self-care in the modern age

Why teaching in primary care is great for year 4 students!

The softer objectives and wider benefits of providing primary care teaching in year four:
1:1 teaching allowing

- The development of skills and confidence that may not happen in hospital group teaching
- Opportunities to identify pastoral or personal issues that may be affecting progress
- Enthusiasm about a career as a GP ☺
- An insight into primary care for those destined to work in hospital medicine

Students can learn:

- By seeing lots and varied pathology
- In all different ages
- The academic demands of being an up-to-date generalist
- The pleasures of longitudinal and holistic care
- To conduct focussed history and examinations
- Hence developing confidence in management, thinking broadly, using common sense

University, MBChB and primary care news!

We are part of a new Faculty of Medicine, Dentistry & Veterinary Medicine. The Dean is a dentist: Professor Jonathan Sandy

The new Associate Dean is a GP - Dr Sarah Purdy

Dr Andrew Blythe – previusly head of Primary care teaching is now the Director of assessment & feedback

Dr Trevor Thompson - GP & Reader in healthcare education is the new Head of Primary Care Teaching

Nigel Rawlinson has been replaced by Dr Nicola Taylor who is the clincial tutor responsible for providing support to our fourth year students

The GMC visited in 2016 – their comments were largely opsitive but they suggetsed more feedback especially on learning portfolios

Bristol mecial school moved up in the National Student Survey. 85% of students were satisfied with the course overall, though less than 50% felt they werew consistently getting prompt ort usfeul feedback

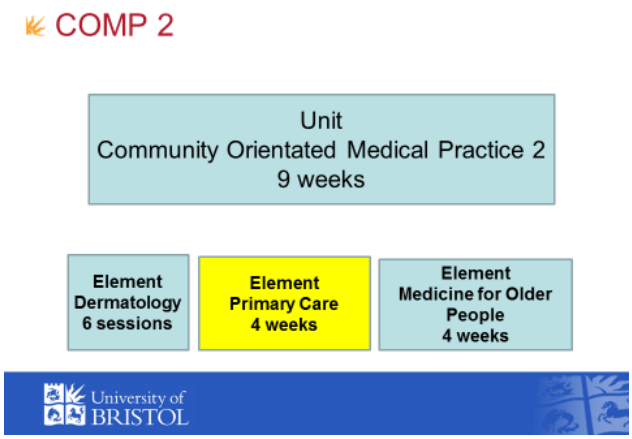
Gateway to Medicine is a new 6 year course, aimed at widening participation. It enables students who dio not meet the initial acdemic requirements to develop knowledge and interets of basic sciences and foster professional behaviours whilst gaingin medicine related work experience. Those who successfully complete this first year will progress to the MBChB course

Essential information and updates for teaching in year 4

All the information you should require to have a year 4 student in your surgery is in the GP handbook find this on-line by following the link:
http://www.bris.ac.uk/primaryhealthcare/teachingundergraduate/year/four/

Year 4 is constructed of 4 units and an external student selected component. The four units in year 4 are:

- **Community Orientated Medical Practice 1** (Child Health, Evidence-based Medicine & Public Health)
- **Community Orientated Medical Practice 2** (Primary Care, Medicine for Older People & Dermatology)
- **Reproductive Health and Care of the Newborn** (RHCN)
- **Psychiatry, Peri-operative Medicine and Critical Care** (PsPC)



Primary care:

- 30 sessions (one session is a half day)
- Over 4 weeks (or 2 x 2 weeks)
- 10 sessions: study time and

Dermatology

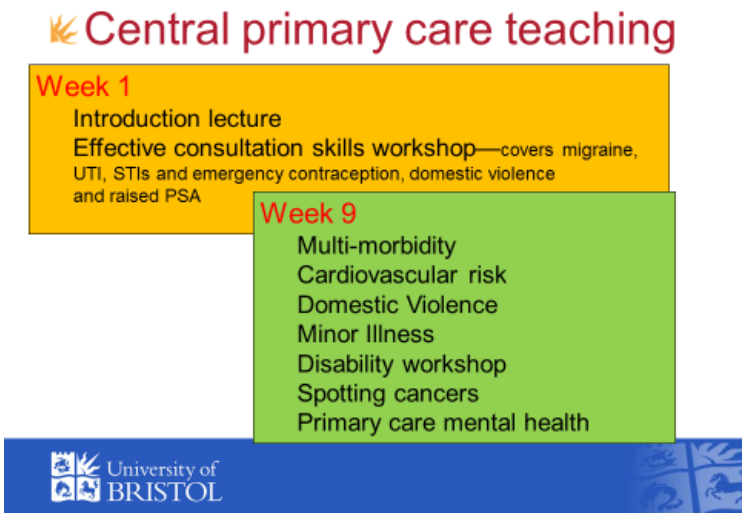
- Two days of central teaching - lectures/workshops at the beginning and end of the bock as below

Medicine for Older People

- 4 week hospital placement

COMP2 structure:

Weeks	Mon	Tues	Wed	Thurs	Fri
1	Teaching (at university)	Teaching	GP	GP	GP
2	GP	GP	GP	GP	GP
3	GP	GP	GP	GP	GP
4	GP	GP	GP	GP	GP
5	GP	GP	MfOP	MfOP	MfOP
6	MfOP	MfOP	MfOP	MfOP	MfOP
7	MfOP	MfOP	MfOP	MfOP	MfOP
8	MfOP	MfOP	MfOP	MfOP	MfOP
9	MfOP	MfOP	Teaching	Teaching	Teaching



I won't go into all the nuts and bolts of the course here please see study and GP teacher guides and the websites for these. The most important things to remember are as below and covered further in the top tips notes.

Admin and planning

- Inform colleagues. Provisional timetable in advance

Relational

- Day 1 - student background, progress at medical school so far. Hopes and aspirations
- Who you are, why you like GP.

