

# Year 3 GP Student Guide

## 2020-21

GP3



University of  
**BRISTOL**

Centre for Academic  
Primary Care

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## Introduction

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Welcome to the Year 3 GP placement. This handbook is designed to give you a brief overview of GP3. We hope that the programme we have developed will give you an excellent learning experience in General Practice that reflects the breadth, complexity and enjoyment of our fantastic specialty.

Due to the COVID-19 pandemic we have decided that the first block of Year 3 will be delivered online (September 2020 – January 2021). A decision about the teaching format for block two will be made in the autumn.

You will be allocated to two different practices during the year. Each practice placement will consist of eight whole days of general practice.

Your GP days will be alternate Tuesdays. You will need to meet your GP tutor on Microsoft Teams, ready for a 10am start. The day will be a mixture of workshops, video consulting with patients and actors, and a small amount of self-directed learning.

We recognise that teaching online is more tiring than face to face and have shortened the teaching day slightly to account for this.

In advance of each teaching day, we will send you a separate email providing you with a brief overview of the upcoming day in practice.

As always, we value any feedback from you. We hope to be able to place you physically back in practice as soon as the situation allows.

Best wishes,




Dr Ciaran Conway & Dr Simon Thornton

Year 3 GP Leads

### Useful Contact Details

Main Contact		
Primary Care Admin Team		<a href="mailto:Phc-teaching@bristol.ac.uk">Phc-teaching@bristol.ac.uk</a>
Year Leads		
Dr Ciaran Conway	Year 3 GP Lead	<a href="mailto:Ciaran.conway@bristol.ac.uk">Ciaran.conway@bristol.ac.uk</a>
Dr Simon Thornton	Year 3 GP Lead	<a href="mailto:Simon.thornton@bristol.ac.uk">Simon.thornton@bristol.ac.uk</a>

## Summary of GP3 COVID-19 Version

### Key facts

- Six students per practice.
- Whole days on alternate Tuesdays (see [Appendix 1](#) for dates)
- **Please note, the timings of your day in practice may differ from those illustrated below. On your first session, your GP will allocate you to one of three pairs.**

Timetable for the day					
Title	Details			Timing	Location
<b>Introduction</b>	Meet with your GP tutor			<b>10:00-10:30</b>	Microsoft Teams
<b>Actor Session</b>	Consulting with actors and GP			<b>10:30-11:30</b>	Microsoft Teams
<b>Coffee Break</b>				<b>11:30-11:40</b>	
<b>Split Session 1</b>	Pair consulting with GP	2 Pairs self-direction session		<b>11:40-12:40</b>	accuRx or Sway
<b>Lunch</b>				<b>12:40-14:00</b>	
<b>Split Session 2</b>	Pair consulting with GP	Pair self-direction session	Plenary (pair)	<b>14:00-15:00</b>	accuRx, Sway, Microsoft Teams
<b>Afternoon Tea Break</b>				<b>15:00-15:10</b>	
<b>Workshop</b>	Group session. Drawing the threads of the day together. Discuss cases seen in video consulting. Review self-directed learning			<b>15:10-16:10</b>	Microsoft Teams
<b>Workplace based assessment</b>	Opportunity for one student to complete workplace-based assessment			<b>16:10-16:20</b>	Microsoft Teams
<b>Close</b>				<b>16:10</b>	

### Introduction (30 minutes)

- All six students
- Via Microsoft Teams

### Actor Session (60 minutes)

- Two 30-minute scenarios relating to theme of the week one student consulting, other students and GP observing
- Via Microsoft Teams

Example timetable for each pair								
Pair	Introduction	Actor Session	Split Session 1		Split Session 2			Workshop
			Consulting	Sway Tutorial	Consulting	Sway Tutorial	Plenary	
Pair A	Green	Green	Green			Green		Green
Pair B	Blue	Blue		Blue	Blue			Blue
Pair C	Red	Red		Red			Red	Red

