

Year 1 GP End of Year report 2022-23



University of
BRISTOL
Centre for Academic
Primary Care

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Introduction

This is the 6th year of GP1.

As a result of previous recruitment and timetabling difficulties, and changes during the pandemic, the FoM sessions were reduced from 4 (previously some online), to 3 all face-to-face. For the first time in three years, all the year 1 GP sessions were delivered in practice, enabling every student the opportunity to speak with patients and participate in consultations from the beginning of their medical training.

There were no major changes to the content or format of the sessions, and the intended learning outcomes did not change.

The GP teacher workshop included teaching on COGConnect, and the resources were amended to try to maximise integration of central learning and application of skills practised in Effective Consulting labs.

Additional material was added to the GP teacher and student learning materials to emphasise IPL (interprofessional learning) and a new question was added to the students' reflective template to encourage reflection on this.

This year the student feedback forms were standardised across all years for primary care to standardise our processes, allow easy comparisons, and to help with quality assurance. Additional year 1 specific questions were added.

On the following pages is a summary of the end of year feedback from students and GPs.



Dr Lucy Jenkins

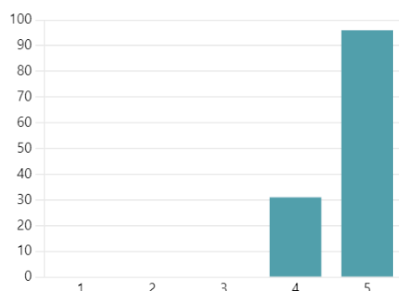
Year 1 GP Lead

July 2023

Student Feedback Summary

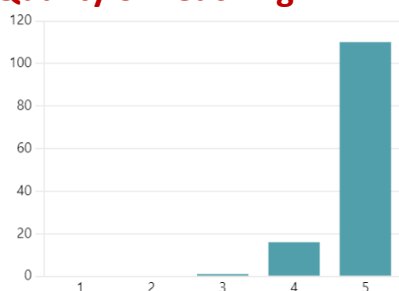
Year 1 - 255 students were placed with 49 tutors in 22 GP surgeries for 6/7 sessions each between October 2022 and May 2023. They invitation to complete the feedback surveys accompanied materials for the final two sessions, and the time was allocated in the final session for this to be done. There were 127 responses (50% of the year).

Student enjoyment of GP1



The mean student enjoyment rating for GP1 was 4.76

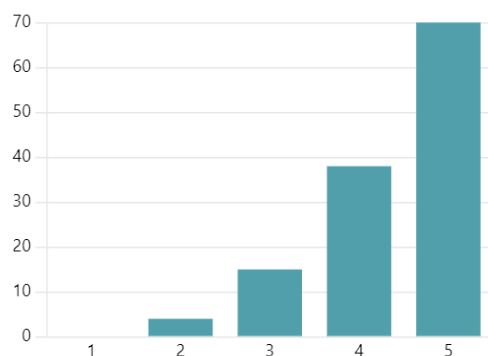
Quality of Teaching



The students highly rated the quality of the teaching in GP1 with an average score of 4.86.

Other ratings (mean scores out of 5.0)

- Students rated the usefulness of GP1 at preparing to be a doctor at 4.72, the linking of GP1 to the rest of the curriculum as 4.37 and communication from the central team as 4.08
- Teaching materials scored 3.97
- The understanding and skills I have gained from the tutorials and/or lectures in this unit apply to diverse ethnicities and populations scored 4.13— see range in graph below.



