



Centre for Academic  
Primary Care

**NIHR** | School for Primary  
Care Research

# Clinical contact in General Practice Years 1 & 2, 2023-24

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[www.bristol.ac.uk/capc](http://www.bristol.ac.uk/capc)

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# Who's who



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# How this teaching fits in

Bristol medical undergraduate curriculum is case-based learning:

- Year 1: systems
- Year 2: symptoms

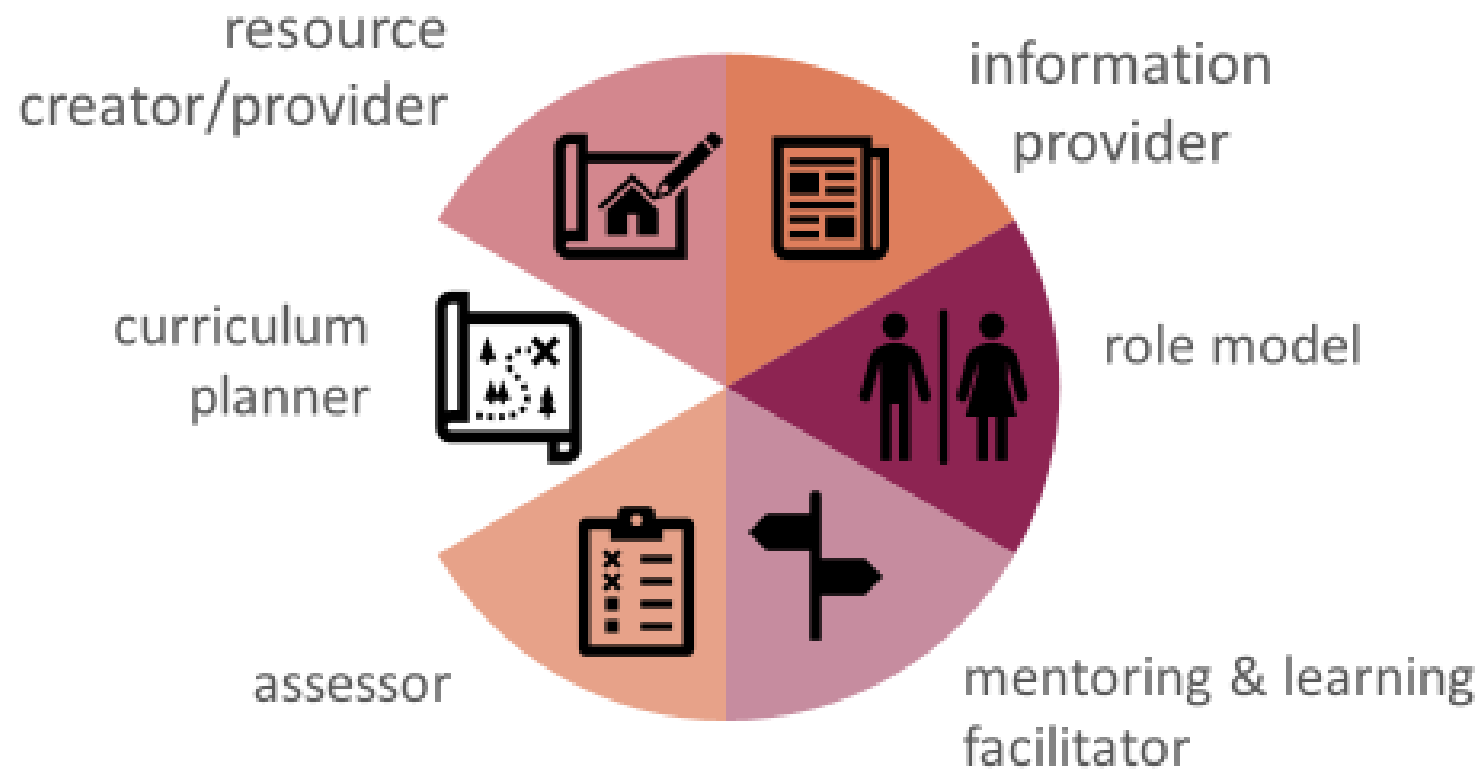
## **Aims of clinical contact (part of effective consulting):**

- Year 1: To introduce students to healthcare environment; gain skills and confidence in talking with patients; understand professionalism
- Year 2: To develop students as self-directed, reflective learners; who can consult with patients, practice clinical skills, and think critically about the clinical problems they encounter.