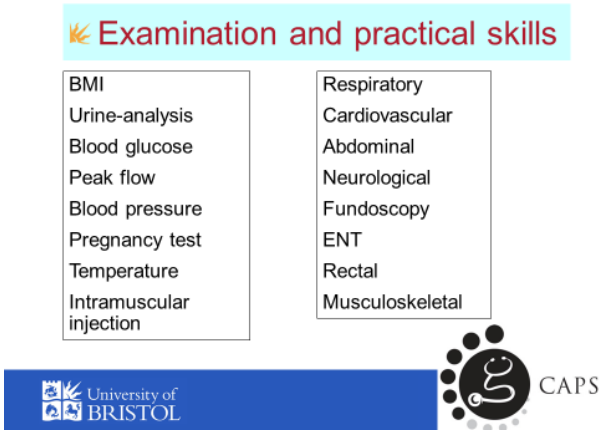
Informational

- Welcome and show around practice/area.
- The role of a GP.
- Form a plan –timetable, address expectations of them
- Learning needs analysis
- Discuss planned learning activities

Consultations

- Initial observation with active participation
- Observe your student doing at least 5 consultations and give feedback
- Then student to consult alone then you review and see together
- Templates and learning logs
- Student led surgery

Practical skills and CAPS logbook - students really value this opportunity



Please think about teaching prescribing

- Use of BNF
- Risks and benefits of giving medications
- Know at least one medication for each of the core problems including side effects
- Compliance
- 10 stages of prescribing
- Preparation for PSA

Tailoring your teaching

Please think about tailoring your teaching and see the useful guide in the appendix and on the website for this

- Is your student confident? Able?
- Minimum knowledge and skills
- E.g. How hypertension is diagnosed
    - Able to take a blood pressure reading, record it accurately and explain the reading to the patient
- Do they need confidence building and practice, or knowledge, or challenge?

Resources for GP teachers

- Year/academy leads and administrators.

- Primary Care website

http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/

- GP Teacher guidebooks
- GP Teacher workshops and workshop reports
- Newsletter
- Blackboard

Assessment – how can we help our students to prepare for it?

As last year, there will be one 4th year assessment at the end of the year in June 2017. This will comprise 2 written papers, both containing best of 5 questions. There will also be an OSCE (objective structured clinical examination). This will be spread over two days and is likely run in four academies. There may be some integrated stations e.g. examining more than one year 4 element in the same station and the marking will be more domain based than previously.

These current students will not have had an OSCE exam before (a year 3 OSCE is being held for the first time this year). The academies have all been sent a practice scenario and marking sheet from each of the above specialties which are available on the medical school website to run practice sessions for the students. When the students are on placement in primary care with you, the best practice is for them to consult with patients as much as possible and as well as take the history and examine, for you to ask them how they would explain their thinking to a patient and how they would form a management plan. It also helps if you can observe the student doing a *full* consultation and use the generic consultation observation form (see appendix 3) to structure your feedback.

This academic year the exam will be held on **20th June and 21st June 2017** in Bristol, likely in Cheltenham, Bath and Taunton. Students will have two weeks of revision time prior to the exams (previously one week) so if you have a year 4 student in the final block of the year we are hoping this will result in more focus on their clinical attachment.

In the appendix there is a guide for you to help the students in their exam preparation

Moving from summative to formative and increased monitoring of attendance

There is now no longitudinal summative assessment through the year. Previously students were graded on projects or clerking portfolios in other specialties. These assessments are still in place but only as a means to give students feedback on their progress. We also want to improve the mechanisms in place to pick up students who might be struggling or need additional clinical exposure due to absence. There is an exam board after every block to raise these issues and decide what individual students need to do before they can progress to their final year exam. This means that it is imperative that you let phc-teaching@bristol.ac.uk know (via the feedback and payment form) any concerns or absences by the last day of the student's placement with you.

Feedback. What are we doing well and how can we improve?

We discussed feedback from the students which we obtain by asking that all students are given time and access to a computer to complete an online survey in their final session. This year we had a 75% completion rate – the proportion of students completing the survey is fairly consistent across the academies.

Overall the feedback is very positive and fair and the students show a mature insight into the current pressures in general practice and how this may impact on time and resources for teaching.

Some of my favourite comments (among many) are as below. These illustrate excellent year 4 teaching.

This GP practice should be given an award. I felt valued, supported and challenged. The mix was perfect. I started observing consultations and visiting patients at home with the GP. I progressed to conducting consultations with the GP's observing and then had my own clinics for the last week and a half. I had 30 minute slots. My own consultation room and list of patients. The patients booked appointments and were consented on the phone so they already knew that they were seeing a medical students as I called them from the waiting room. I called my patients in, took a history and carried out an appropriate examination. I then called the GP supervisor who came through. I presented the patient, offered a diagnosis and was encouraged to suggest management. I then explained the management to the patient and recorded detailed clinical notes which were reviewed by the GP after each session (4 patients). This was an intense experience. Having up to 8 patients of my own per day. It was immensely rewarding. I was able to improve my consultation skills, clinical knowledge, bridge the gap between information gathering and management and understand the importance of recording accurate clinical notes. I also became very proficient at clinical examination and improved a wide range of my clinical skills so that they are now 'second nature'

A wonderful experience. Everyone was welcoming and eager to help and get me involved from day one. My timetable was organised in advance and I was informed promptly of any changes. My GP teacher gave constructive feedback and was always enthusiastic and willing to answer my questions. She was eager to help me improve practical skills, in addition to my consultation skills. I did a few student led surgeries which were daunting but really improved my confidence. I am now considering a career in general practice!

It has been a very busy and tiring placement, but definitely one of the best. I feel I have developed a lot of essential communication skills, particularly explaining medical conditions and basic treatment to patients in lay terms

Really well organised overall and excellent opportunities for clinical skills teaching as well as learning about the core GP topics. There should be a push for all GP surgeries to send out timetables in advance if possible.

Less positive feedback

- Travel: time, cost and stress
- Lack of opportunities to be observed consulting or not being able to do their own consultations - though this is generally improved from last year). **Each student should have a minimum of 5 full consultations observed by you over the 4 weeks. Try the consultation observation form (see appendix) to guide you in giving feedback to your student.**
- No tutorials or inadequate tutorials - please make sure this happens and use the tutorial plans in the appendix
- No timetable or changes not being communicated to students
- The lowest scores are for opportunities to see patients on own and being observed doing own consultations

Best practice teaching in year 4

We ran 4 parallel small group sessions which looked at top tips for teaching in year 4 by discussing the topics below. A separate session for new teachers looked at the particular challenges of teaching year 4 for the first time and how to get yourself and your practice set up for this.

PLACEMENT STRUCTURE AND PLANNING
• Organise timetable early (as early as dermatology info allows). Discussed emailing student to establish when they have dermatology teaching and forwarding onto practice. Saves GP / practice admin hunting through blackboard / university staff etc. • Aim to develop a timetable template with surgery admin team, which they can use each time and ask GP to check (so in future no need for GP to spend time sorting timetable). Save this on a central surgery drive so others can easily access and use in future. • Welcome email with 'What do you want to get out the placement?' See sample letter in GP teacher guide • Start with completion or review of learning needs analysis (form in back of study guide). You can review progress by revisiting the core topics learning needs analysis half way through the block • Also ask whether student needs any days off in the placement, and how late/early student is prepared to be in the practice.