Free text comments

- 81% of the students recommended their GP teacher for a prize
- 78 students took the opportunity to provide anonymised feedback for their GP teacher. These were overwhelmingly positive and will be forwarded to the individual teachers. The main themes are being inspiring, making time to talk and explain and being encouraging. Another theme is the GP teachers and practices being welcoming and friendly, and the provision of pastoral care via check-ins.
- A typical example: *XXX has been an incredible GP teacher who has equipped us with confidence and knowledge to successfully talk to patients. All of our sessions have been very engaging and where I have probably learnt the most throughout our entire course clinically. She was very encouraging to teach us and welcomed as many questions as we had. She structures all of the sessions very well and would like to thank her.*
- *XXX was really kind and helpful with our learning. She was empathetic towards myself when I found aspects of consultations upsetting. She adapted sessions to suit our preferences which felt very empowering to be able to take charge of our learning. Feedback from her patients instilled on us how we should aspire to be in the future. Overall a brilliant GP!*

Other relevant free text comments

I've thoroughly enjoyed my placement, and it's made me want to be a GP!

I have really enjoyed the home visits and the link between COGConnect and the GP sessions.

I think it would be useful to go to locations with a range of ethnicities and ages

Brilliant teaching, and fostered a safe, supportive environment where we all felt we were able to answer, share ideas and learn from any mistakes without fear of embarrassment.

Well organised sessions that made sense within the curriculum and have taught me so much about consulting

One group had a number of different Gps due to illness/doctors leaving and would have liked more continuity though still had a positive experience overall

Make the sway and prep docs more concise- don't tuck them under EC prep

Some students also observed telephone consultations but commented that would prefer face to face

Loved GP placement. Only could ask for more!

I've really enjoyed GP placement this year and enjoyed how we see patients as well as meeting "expert patients". I really enjoy observing consultations and seeing skills we've been taught in practice. The only thing I would change is having more placements, i loved it

Maybe not always have GP in the morning, it meant for example that my hospital placement, gp placements and anatomy practicals were always in the morning

I like the alternating of consultations and home visits, as it allows us to become independent and enhance our skills as well as observe good consultation skills. We also get time to practice some clinical skills. Maybe if we were given the opportunity to do a consultation with supervision.

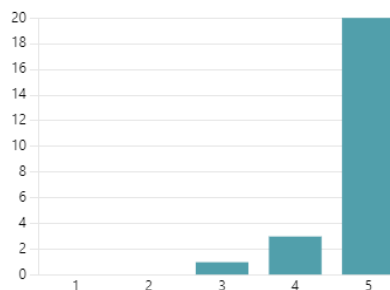
I particularly enjoyed the home visits we were a part of this year, as we got an invaluable insight into the patients' living situations, as well as an extended period of time to talk to patients. The GP placement in general has been one of my favourite parts of the course, and my communication skills have improved

Very good teaching, great exposure to clinical contact and talking to patients. Lots of opportunities to interact with patients and practice our own consulting skills. Feeling of support from GP after talking with patients in difficult circumstances. Process of complaining/raising concerns about GP or interaction to uni staff could be made clearer (ie do we contact prof mentors, year leads....?)

GP Teacher Feedback Summary

There were 24 responses (48% of teachers).

Enjoyment of GP1



- The mean GP enjoyment rating for GP1 was 4.79 (above).
- GPs rated the quality of the teaching materials as 4.75 and the communication from the central team as 4.71
- A number of GPs commented that they valued the detailed session plans and back up resources
- One commented that it can be stressful finding the patients so can the session plans be released more than 2 weeks in advance
- One GP teacher commented that the students seemed less enthusiastic and willing to contribute to discussions than before, but all others feedback positively about the students' motivation and engagement
- One teacher asked if it would be possible to only receive emails for their stream when two different doctors teach each stream (to avoid confusion and getting the topic wrong)
- One teacher felt that the dementia /GPCOG section of the last session is too much-*they much prefer seeing patients to watching a video, but I felt I had to cut short the patient contact in order to fit everything into the last session.*
- Two GP teachers commented that they appreciated central support when they had concerns about students

Free text comments

The students most valued the practical aspects of teaching session, on addition to usual material we started addressing consultation headings from the very beginning and had a list of these up so they could see them in practise. I was v proud when they did a consultation at the end of the year using all the prompts. Their feedback reflects they find putting the theory into practise the most useful and enjoyable aspect of GP teaching. It was certainly what set me out on my GP career all those years ago!!