### Patient Session (60 minutes)

- 30 minute patient appointment for video consultation
- Pair of students – one consulting, one observing. GP observing.
- Via accuRx
- Please keep a log of consultations observed

### Sway Tutorial (60 minutes)

- Whilst your colleagues are consulting with patients, we would like you to undertake self-directed learning relating to the theme of the week. This will be in the form of a Microsoft Sway tutorial.
- This will help you to prepare for the afternoon tutorial
- This will be done by all students each day in practice

### Plenary (60 minutes)

- Central session hosted by the medical school which one pair of students per week will join. Exact content TBC but likely to focus on video recordings of consultations.

### Workshop (60 minutes)

- At the end of the day – an opportunity to draw the threads of the day together
- Review the self-directed learning with your GP tutor
- Via Microsoft Teams

## Assessment

- Minimum 80% attendance for GP placement
- Summative written progress test

### What do I need to do before my first GP day?

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1. Ensure that you have signed the [confidentiality agreement for teaching in General Practice](#), including completing the e-Learning for Health module 'Data Security Awareness Level 1'
2. Complete the [Sway tutorial on remote consulting](#).
3. Ensure that you have internet access at the location that you will be working from, and that it is a quiet space where any discussion about patients will not be overheard.

## GP3 Components Explained

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### Introduction

Before your first session, we will send you a link to the Year 3 GP Teaching Team. Your practice will be set up as a channel on this Team (see [Appendix 4](#)).

The introduction is your chance to catch up discuss any interesting cases that you have seen recently with your GP as well as ensuring that everyone is happy with the plan for the day's teaching.

**Please do not record your collaborate meetings as patient identifiable information may be discussed.**

### Actor Session

During the actor session, an actor will be joining you and your colleagues on Microsoft Teams. The actor will have a link to join the meeting and will join at the time that has been specified on your timetable. They will run through two scenarios with 30 minutes for each. One student will play the role of the doctor for each scenario. The other students will provide feedback on the consultation. Your GP will provide feedback as well. We would recommend allowing up to 15 minutes for the consultation followed by time for discussion. If you have time, you may wish to re-run a scenario with a different student consulting.

You will be provided with the student briefs for each scenario in advance of each session.

During the first two years of your degree, patient contact and learning how to talk with patients is seeded through the curriculum as 'Effective Consulting'. You may find that the "CogConnect Consultation Observation Guide (CC-COG)" ([Appendix 3](#)) is a useful tool for providing feedback to your colleagues.

Each practice will be run their day in a slightly different order to enable the actors to join several different practices over the course of the day. For this reason, **it is important to stick to the start and end times for each of the sessions as provided in the handbook for the day.** Importantly, your day structure will remain the same each week.

## Split Session

### *Consulting*

For each of the two Split Sessions, the GP will set up two 30-minute video consultation appointments for the students. These will be *real* patients and you will take turns consulting. One pair of students will join the GP for the session. This will be via accuRx, a video consulting tool that is commonly used in General Practice. Please see [Appendix 2](#) for a guide explaining how to use accuRx. Please keep a record of cases that you see as this can be used as the basis for a Clinical Competency Assessment (CCA).

### *Sway Tutorial (self-directed)*

Whilst one pair of students are consulting with patients via accuRx, the other students will be undertaking self-directed learning relating to the theme of the week using Microsoft Sway. We will include a link to the self-directed learning with the email that we will send you in advance of each session. During this time we would like you to discuss some of the cases and questions with your colleagues via Teams, or in person with your colleagues if appropriate. Your GP will review the self-directed learning at the end of the day during the workshop.

### *Plenary Session*

The timing of the day means that each day, one pair of students will have an hour where they are neither consulting nor doing the Sway tutorial. During this time, you will join a plenary session on Teams with students from other practices. This will be facilitated centrally by someone from the GP Teaching team and will involve watching and reviewing video recordings of face to face consultations.