- Ideally student should have access to a computer. One surgery has one at the back of reception that students can access any time

- Have a 'sub-lead' GP to cover placement issues & supervising whilst lead GP away from practice

ORGANISING TEACHING SURGERIES

- Start them off observing only for 1-2 days - then have them consulting, observed, maybe one or two patients per surgery. Assess student confidence and competence for this and discuss with them, but many may need encouragement

- Then move towards seeing patients alone, but pushing student to suggest a management plan. (If student very shy, perhaps encourage to offer management plan without the patient in the room)

- Try to give constructive feedback from the beginning, using the consultation observation tool – read on for feedback tips.

- Then have their own surgeries……see guide for running a student led surgery

- Observe the student consulting, especially in acute surgeries (should do at least 5 full observed consultations in a 4 week block) and use consultation observation form for feedback (see attached appendix to this report)

- Have 3x standard templates for each type of GP led activity on EMIS to facilitate continuity and planning:
    - GP Led surgery template
    - Student Led surgery template
    - Own student surgery template

- Discussed benefits of splitting sessions – i.e. not sat with same GP all morning but sharing with another colleague / MDT. Ensure that other colleagues also have 'teaching time' allocated

- Think about potential 'lull' in middle of day and how to occupy student with mutually beneficial tasks – see other learning activities below

- Consider the benefits of spending time with Duty Doctor – rich picking ground for core problems

- Ask the student after 1-2 weeks how the timetable suits them and try to be flexible and adjust where appropriate and necessary

STUDENT LED SURGERIES

PR of having student / marketing as a 'colleague' and labelling as a 'Student Doctor' rather than 'medical student'. This increases ownership of student, boosts morale and increases productivity Please see the guide for this below, this is also on the appendix and available on the PHC website.

GP teacher guide for running student led surgeries for year 4 students

Please consider arranging these for your student during their last week or sooner if you feel they are competent. This may vary depending on if they are doing their primary care placement at the beginning or end of year 4. If you do not feel your student is able to do this by the end of the third week, then please do discuss any concerns with the GP lead, Lucy Jenkins.

You will need to provide clear information and instructions for your admin team booking these sessions. Generating the timetable may be time consuming the first time but subsequent sessions will be straightforward to organise. You may wish to laminate a copy of this and keep it in reception.

The team will need to know:

What is the purpose of Year 4 student surgeries?
How do we inform the patient and ensure their care is professional and safe?
What does the reception team need to do for student led surgeries?

Then need to create template and inform patient at booking: see below.

Student needs access to EMIS web and whichever front desk system you operate
Screen added titled 'Student led surgery'

- 3 or 4 x 30min slots – see sample timetable below
- Student needs own consulting space for the session
- Usually on the day appointments are best but can be 1 or 2 book in advance **
- GP teacher has 10-12 appointments with gap every 40 minutes to review student's patients
- Student does 'whole' consultation i.e. Student takes a relevant history and carries out relevant examinations. If there are some bits they can't do, e.g. they may not feel confident to examine an ear, ask them to say what they would examine and then do it together.
- When finished the student sends instant message to GP who attends when free; student presents patient and whole consultation including management plan then GP asks further questions and completes consultation. Any significant errors or omissions should be corrected immediately
- Student has time to write up notes. At the end of the session, the GP checks these with further discussion regarding learning points and further learning needs. GP gives feedback on consultation skills – please use the consultation observation form in the appendix and at http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/four/ Student can further study the conditions seen over lunchtime while GP doing admin tasks

**Info to patients at booking: "*this is a student led surgery – "you will first been seen by a year 4 student who will take a history and examine you where appropriate. You will then also be reviewed by the GP Dr XXXXX who will confirm the management plan. This may take up to 30minutes"*

SAMPLE SCHEDULE	GP teacher	Student
9.00	Patient 1	Patient 1
9.10	Patient 2	
9.30	Patient 3	
9.30	Student review	Review patient with GP teacher
9.40	Patient 4	Student write up notes
9.50	Patient 5	Patient 2
10.00	Patient 6	
10.10	Patient 7	
10.20	Student review	Review patient with GP teacher
10.30	Coffee break	Student write up notes
10.40		Patient 3
10.50	Patient 8	
11.00	Patient 9	
11.10	Student review	Review patient with GP teacher
11.20	Patient 10	Student write up notes
11.30	Patient 11	Student sits in to observe last few consultations or reads around cases seen
11.40	Patient 12	
11.50 – 12.10/20	Review of student's computer notes on the patients seen Further Case discussion with student	Review and discussion

Also an alternative – student seeing 4 patients – allows GP to also see more patients but may be tiring and will finish later.

	GP teacher	Student
11.30	Patient 11	Patient 4
11.40	Patient 12	
11.50	Patient 13	
12.00	Student review	Review patient with GP teacher
12.10	+/- patient 14	Student write up notes
12.20	Review of student's computer notes on the patients seen Further Case discussion with student	Review and discussion

This is a sample timetable for your information but can be varied. If the student sees 3 patients and the GP sees 12 then there is minimal reduction to a surgery (which should be funded by teaching fees). It is possible for the student to see a fourth patient but this means the morning runs later

TIME WITH OTHER MEMBERS OF MDT

- Actively ask if colleagues would like to be involved in teaching and then spread the responsibilities around; students like variety. It gives you a break and ensures that colleagues do not feel hard done by if they perceive that you are having an easy time teaching whilst they are doing all the hard work!

- Ensure these colleagues have time blocked out for teaching and supervision and that they are aware of the students' learning objectives

- Ask colleagues for feedback on the student afterwards

- If this is the first time this MDT member has had students then ask students for feedback on if they found it relevant or useful

- Some things are interesting and enjoyable but not necessarily relevant to core problems e.g. spending time with practice Physiotherapist, Midwife or alternative practitioner. This is acceptable if the student expresses an interest but should only be a small proportion of their learning time e.g. half a session

Ideas:

- HCAs - Phlebotomy - very popular with students. Flu jabs
- Nurse practitioner – minor illness, chronic disease management
- Different GPs
- Pharmacist
- Practice mental health nurse
- Reception – not longer than 30mins
- Consider time with DNs/matrons - but must be relevant useful

OTHER LEARNING ACTIVITIES
(fillers for the lunchtime lull - GP paperwork time!)