# THE ROLES OF THE TEACHER

(Harden and Crosby 2000)

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# Hattie's (2012) meta-analysis on EBT evidence ...

	High/Med/Low	Effect Size
a) Reciprocal (peer) teaching	High	0.74
b) Co-operative vs individualistic learning	Medium	0.59
c) Teacher subject matter knowledge	Low	0.09
d) Using simulations & gaming	Medium	0.33
e) Teacher-student relationships	High	0.72
f) Matching teaching with student learning styles	Low	0.17
g) Concept mapping	High	0.60

Hattie (2012) Visible Learning

# Expectations of tutors

Review session  
plan in advance

Deliver the session

Engage students

Link with other  
university learning  
where possible

Be enthusiastic

Be a good role  
model

Flag up any  
student concerns

Complete  
attendance data  
and TAB

# Your expectations of us

- **Teacher guide** containing everything you need to know!
- Provide themes and structured **session plans**
  - including further reading/signpost to **resources** as needed
  - **flexibility** where possible/as needed
- **Administration** support, e.g. group allocations
- **Quick response** to questions and concerns
  - Easily accessible IT/admin support when needed
- **Guidance and support** if you are concerned regarding a student's wellbeing or behaviour
- **Feedback** on the course and your own teaching
- Reflective template for your CPD
- Monthly teaching **newsletter**

# Where to find the information that you need

- GP teacher guide – step-by-step guide to running a session
- Session plans: emails two weeks before; copies on website
- Website: [bristol.ac.uk/primaryhealthcare/teaching](http://bristol.ac.uk/primaryhealthcare/teaching)
- Alison [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)
- Lucy [lucy.jenkins@bristol.ac.uk](mailto:lucy.jenkins@bristol.ac.uk)
- Matthew [m.ridd@bristol.ac.uk](mailto:m.ridd@bristol.ac.uk)
- Where students find info – Blackboard, OneNote.



# Year 1

# Year 1 Overview (1)

## Start of year 1: Foundations of Medicine

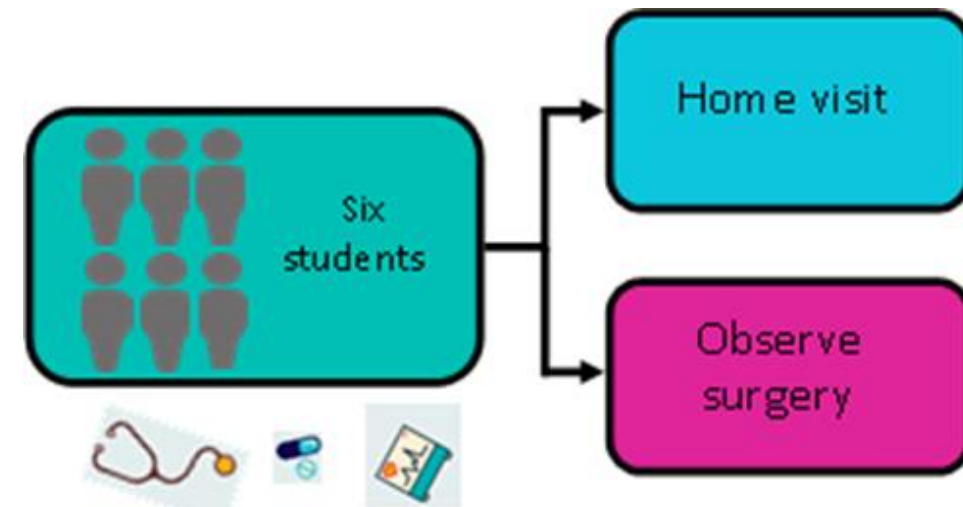
- 10 week block introducing ethics, behavioural and social science, EBM, effective consulting (including clinical practice in GP), 3D (disability, diversity, difference), physiology, pharmacology, neuroscience, anatomy.
- FoM Conference