## Workshop

This is the opportunity to draw the threads of the day together. As part of the workshop, we would like you discuss the cases that you have seen that day and to review your self-directed learning with your GP. At the end of each workshop on every day except the first day and the academy day, you will have the option of booking some additional time with your GP to complete a clinical competency assessment (workplace-based assessment). This should be based on one of your video consultations with a patient.

## Academy Day

The academy day occurs in the final Tuesday of each block. The aim is to celebrate your learning and make it fun. This was one of the highlights for student and teachers last year. It will run online this year.

As part of the day, there will be a simulated surgery. You will meet in your GP practice Teams channel with your GP. You will then have seven actors visit your room for 20-30 minutes each (10m consultation time and 10m feedback). Each case will link with the workshop sessions that have made up the block you have just completed and there will be additional themes woven into each case. Each student will take it in turns to consult.

The goal of the simulated surgery is to allow you to consult freely without judgement and in a safe environment. You will receive detailed instructions both nearer to and on the day. It is not a summative assessment.

## Assessment and Clinical Competency Assessments (CCAs)

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### Assessment

During the course of your GP attachment you will receive informal feedback from your GP tutor. The simulated surgery is also formative.

To pass the GP placement, you need to have a minimum attendance of 80% across both blocks. Attendance is monitored via Microsoft Teams. Primary Care also contributes questions to the written progress test.

### Clinical Competency Assessments

During your time with your GP, you may wish to undertake a clinical competency assessment. There are two types: Mini-CEX and CBDs. A mini-CEX is an assessment of direct observation of a student/patient/actor clinical encounter. A CBD is a structured discussion of a clinical case either that you have either clerked or reviewed. You can complete these for video consultations. Mini-CEX and CBDs are filled out electronically on MyProgress. You can log into this on either a mobile device or laptop and can fill this out online.

You will be assessed in terms of where you are expected to be at that stage of the year and must complete 4 Mini-CEX and 4 CBDs in total across **all** teaching settings at the satisfactory level by the end of the year.

## **Attendance and Professional Behaviour**

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The GP sessions are compulsory. If you are unable to attend a GP session you need to let your GP teacher know in advance of the session. We will follow up all non-attendance if no legitimate reason has been given.

### **Professional behaviour**

You need to adhere to the GMC code of practice for clinical students at all times.

The professional code includes:

- Treating all patients with respect (including respecting confidentiality)
- Treating all staff and colleagues with respect (incl. not disrupting their teaching)
- Attending all teaching on time and adhering to the clinical dress code
  - Being honest and handing in all required paperwork/assessments to deadlines
- Taking care of your health and seeking help if your health may impact on patient care
- Make clear arrangements with your teacher/colleagues and communicate promptly
- Introduce yourself as a medical student, correct patients who refer to you as 'doctor'

The following list gives some examples of poor professional behaviour which would trigger a student concern form.

- Relationships with patients – e.g. not respecting confidentiality, being impolite to patients, not informing patients that they are seeing a student, persistently not complying with the clinical dress code
- Working with others – e.g. failing to follow instructions, being disrespectful towards other healthcare professionals and students, persistently disrupting teaching
- Probity – e.g. fraudulent behaviour, requesting money/gifts from patients
- Learning – e.g. persistent lateness or non-attendance, not responding to feedback
- Health – e.g. a drinking or drug problem (may be referred to the Disability & Health Panel)

### **Professional Behaviour Assessment**

GP teachers have been asked to assess your professional behaviour. If they have concerns they should discuss these with you and give you a chance to improve. If you do not act on the feedback or if the concern is of a particularly serious nature the GP report their concerns to the faculty office. In our experience, this is a rare event. Please see section on professionalism below for more info.

### **Boundaries**

Patients sometimes ask more of you than you can comfortably do. Setting boundaries is part of professional growth.