- Encourage student to look at EMIS appointment screens to see what opportunities there are each day (ECG/IM inj/spirometry/IUD fits/Minor surgery/interpreted consultation, etc….) and student is then responsible for asking to leave whatever session they are in to attend that opportunity.

- Attend Nursing Home

- Talk to Practice manager about NHS structure.

Re-authorising prescriptions

- Give them the more complex scripts to look up meds in BNF

- Ask them to look through the list of medications and make a list of diagnoses from that

- Ask them to think about what to consider when re-authorising scripts – last check up, usage, ongoing need, monitoring, interactions etc.

Ask student to identify a topic from what they have seen for further study and consolidation or to research questions that come up in surgeries

- Ask them to find out all that they need to know about that topic to manage that patient

- Point them to resources
    - Blackboard for Year 4
    - NICE
    - SIGN
    - CKS
    - GP notebook
    - Patient.co.uk
    - NB HOT TOPICs website

- Consider possibility of involving student in mutually beneficial activities such as
    - Care plans
    - Audits
    - Spending time with other members of MDT
    - Learning disability reviews
    - E learning resources
    - Case reviews

TELEPHONE TRIAGE/CONSULTING

- Consider if this is useful for your student

- Best is often a discussion about the benefits and limitations of telephone triage/consulting and the skills needed. You can look through the screen and discuss a few cases and if possible, use phones with speakerphone option so student can listen in. If this is not possible, then there may be limited learning opportunities for the student and they may be better directed to some of the other learning activities above

A few notes on:

ST3s are able to teach 4th years as they already have a bit of experience of GP but they should not be the main teacher. ST1-2 are better suited to teaching clinical skills to 2nd or 3rd year students as they often don't really know that much about General Practice presentations/patients yet.

Intimate examination (PR, PV, breast exam)

Have clear rules, students do not do intimate examinations on their own. Everybody should work with a chaperone

GP is a good place to learn intimate examinations. Take every opportunity to gain consent from suitable patients, role model the examination and then let the student have a go with the patient's consent

Keep good records and get consent to take student's photo and keep on file. Your student may ask you for a future reference and your notes will help you remember them. (See Student record form on website)

Ask patients who are good teaching cases or good at talking to students if they would be interested in being contacted in future for teaching. Keep a central practice list or read code them for easy searching.

Prescribing - top tips for teaching it

- Spot quizzes on prescribing – what class is that, name a side effect, name a contraindication, how should it be monitored?
- Get students to use BNF regularly –to look up the medication you prescribe or are frequently found in the repeat prescriptions.
- Getting the student to prescribe the drug on the screen / write out the handwritten visit script and so get them to take ownership of the decision
- See the tutorial guide for a session on prescribing

Remember feedback

- Weekly check in about what's working and what's not
- Use form in the handbook; this doesn't need submitting but is a useful resource to keep in case you are asked to be a referee in the future
- Badging: label your feedback to them as such, otherwise they may not realise where they are getting feedback

Teaching competencies I

Teaching clinical reasoning

Annie Noble who is a one of the year 4 leads and a lecturer in medical education ran a workshop on clinical reasoning; a concept that is difficult to describe and therefore even harder to teach and explain to our students.

The session covered current educational theory of adult learning principles, namely that it is self-directed, with the students (ideally!) coming to us with a readiness and internal motivation to learn.

Clinical reasoning:

- Is grounded in Adult learning theory.
- Aims to create optimal learning/scaffolding.
- Depends on deliberate, repeated exposure to cases.
- Involves errors in judgement and decision making being immediately discussed

For us GPs, our clinical; reasoning is an innate skill but for the students it can be hard to learn. The important thing to realise is that knowledge does not necessarily equal understanding; we need to unpick our student's understanding to build their scaffold of learning. The easiest way to do this is to:

- Ask questions throughout to clarify – now 'what did you do?' but 'WHY did you do that?'
- Ensure they explain and justify their decision making
- Give immediate feedback on their responses

- Questions to clarify concepts.
- Questions to probe for rationale or reason, or evidence.
- Questions to explore implications and consequences.

Practicing succinct presentations

In practice:

When students are presenting their patients back to you, ask them to summarise their findings and thoughts succinctly in one or two sentences.

> *Example:* Mr. P is a 54 year old shop assistant with previously good health and no h/o trauma who has developed an increasing chronic pain on weight bearing in his right hip over the last 6 months. It eases at rest, is relived to some degree by Ibuprofen and there is no significant morning stiffness.

Crystallising out medically relevant information and using 'semantic qualifiers' (chronic, acute, colicky etc.) leads to statements that encapsulate the most likely and other probable diagnoses.

Using the OMP model (one minute preceptor)

One of the GP Trainers in explained that he routinely follows the OMP method and quizzes his student with the patient present.

3 simple questions

- What is your differential diagnosis?
- Why do you think that?
- What is your plan?

He has found that patients enjoy being part of that process and gaining a better understanding of the diagnostic process.

This needs to be discussed and agreed with the student at the start of the attachment or session.

This teaching process highlights and focuses on the thought processes behind history and examination and teaches the student to be a 'detective' rather than an information gathering 'journalist'.

1. Get a commitment. **OMP model**
What do you think is going on?

2. Probe for supporting evidence.
Why do you think this?

3. Teach general rules.
'In young patients with OAB symptoms in our inner city practice I would always include 'Ketamine bladder' in my differential

4. Reinforce what was right.
Tell them what they did right and the effect that it had.

5. Correct mistakes.
Tell them what they did right.
Tell them what they did not do right.
Tell them how to improve for the next time.

https://www.youtube.com/watch?v=937G0m5SUsI

Do check out this example – it is unfortunately based in secondary care but we are hoping to develop our own primary care based example video in the next year

Teaching competencies II

Giving your student feedback

Students at Bristol frequently state that they feel they do not get enough feedback. This is mostly a problem in hospital teaching where they are taught in bigger groups and overall feedback in primary care is rated highly by the students. However, we thought this was a useful exercise to think in detail about giving and receiving feedback. We started this session by each drawing a cow or a dog and then giving each other feedback on our colleague's attempts. We quickly became aware of the challenges of giving useful and constructive feedback. This led to a discussion of the benefits and disadvantages of various methods and sharing thoughts on how we can improve the way our feedback is received.