## Teaching block two: Case based learning / Human health and wellbeing

- 7 x fortnightly system-based cases focusing mostly on health and wellbeing (little pathology or symptomatology). MSK, CVS, Resp, GI, Urinary, Endocrine, Neuro.
- Ends with a summative written exam.

## Early Clinical exposure

- In GP – 3 times in FOM, 3 or 4 times in HHW.
- Tb 2-clinical contact in secondary care
- HCA shift x 3
- BLS training



# Learning objectives for clinical contact in year 1 (primary and secondary care)

*At the end of year one, students will be able to:*

1. Demonstrate appropriate professional behaviour for a clinical medical student.
2. Be comfortable introducing themselves to and talking with patients in a hospital and general practice environment.
3. Understand how to approach the examination of patients and have been introduced to examining aspects of the Cardiovascular, Respiratory and Gastrointestinal systems.
4. Demonstrate communication skills such as active listening and acknowledgement, building rapport, information gathering, and the appropriate use of open and closed questions.
5. Understand how physical, social, and psychological factors impact on health and wellbeing.
6. Develop themselves as active learners including reflecting on their learning from clinical contact and making links with their theoretical learning.

# Overview of Foundations of Medicine

Session	Theme/System	Blue stream A	Red stream B	Focus and activity
1	FOM1 Patients and health	5/10/23	12/10/22	Introduction. Curiosity
2				<b>Whole group meets at interviews a patient in the surgery</b>
3	FOM2 The Doctor-patient relationship	26/10/22	09/11/22	Collaboration
4				<b>Whole group meets at interviews a patient in the surgery</b>
5	FOM 3 Professionals and Health	23/11/22	07/12/22	Compassion Patients, carers, colleagues and looking after ourselves
6				First home visit- half the group Other half observe 3-4 consultations

# GP Placement in Year 1

Foundations of Medicine  
= the middle bit (values)