- Use your judgment and be courteous, saying "No" politely if necessary
- Don't give medical advice - suggest the patient speaks to the GP
- Avoid involvement with the patient or family outside the attachment

- You may be asked for your views and beliefs. You are entitled to these, but do not impose them on the patient or your colleagues

## **Confidentiality and Consent**

Informed consent means making the nature and extent of the patient's involvement clear at the outset. Always obtain consent for interactions with patients. Confidentiality fosters trust and allows truth, fear and uncertainty to be expressed. Trust is a critical part of the doctor-patient relationship and is destroyed if confidentiality is breached. It is imperative that you respect confidentiality at all times. Never discuss what you have heard, even anonymously, outside the appropriate setting (clinical/teaching). Particular care should be taken in public areas (on a bus for example) and with written or taped records.

## Appendix 1 – Teaching Dates and Topics 2020-21

<b>Block A</b>		
Week	Date	Topic
1	22-Sep-20	Respiratory
2	06-Oct-20	Gastrointestinal
3	20-Oct-20	Rheumatology
4	03-Nov-20	Renal
5	17-Nov-20	Dermatology
6	01-Dec-20	Ophthalmology and ENT
7	15-Dec-20	Emergencies in General Practice
8	12-Jan-21	Academy Day

<b>Block B</b>		
Week	Date	Topic
9	02-Feb-21	Cardiovascular
10	16-Feb-21	Abdominal presentations including domestic violence
11	02-Mar-21	Neurology
12	16-Mar-21	Musculoskeletal
13	13-Apr-21	Urology
14	27-Apr-21	Breast disease
15	11-May-21	Endocrine
16	25-May-21	Academy Day

## Appendix 2 – accuRx Student Guide

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Background: accuRx is secure NHS digital approved software that is widely used in general practice for video consulting. It has the option of inviting two people into the consultation in addition to the patient and clinician. accuRx has been reviewed by CAPC Teaching and the data protection team at the University of Bristol for use in medical student teaching.

Before undertaking a video consultation with a patient:

1. You must have signed the [confidentiality agreement for teaching in General](#)
2. You must have completed the [Sway tutorial on Remote Consulting](#).
3. **Ensure that you are in a location where your conversation cannot be overheard and that you are dressed as you would be for a clinical placement.**

To use AccuRx:

1. Have your email open – your GP will send you a link to join the consultation
2. Click the link to join the consultation. You should enter your name as “First name (Student)” and ensure that your camera is turned on.

## Appendix 3 - COGConnect Consultation Observation Guide

Consulter Name.....