In particular we discussed the difficulties of giving negative feedback including to students who may lack insight into areas of weakness. In these cases, it was felt that generalising can sometimes help "some doctors in this situation might have said/done……instead". See the box below for more tips and useful phrases to help in these circumstances.

We also discussed asking the student to give feedback on one of your consultations as well; this was it becomes a mutual process, the students has to consider the consultation in depth and you both develop insights into the other side of the feedback process. You can ask the student to complete a consultation observation tool for you and then put it into your appraisal CPD documents!

We concluded that good feedback is:

- Balanced
- Well timed
- Honest
- Starts with something positive
- Specific……not just 'That was great…'
- Descriptive ……..'I noticed…' 'What I see…'
- Non-judgemental …….not 'Not your strength…'
- Constructive…….. 'What about…' **'Feed forward'**

Useful feedback phrases

- Think a bit more about…
- What could you do differently (better) next time?
- Tell me two things you could do… Ask them to commit
- Could we make a list you could improve on, pick 2 items
- Can we just accept that this went badly, that this didn't go as well as it might have
- I know that you can do a lot better
- If this was an OSCE, I am sorry to say that you would have failed it
- What we would expect is…
- Things we can work on…

Various feedback strategies

- Appreciation 'I know how hard you have been working'
- Evaluation 'Here is where you stand'
- Coaching 'Here is a better way of doing it'

Pendleton Process – particularly good for inexperienced learners

- Check the student wants and is ready for feedback
- Clarification of facts
- Student states what went well
- Observer states what was done well
- Student states what could be improved
- Observer states how it could be improved
- Action plan agreed

ALOBA- Agenda Based Outcome Based Analysis – this tends to work well with the more experienced or insightful students

- Start with students agenda
    - Clarification of facts
    - What did they find difficult?
    - What were they trying to achieve
- Encourage problem solving
    - What would you do next time?
- Engage peers in problem solving
    - How would you like the group to help you?
    - Suggestions
- Summarise discussion and suggestions

Simple feedback with clear take home messages

- Medals – What was done well?
- Missions- What can be improved? Clear goals on how to achieve this

And to improve the reception of our feedback:

- Need to get our purposes aligned (Appreciation, Evaluation, coaching)
- Check periodically
    - Is it right from my point of view?
    - Is it right from the receiver's point of view?
    - Evaluation may be heard more loudly than appreciation or coaching
- Need to be specific about
    - Where feedback is coming from
    - Where feedback is going
- Don't overload the student
    - Shall we make a list of things that could be improved on and pick two to focus on
- Be aware of feedback labels
    - What is meant
    - What is heard

Teaching competencies III

Tutorial planning and delivery

At the workshop the group of nearly 40 people practiced designing a tutorial. We generated suggested templates for common set piece clinical topics often requested as tutorials by students. These suggestions may be helpful in planning your tutorials. Page 16 of the Year 4 GP Teacher handbook contains background to the purpose of tutorials and a suggested plan for structuring them.

Please see in the appendix and on the website for these suggested tutorial plans which we hope will serve as a quick reference guide of ideas of how to teach four common subjects that are not often encountered in student consultations and which student feedback suggests are often requested as tutorial subjects.

Struggling students – how to identify them and how you can help

Jessica Buchan who used to run the year 4 GP course is now a GP at Student health so in an excellent position to discuss struggling students. She talked about the specific pressures of studying in year 4 and how we can identify students with problems. Indeed, our position as experienced GPs with a caring natures and an eye and ear for these things, coupled with the fact that we spend a reasonable amount of time with a student on a one to one basis means issues may well surface during this placement.

Things we can do to help all our students:

- Set expectations early
- Awareness of issues
- Talk about own self-care and being a doctor
- Ask at start if there is anything student wants to make you aware of/check in?
- Raise issues with student promptly
- Know how to act if concerns
- You are not their GP—but you can tell them to see their GP!

Things we can do to help struggling students

- Talk to colleagues
- Keep notes
- Phone dept. for advice
- Attendance and payment form
  - 80% minimum if no other concerns
- Student concern form
  - discuss with student, copy to us and academy dean.

https://www.bris.ac.uk/medical-school/staffstudents/support/

Sources of support

- University (student support services)

        - Own GP /Student health services.
        - Student counselling
        - Disability services
        - Vulnerable students team (also assist staff managing crises and emergencies)
        - Multifaith chaplaincy
        - Careers service
- Medical School
        - Student support advisor. Claire Moszoro healthsciences-support@bristol.ac.uk
        - Senior clinical tutor. Nicola Taylor (academic and welfare)
        - Academic mentor
        - Academy Dean
        - Element lead/GP academy lead/Unit co-ordinator
- Student union
        - Just ask (advice line)
        - Student funding office
        - Accommodation office
        - International office
        - Student led support groups
- Societies e.g.
        - Galenicals, GPsoc
- National support organisations
- NHS

Expert self-care student health app

We also discussed this app designed by local GP and university honorary lecturer Knut Schroeder with support from the Bristol University Student health service. The ESC Student health app aims to help by giving students fast and discreet access to reliable health advice about what's normal, which warning signs to look out for and when and where to seek medical help

http://www.expertselfcare.com/health-apps/esc-student/

- Emergencies – learning the truth about life-threatening illnesses and how to give basic first aid
- General ill health – tackling sleep problems, feeling stressed, and constant fatigue
- Mental health – finding out what to do when feeling low or anxious, self-harming or worried about drinking too much alcohol
- Troubling health problems – what to do next and when to see a pharmacist, nurse or doctor
- Common ailments – getting to the bottom of headaches, finding out how to treat spots, and managing common aches and pains
- Useful links – fast access to hundreds of links to useful and reliable sources of further information (internet access needed to access these)

Student selected components

SSCs are an opportunity for students to choose to explore an area of medicine that particularly interests them so it's a really good opportunity to inspire students to become GPs. GP practices can offer to supervise students who can carry out quality improvement projects or develop practice resources. There is a lot of flexibility about what a student can do for their SSC but most students will either come singly or in pairs to carry out audits or quality improvement projects. They may alternatively do a patient (or clinician) education project or a literature review.