I have loved teaching the first year students, they were full of energy and excitement for a career in medicine. I wish the sessions could be longer as we always seem to have a lot of healthy discussion. The teaching materials and workshop were really useful resources - thank you for your hard work.

I love teaching the students generally. I think the format of having some students observe consultations, and some visiting a patient works well. But to make the discussion section more interesting I would find it useful to have some options of different activities. For example it worked well getting the students to watch the memory problems video and comment on the different parts of the COG connect model

I found myself teaching a lot more in relation to patients we saw in surgery, trying to tie into their course - and often not according to the exact timetable in the course materials - I think the first years were often a bit exhausted with their EC / cog-connect etc, so sometimes it was good to steer away from that and just try to enthuse them!!

We particularly enjoyed the systems approach to teaching. The students came primed with an understanding of what they should be getting out of the session with an emphasis on structured history taking.

Reflections and actions

1. Really positive feedback overall.
Action: share with all stakeholders.
2. There is scope to improve the response rate for both surveys. Time for this is already factored into the session plan for the final session
Action: tell students in Intro lecture and remind in bulletin – be sure that they (and the GP teachers) know we act on their feedback. Need to remind GPs and make it clearer in the session plan. It may help to explain to those GP teachers that don't have individual feedback that this is because they did not encourage/enable their students to complete it.
3. The numbers out of 5 are helpful but lack context. Some of the questions are similar and could be reduced. The new template does not allow so much written comments which are most helpful. I would like a question like 'what can we do to make the course better?'
Action: to discuss at QA meeting
4. Some students prefer observing consultations, and some prefer home visits, but the alternating model seems to work well. This is supported by the GP teacher feedback.
Action: keep this model moving forward
5. Students really value being active participants when observing consultations. Some students would like to do their 'own' consultations. Some GP teachers like doing other activities. They would need supervision but it could be a great learning opportunity. It sounds like at least one GP teacher has already done this.
Action: contact the GP teacher who did this to get more info. Discuss at workshop how this might work and consider pilot in HHW 2023-24. Also to share top tips for involving students in consultations. Advise GPs that F2F consults are preferable and telephone consults should not be the norm when students observing, and if they are, speakerphone (with patient consent) or teaching headsets are essential. Signpost all GP teachers to the 'additional activities' part of the GP teacher guide.

6. One student wanted clarity on the process of raising concerns.
Action: I will forward this to the year 1 team and ensure it is covered in the EC/GP Intro lecture (extended to two hours this year so adequate time)
7. Integration with other learning in the curriculum and EC/COGConnect is valued by students. One GP felt that sometimes the students tire of this. Some GP teachers are still not that knowledgeable regarding COGConnect.
Action: feature on COGConnect at the annual teachers' workshop in September, and small group work then on integration. Recirculate the sway document about COGConnect. Ensure that GP teachers are aware that flexibility and opportunistic learning are also welcome
8. Some lower scores for *the understanding and skills applying to diverse ethnicities and populations* (though average high score)
Action: discuss at GP teacher workshop and continue ongoing efforts to factor this into resources
9. One student did not like having all placements of their in the morning. This cannot be changed due to complicated and full timetables and the need for a fixed time for GP teachers.
Action: feed this back to students including that the PHC admin allocation team try to factor in any special requirements
10. One student commented that the prep materials should be more concise
Action: review over the summer with this in mind
11. One GP teacher requested the materials in advance and another asked if it would be possible to only receive emails for their stream
Action: all session plans to be on the website at least 4 weeks in advance. PHC admin to ask practices if they have two different teachers delivering the teaching, and if so would they like the plans sent through separately
12. Concerns expressed by one GP teacher that the final session content is too much (dementia video discussion and final feedback)
Action: consider if it is possible to streamline this a bit. It should be somewhat easier anyway as Neuro will now be the 6th session and Endo the 7th (due to central timetabling changes) so the feedback won't be in the same session as the dementia video.