Competence task	Score 0=not done, 1=some done poorly 2=some done well, 3=all done well (TICK)				Date: ___/___/___
<b>Preparing and opening the session:</b>	0	1	2	3	Points of strength & Points for improvement
Prepares self and consultation space and accesses medical record prior to direct patient contact. Introduces themselves, and shows other evidence of rapport building. Identifies patient's main reason(s) for attendance and negotiates this agenda as appropriate.	0	0	0	0	
<b>Gathering a well-rounded impression:</b>	0	1	2	3	Points of strength & Points for improvement
Obtains <b>biomedical perspective</b> of presenting problem and relevant medical history including red flags. PC, HPC, PMH, ROS, DH & allergies <i>as appropriate to presentation</i> .	0	0	0	0	
Elicits <b>patient's perspective</b> : ideas, concerns, expectations, impact and emotions (ICEIE)	0	0	0	0	
Elicits <b>relevant background information</b> such as work and family situation, lifestyle factors (e.g. sleep, diet, physical activity, smoking, drugs and alcohol) and emotional life/state.	0	0	0	0	
Conducts a <b>focused examination</b> of the patient	0	0	0	0	
<b>Formulating:</b>	0	1	2	3	Points of strength & Points for improvement
Can summarise the information gathered so far. Shows evidence of understanding current problems/issues and differential diagnoses. Makes judicious choices regarding investigations, treatments and human factors (e.g. how to deal sensitively with patient concerns).	0	0	0	0	
<b>Explanation and planning:</b>	0	1	2	3	Points of strength & Points for improvement
Consulter offers explanations to patient, taking account of their current understanding and wishes (ICEIE). Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate. Checks patient understanding.	0	0	0	0	Any examples of chunking, checking or clarifying?
Develops clear management plan with the patient - sharing decision-making as appropriate.	0	0	0	0	
<b>Activating:</b>	0	1	2	3	Points of strength & Points for improvement
Affirms current self-care. Enables patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep and emotional wellbeing. Enables patient using skills of motivational interviewing where appropriate.	0	0	0	0	
<b>Closing and housekeeping:</b>	0	1	2	3	Points of strength & Points for improvement
Brings consultation to timely conclusion, offers succinct summary and checks patient understanding. Gives patient opportunity to gain clarity via questions.	0	0	0	0	
Arranges follow-up and safety-nets the patient with clear instructions for what to do if things do not go as expected.	0	0	0	0	
<b>Integration:</b>	0	1	2	3	Points of strength & Points for improvement
Writes appropriate consultation notes +/- referrals etc Identifies any learning needs Identifies any emotional impact of consultation.	0	0	0	0	
<b>Generic Consulting Skills:</b>	0	1	2	3	Points of strength & Points for improvement
<i>Posture. Voice:</i> pitch, rate, volume. <i>Counselling skills:</i> Open questions, Affirmations, Reflections (Simple and Advanced) and Summaries. <i>Advanced skills:</i> picking up on cues, scan and zoom, giving space to patient, conveying hope and confidence	0	0	0	0	
<b>Organisation and efficiency:</b>	0	1	2	3	Points of strength & Points for improvement
Fluency, coherence, sign-posting of the stages, keeping to time.	0	0	0	0	

## **The COGConnect Consultation Observation Guide (CC-COG)**

The skills of effective consulting are best learned through trying them out and getting feedback on our efforts. Because lots of stuff is going on, even in simple scenarios, it can be difficult for observers to recall their observations. CC-COG has been designed to help observers structure and communicate their feedback to consulters. COGConnect is a codification of what already happens in practice – so its contents will come as no surprise.

### **Preparation**

1. The observer needs a copy of this form and something to lean on – a clipboard is ideal.
2. Observer and consulter can share in advance any areas they might like to focus on \*
3. The observer will should read over CC-COG in advance of observing – not necessary for consulter

### **During the Consultation**

4. Observer pays attention to generic skills and skills specific to particular phases of the consultation.
5. Observer should write down snippets of what is said to trigger recall.
6. Observer should mainly focus on the consulter/patient whilst making regular notes

### **After the Consultation**

7. The observer should take a minute or so to check over their observations rather than speaking immediately
8. The consulter should take a few notes on what they noticed about the consultation

### **When Sharing Observations**

9. Get the learner's perspective and, when appropriate, that of the patient/actor initially
10. Affirm the skills the learner has displayed (there will be many)
11. Correct any factual or processual errors
12. Share 3-5 "observations as questions" e.g. "what if you had explored more about home life"

### **After Sharing**

13. Observer gives the consulter the paper with their notes

\* CC-COG is based on the 10 stages of COGConnect. One consultation will not cover all of these and in the same sequence. Often, particularly in the simulation context, the learner may focus her efforts on one particular skill, such as explaining. In real consultations this might not be practical for the consulter but the observer can choose to focus on a particular aspect – such as body language or use of open questions.