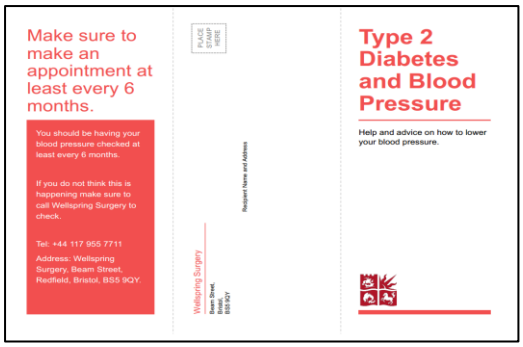
What is involved

- Planning:
  - Planning meeting in the spring – work log
  - 1 or 2 meetings during SSC period
    - **Year 3: 3-28th July 2017**
    - **Year 4: 10th-28th July 2017**
  - Admin support e.g. searches/EMIS training
  - Optional - Sitting in on surgeries and speaking with patients
- Marking: Approx. 2 hours. Uses a 21 point marking scheme with 4 categories; Fail, Clear pass, Good pass, Excellent. There are marking workshops run at the University

Benefits

- Teaching is stimulating and rewarding
- Can use for portfolio/appraisal
- Can help develop good practice at your surgery
- Could help with recruitment post-graduation
- Pay: £430.96 per student

If you would like to get involved, please contact Juliet.Brown@bristol.ac.uk



Further teaching opportunities

- Teach in other years
- Become a core practice – please contact PHC if you would like more information about this
- Teach at the university in separate sessions e.g. Consultation skills, Disability
- Examine in OSCEs – 20th and 21st June 2017. Look out for an examiner training session in your academy if you have not examined before or recently
- Become a Professional Mentor – previously an academic mentor. This is not a pastoral role but one which involves contact a minimum of twice a year, with your student(s) facilitating the opportunity to monitor and record their academic progress and other achievements and encourage career reflection. If you would like to hear more about this, please contact Chris Cooper at Chris.Cooper@bristol.ac.uk. This is not a paid role.
- You can apply to the honorary teacher scheme - a voluntary position it carries with it the opportunity to apply for Honorary Status at the University giving you access to the library resources
- You could consider a joint clinical and teaching post to help with recruitment difficulties. Do talk to us in PHC if you have any thoughts about or queries on this
- Or consider joining up and poling teaching resources with a local practice. Again there are people in the PHC office with some experience of this so do get in touch

Appendices

1. Reflective template for your CPD records
2. Planning tool for a student led surgery
3. Consultation observation form
4. Tailoring your teaching – guidance in pitching your teaching at the right level
5. Guide to helping students with exam preparation
6. Tutorial plans
    e. Spotting common cancers
    f. Substance misuse
    g. Domestic violence
    h. Prescribing

Appendix 1
Reflective template

Year 4 GP Teacher workshop Tuesday 1st November 2016			
Date/Venue/Hours	**Date** **1st Nov 2016**	**Venue** **Engineers' House, Clifton, Bristol**	**Hours** **6**
Description			
Reflection and Feedback			
What did I enjoy? What have I learned? Key points to remember			
Forward Planning			
What teaching would I like to do?			
What teaching skills do I need to develop?			
Name, date, signature			

Appendix 2

GP teacher guide for running student led surgeries for year 4 students

Please consider arranging these for your student during their last week or sooner if you feel they are competent. This may vary depending on if they are doing their primary care placement at the beginning or end of year 4. If you do not feel your student is able to do this by the end of the third week, then please do discuss any concerns with the GP lead, Lucy Jenkins.

You will need to provide clear information and instructions for your admin team booking these sessions. Generating the timetable may be time consuming the first time but subsequent sessions will be straightforward to organise. You may wish to laminate a copy of this and keep it in reception.

<u>The team will need to know:</u>
What is the purpose of Year 4 student surgeries?
How do we inform the patient and ensure their care is professional and safe?
What does the reception team need to do for student led surgeries?

Then need to <u>create template</u> and inform patient at booking: see below.

Student needs access to EMIS web and whichever front desk system you operate
Screen added titled 'Student led surgery'

- 3 or 4 x 30min slots – see sample timetable below
- Student needs own consulting space for the session
- Usually on the day appointments are best but can be 1 or 2 book in advance **
- GP teacher has 10-12 appointments with gap every 40 minutes to review student's patients
- Student does 'whole' consultation i.e. Student takes a relevant history and carries out relevant examinations. If there are some bits they can't do, e.g. they may not feel confident to examine an ear, ask them to say what they would examine and then do it together.
- When finished the student sends instant message to GP who attends when free; student presents patient and whole consultation including management plan then GP asks further questions and completes consultation. Any significant errors or omissions should be corrected immediately
- Student has time to write up notes. At the end of the session, the GP checks these with further discussion regarding learning points and further learning needs. GP gives feedback on consultation skills – please use the consultation observation form in the appendix and at http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/four/ Student can further study the conditions seen over lunchtime while GP doing admin tasks

**Info to patients at booking: "*this is a student led surgery – "you will first been seen by a year 4 student who will take a history and examine you where appropriate. You will then also be reviewed by the GP Dr XXXXX who will confirm the management plan. This may take up to 30minutes"*

SAMPLE SCHEDULE	GP teacher	Student
9.00	Patient 1	Patient 1
9.10	Patient 2	
9.30	Patient 3	
9.30	Student review	Review patient with GP teacher
9.40	Patient 4	Student write up notes
9.50	Patient 5	Patient 2
10.00	Patient 6	
10.10	Patient 7	
10.20	Student review	Review patient with GP teacher
10.30	Coffee break	Student write up notes
10.40		Patient 3
10.50	Patient 8	
11.00	Patient 9	
11.10	Student review	Review patient with GP teacher
11.20	Patient 10	Student write up notes
11.30	Patient 11	Student sits in to observe last few consultations or reads around cases seen
11.40	Patient 12	
11.50 – 12.10/20	Review of student's computer notes on the patients seen Further Case discussion with student	Review and discussion

Also an alternative – student seeing 4 patients – allows GP to also see more patients but may be tiring and will finish later.

	GP teacher	Student
11.30	Patient 11	Patient 4
11.40	Patient 12	
11.50	Patient 13	
12.00	Student review	Review patient with GP teacher
12.10	+/- patient 14	Student write up notes
12.20	Review of student's computer notes on the patients seen Further Case discussion with student	Review and discussion

This is a sample timetable for your information but can be varied. If the student sees 3 patients and the GP sees 12 then there is minimal reduction to a surgery (which should be funded by teaching fees). It is possible for the student to see a fourth patient but this means the morning runs later

Appendix 3

This is available to download on one page from the PHC website

CONCISE Consultation observation form

Consultation summary: **Date:**

Competence task	**Yes/No/Not relevant**	**Comments**
Initiating the session:		
Student introduces themselves and gains initial rapport		
Identifies reason for the consultation		
Gathering information:		
Student obtains biomedical perspective of presenting problem and relevant medical history including red flags.		Any medical information missed?
Student elicits patients perspective: ideas concerns and expectations		
Student elicits background information e.g. work, social background.		
Physical examination:		
Student examines patient (where relevant) and explains findings		
Explanation and planning:		
Student offers explanation to patient and provides correct amount and type of information and aids understanding and recall.		Any examples of chunking, checking or clarifying?
Student achieves shared understanding of problems taking into account the patient's illness framework		
Student formulates appropriate management plan with patient.		
Closing and housekeeping:		
Student closes the consultation at appropriate point		
Arranges appropriate follow up		
Safety nets		
Building relationship: also please comment on the following		

• Non-verbal behaviour • Rapport • Involves patient
Providing structure: also please comment on the following
• Overall fluency of the consultation • Student provides structure to consultation • Gives patient opportunity to ask questions • Responds appropriately • Summarises

Appendix 4

Guidance for pitching your teaching at the right level:

Confident and able students need a challenge.

- Get them doing things they can't learn from books e.g. consulting—especially consultation skills-heavy problems like mental health/ forming management plans / using community resources / prescribing/ medically unexplained symptoms.
- We found it helpful to think of turning the student from "journalist" to "detective". From asking and recording the information to really asking themselves what is going on and why.
- Move from diagnosis to appraising evidence and comparing treatment options.
- Let them make mistakes in this safe environment and learn from them.
- Actively ask what they want to get from the placement as they will probably know.

The confident but less able student can be challenging.

- Again, get them doing things and observe them.
- Videoing consultation and review.
- If concerns about attitude / team work get them to do a 360^0 feedback early in the placement.
- Keep the learning environment 'safe' – this is a great opportunity to identify and address knowledge gaps before their final year.
- Enthuse—talk about what you like about your job.
- Are they under challenged? Let them choose their level of challenge for the session—are they up for some difficult questions from you?

The less confident but able/knowledgeable student benefits greatly from this placement as they are not competing for attention with other students.

- 'Exposure therapy' – it's usually consulting that's the problem – get them to consult and consult and consult with lots of positive feedback and little challenges for the next time to aim for.
- Introduce checklist type diagnostic tools such as the PHQ-9 so that they can learn how to phrase a question and to act as a reminder of what to cover.

The less confident and less able student is a rarity.

- Ask about pastoral issues that might be affecting them and proceed as above. If it is just an intrinsic problem to the student, consider a 'student concern form'.
- Go back to their level of competence and build up – do what you can, even if that's going back to basic examination and consultation skills.
- Being a safe doctor is paramount.
- In so doing, remain positive and don't demoralise them.
- Get them to observe the GP consulting and talk through what you are doing.
- Role play situations with the student and yourself as the patient
- 'The Body' app (of simple anatomy) has been a useful tool.

Appendix 5
SUPPORTING YOUR YEAR 4 STUDENT WITH EXAM PREPARATION

OSCEs

2x 10 station exams over 2 days with 4 primary care stations, including disability
9 minutes per station

Aim: *you should be able to conduct a complete consultation in any one of the 16 core problems*
Assesses:

- Professionalism
- Knowledge
- Clinical skills and examination
- Communication skills and attitudes (professionalism)

Where and why students struggle:

- Poor knowledge/unsafe practice
- Nerves
- Poor structure
- Failure to focus history
- Forgetting to ask about ICE
- Running out of time
- Trying to predict the station too early
- Failure to safety net adequately

How can GP teacher help?

- Practice! Observe them consulting and give constructive feedback
- Encourage them to formulate management plans and finish the consultation
- Time them
- Encourage them to use Cambridge-Calgary
- Role play scenarios

- Come and examine for us! 2017 exam is Tuesday 20th June; details for examiner training will be circulated in the new year.

WRITTEN EXAM- 20 best of 5 primary care questions

How can GP teacher help?

- Early learning needs analysis with regular reviews
- Targeted tutorials
- Ask them questions
- Discuss appropriate investigations and management plans as they often lack knowledge and confidence with these
- Get them reading between consultations (study guide, Oxford handbook, BNF)
- Give them homework!
- Go through sample questions together
- Design some of your own or get them to write some
- Give clear feedback about areas of weakness in their knowledge

PSA (Prescribing Safety Assessment) PREPARATION

This is a national online assessment sat by all medical students in their local environments at the beginning of their final year.

https://prescribingsafetyassessment.ac.uk/

- Get them quick and confident at using BNF in each and every consultation
- Discuss risks and benefits of giving medications
- Ensure they know at least one medication for each of the core problems including side effects
- Go through discharge summaries and discuss medications
- Time with practice pharmacist where possible
- Discuss medicines management and do some repeats together
- Look at the sample online questions together
- Check out http://www.prepareforthepsa.com/ which was designed by a Bristol student
- Consider the10 stages of prescribing
    - Diagnosis
    - Establish therapeutic goal
    - Choose therapeutic approach
    - Choose the drug
    - Dose, route and frequency
    - Duration
    - Write prescription
    - Info to patient
    - Decide when and how to monitor
    - Review/titrate

Appendix 6

TUTORIAL GUIDES FOR YEAR 4 STUDENTS

Spotting common cancers

Yr 4 learning objective: *Describe how these 4 common cancers (lung, bowel, prostate, breast) might present and know how to reach a definite diagnosis.*

PRE TUTORIAL

- Could suggest they briefly review the NICE guidance for identifying cancer, focussing on these four conditions

TUTORIAL

- Establish rapport – the student likely has had some exposure to cancer in their family. Cup of tea, break the ice and enquire about how the placement / life is going.
- Then establish entry knowledge. "What do you know about how these cancers present?" "How would we investigate people with these symptoms?" They may know a good amount about some conditions from their hospital placements. How have patients ended up in hospital clinics they have seen i.e. 2ww awareness? Which areas would they like to focus on in the tutorial?
- Areas to cover in the tutorial include the concept of red flags in primary care. What might they be for each cancer? How might they present? Discuss barn door Sx e.g. smoker and haemoptysis, breast lumps; insidious Sx e.g. weight loss, fatigue; incidental e.g. blood results – raised PV, anaemia, thrombocytosis
- How would the student propose investigations for cancer to a patient, especially with the new PPV of only 3%? How would they follow up / support a patient during the uncertain investigation phase?
- What are the usual definitive investigations – what should the patient expect when you send them to the hospital?
- What about managing worried patients without worrying Sx e.g. PSA screening, breast pain?
- Check understanding – quick fire red flag quiz, investigation quiz

POST TUTORIAL

- Agree to check the identification of red flags when consulting next patients
- GP to keep a bank of case anecdotes to use when teaching about presentation or management

TUTORIAL GUIDE FOR YEAR 4 STUDENTS

Substance misuse

Yr 4 learning objective: *Make an initial assessment of someone with an alcohol or drug problem. Demonstrate ability to recognise alcohol dependence & offer help with stopping drinking.*
Be aware of the associated medical and social problems. Gain understanding of services for addicts within primary care.