## Appendix 4 – Teams Guide for Students

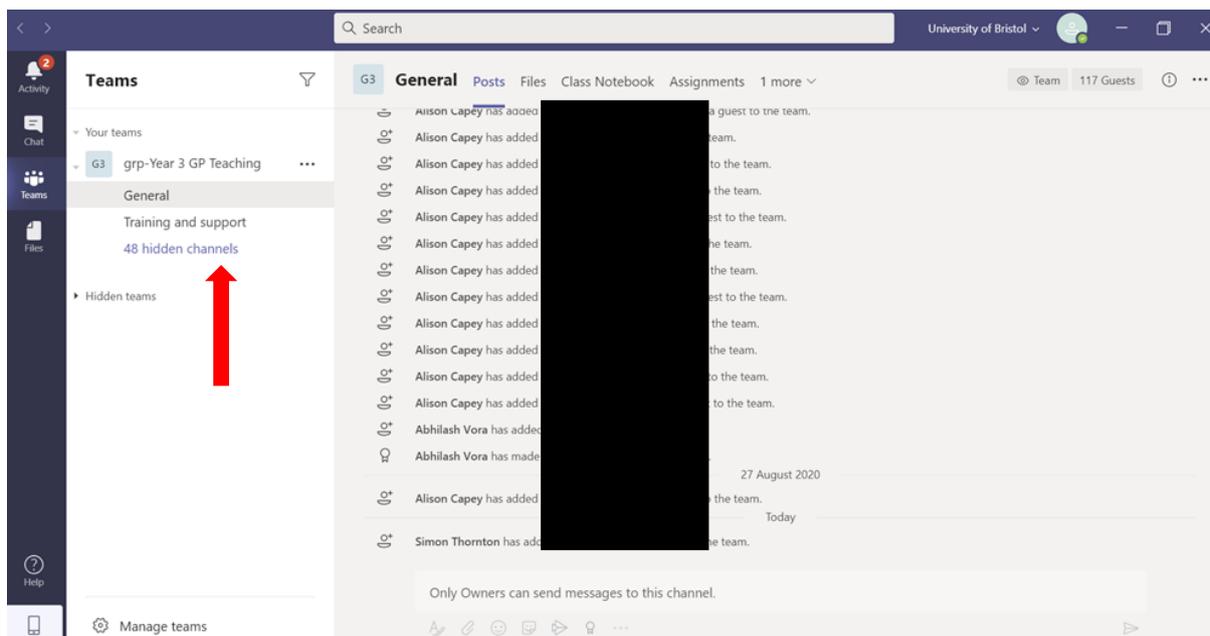
This is a brief guide to getting set up with Microsoft Teams to deliver teaching in Year 3 in General Practice. You will have recently received an email with an invitation to join a Team on Microsoft Teams called 'Year 3 GP Teaching'.

You may have already had a go at following the link to join the Team. If you haven't, another copy of the link is [here](#). Please click on this link to get set up with Teams ready for your first teaching session on the 22<sup>nd</sup> September.