PRE TUTORIAL

- Direct the student to Health Talk online / Speaking Clinically for videos patient's views

TUTORIAL

- Cup of tea, develop rapport, how's life / the placement going?
- What do they know / understand? They may have personal / family experience of these issues.
- What do they want to get out of the tutorial?
- Establish what they know re assessment. "What's a unit?" "How many in a litre of 5% cider?" "Do you know any screening questions?"(CAGE, AUDIT-C) "How would you ask about drugs?" "How would you assess risk (inc. occupation / driving / safeguarding issues)?" "What forms can problem substance misuse take (problematic binging vs. addiction)?" "What would you examine (inc. mental state)?" Fill in the gaps for them.
- Establish what they know re management. Could talk about a patient's conception of their being a problem or not. Transtheoretical model (stages of change). Brief interventions. Motivational interviewing. Investigations? Mental health co-morbidities? What services are there in your area inc. NHS and third sector? Prescribing – detox, vitamins, substitution therapy procedures in your practice. Contracts with patients?

POST TUTORIAL

- Set some goals – use some screening questions in a future consultation – be prepared to do a brief intervention if they screen positive.
- Arrange a sit in on a drug or alcohol clinic especially if you have a clinician who comes to your surgery.

TUTORIAL GUIDE FOR YEAR 4 STUDENTS

Domestic violence

Yr 4 learning objective: By the end of the placement the student should be able to *Identify patients who may be at risk of intimate partner violence and have strategies to help them*
Most students have limited professional experience. You could consider setting some pre-tutorial tasks to get them up to speed.

PRE TUTORIAL:

- eLearning on Blackboard – video consultations of a domestic violence scenario
- Review websites of DV charities e.g. Gemini (Somerset) or Nextlink (Bristol), Refuge (nationwide)

TUTORIAL:

- Plan the tutorial to include establishing rapport – chat about how the placement / life is going, cup of tea etc. Given that one in four females has experienced DV there is a reasonable chance your student has had some exposure to it so a sensitive start is advised.
- Establish 'entry knowledge' – "What do you know about domestic violence or abuse?" "Do you know what forms it may take?" "How might it present?" "What questions can you ask to screen for it?" "How could you assess risk?" "How might you support people who disclose domestic violence?
- Within this tutorial you and your knowledge are the key resource. Anecdotes are powerful - do you have any case examples to relay?
- HARK - Hurt, Afraid, Rape, Kick as screening prompts when possible DV presenting complaints are entered e.g. TATT or abdo pain or depression.
- Role play is Marmite but it can be helpful here to get the student to practice some phrases with you playing patient especially around screening questions or risk assessment questions.

POST TUTORIAL

- http://patient.info/doctor/domestic-violence-pro has useful, succinct, practical advice for clinicians – the students could read this to consolidate
- Set tasks – in next appropriate consultation the students could demonstrate the use of screening questions

TUTORIAL GUIDE FOR YEAR 4 STUDENTS

Prescribing

Yr 4 learning objective: *Describe the risks and benefits of commonly prescribed medication used in the treatment of [the] 16 core problems and understand the rationale behind making treatment decisions.* We would like the student to know at least one relevant drug, its usual indication, a common side effect and its monitoring requirements.

PRE TUTORIAL

- Could they spend time with the practice pharmacist?
- Could they spend a small amount of time seeing how repeats are signed electronically and the monitoring checks that happen?
- Read the 10 principles of good prescribing from the British Pharmacological Society: https://www.bps.ac.uk/BPSMemberPortal/media/BPSWebsite/Assets/BPSPrescribingStatement03Feb2010.pdf
- The table at the end of this template could be given early in the block and used as a learning needs tool to guide topics for this tutorial

TUTORIAL

- Ask the student what they want to get out of the tutorial.
- Assess entry knowledge perhaps by picking a condition that may be helped by prescribing and asking the student how they might manage it e.g. mild/mod depression; QRISK > 10%. Options will include prescribing. Could role play broaching that with the patient (you play the patient) in order to get them to think of the risks and benefits of a drug vs a non-drug management. What factors influence drug choice on an individual and population level?
- Get the student to write prescriptions both by hand and on the computer. How do they handle the various warnings that pop up? What resources do they use e.g. BNF app or paper; MIMS? How would they ensure monitoring requirements take place? What does your signature mean on that prescription?
- Could talk about conditions where drug therapy is uncontroversial (e.g. T1DM) and others where the area is greyer e.g. opioids for chronic back pain.
- Talk about shared care drugs and traffic light systems – they are not likely to be aware of this
- Quiz at the end – go through the table below, name a drug, MOA, s/e, monitoring (and perhaps NNT / NNH? www.thennt.com has many reviews of common managements and produces NNT and NNHs)
- Decision aids, Cate's plots (smiley faces), shared decision making, side effect safety netting

POST TUTORIAL

- Homework – fill in any gaps identified
- Plan a medication review as a student consultation

Problem	Drug	Side effects	Interactions	Patient factors i.e. PMHx	Monitoring
Asthma maintenance					
Angina					
COPD exacerbation					
COPD maintenance					
Heart Failure with reduced ejection fraction					
Contraception					
Depression					
UTI					
Chlamydia					

Gastroenteritis					
Gastro-oesophageal Reflux					
Alcohol dependence					
Tension headache					
Migraine					
Hypertension					
Erectile dysfunction					
Mechanical low back pain					
Otitis externa					
Uncomplicated otitis media					

Lower respiratory tract infection					
Hypothyroidism					
Type 1 diabetes					
Type 2 diabetes					
Primary prevention of CVD					
Early pregnancy					