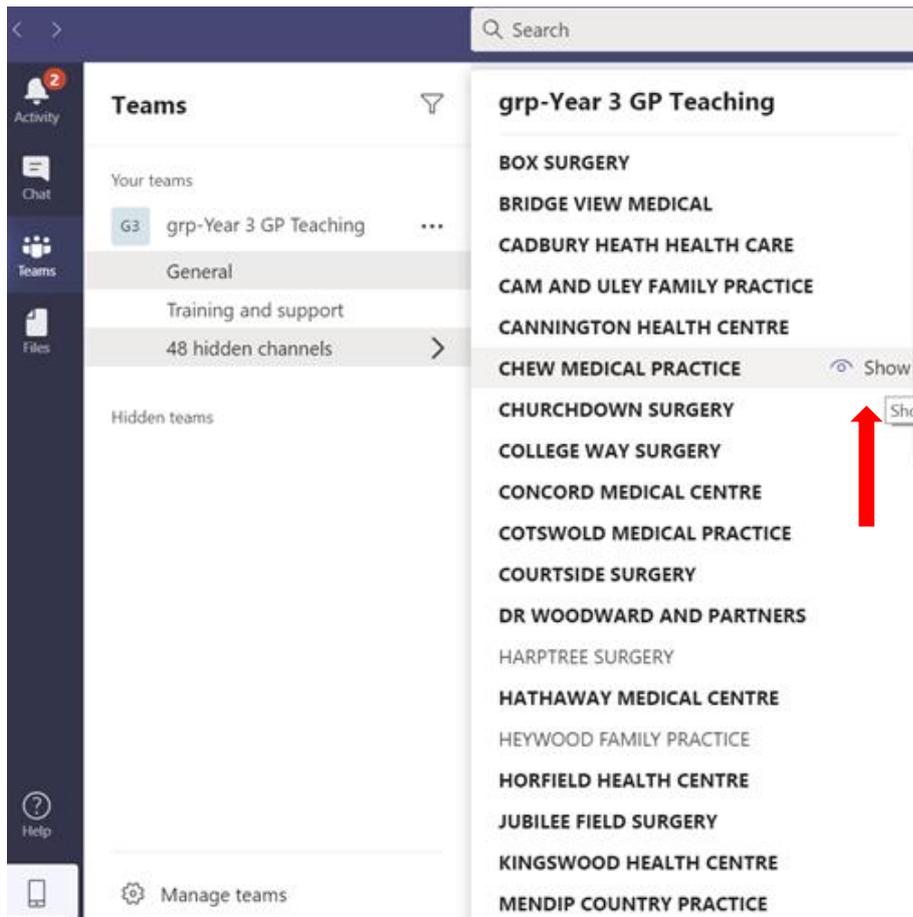
Ideally, run through this set up process on the computer that you will be using for the teaching. You can set up Teams on multiple computers but you may need to install the Teams app on each machine.

When you click on the link, you will be taken through a series of steps to join the team. You will be prompted to download and install the Teams app if you don't have it already.

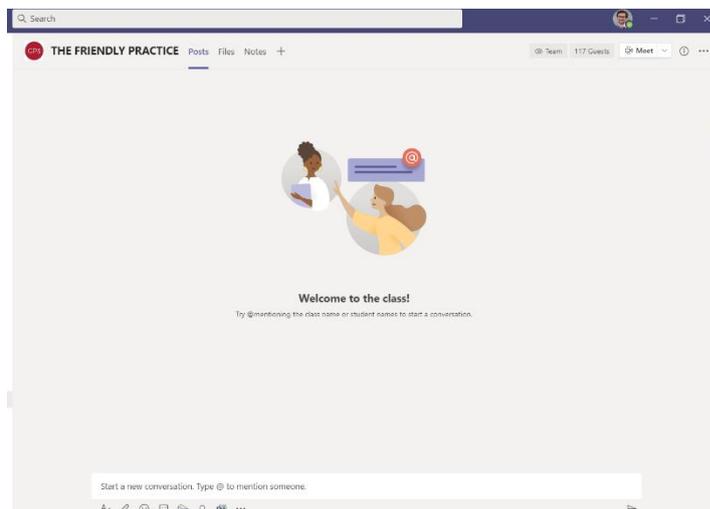
Once you're into teams, you should have a screen that looks a bit like this. If you click on the hidden channels tab on the left-hand side, it will bring up a list of GP practices.



If you then select the 'Show' button next to your practice, it will pin your practice page to the main menu on the left.



If you click on your practice name, it will open the message board for your practice:



This is the space for you, your colleagues and your GP teacher. Here you can write messages for the group and upload files. This is also where you will meet via video conference at the start of the day. Your GP may have already put some information about their practice here. Have a go at posting a message to your GP – add one interesting fact about yourself and one lie (not necessarily in that order!). This will form the basis of an ice-breaker on the first day.

Please also familiarise yourself with the 'Meet' function if you are not used to meeting on Teams. Click on the 'Meet' button shown above, and this will take you into a video conference. Your GP and fellow students will join you here on the first morning. If a video conference has already been started by the GP or one of your colleagues, you will have the option of joining the existing meeting.