Human health and wellbeing  
= the outside bit (COGs) Consulting

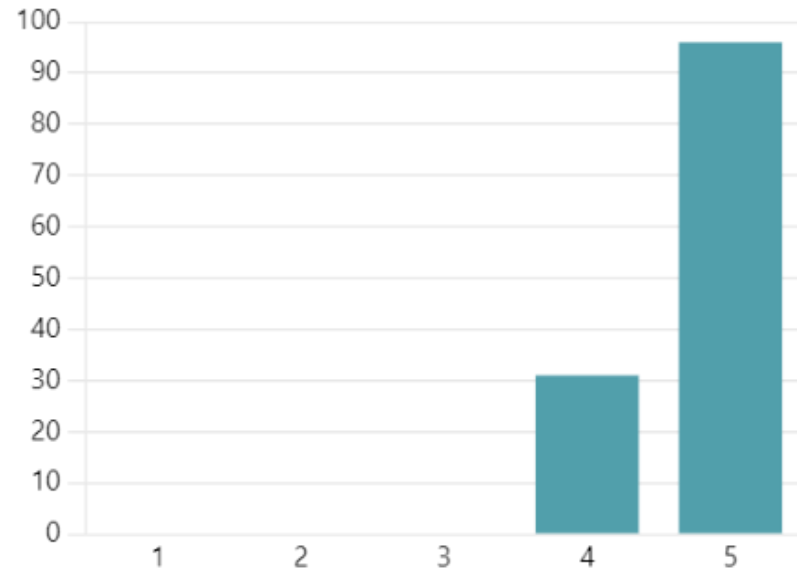


Patient contact, clinical environment, clinical role models

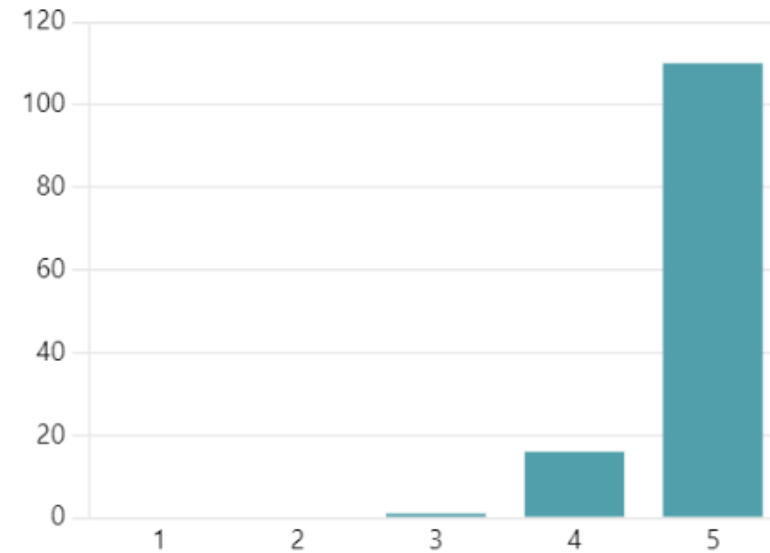
# Overview of Human Health and Wellbeing

Session	System	Blue stream A	Red stream B	Consultation focus
1	MSK	18/01/24		Preparing and Opening
2	CVS		01/02/24	Gathering (inc risk factors)
3	RESP	15/2/23		Formulating, (inc risk factors)
4	GI		29/2/23	Explaining (communicating, developing shared understanding)
5	URINARY	14/3/23		Activating (self care, inc explaining and developing shared understanding)
6	NEURO		02/5/23	Final session – Closing and Integrating
7	ENDOCRINE	16/5/23		Final session – Closing and Integrating

### Student enjoyment of GP1 – mean 4.76



### Quality of Teaching – mean 4.86



- 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
- 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

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

*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!*

*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. Feeling of support from GP after talking with patients in difficult circumstances*

*I like the alternating consultations and home visits, it allows us to become independent and enhance our skills and observe good consultation skills. We also get time to practice clinical skills. Maybe if we could try to do a consultation with supervision.*





# GP teachers' feedback

Mean GP enjoyment rating for GP1 was 4.79

- GPs rated the quality of the teaching materials as 4.75
- Communication from the central team as 4.71
- Valued support with student concerns

*Really engaged group of students who were a pleasure to teach! My first experience of teaching medical students in GP and definitely up for it again next year!*

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

*I found myself teaching a lot more in relation to patients we saw in surgery, trying to tie in to 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!!*

# Scope for improvement

Integration with other learning

Want session plans  
earlier

Want to be more  
involved in and do  
own consultations

Contingency plans

Not enough time in GP!

Neurology/dementia session  
too full

# Year 1 changes in last few years

- Reduced FoM sessions – from Sept 2022
- GP practices taking 2 groups of students (teaching 13 sessions)
- Increased efforts to use COGConnect and focus on IPL – interprofessional learning
- Simplified session plans, clear simple achievable objectives
- SSPs

**For this year:** Minor timetable changes – starting earlier in the academic year and some irregular intervals

- Brief 1:1 chats in first session
- Hold off unsupervised patient contact until session 3 FoM
- Neurology and Endocrinology sessions switched around
- Scrubs

**GP advance preparation**  
**Read the session guide: arrange an appropriate patient to meet with the students and a short surgery (3/4 patients) for students to observe**

<b>Session plan</b>		<b>Morning timings</b>	<b>Afternoon</b>
<b>Introduction: check in/pre-brief — catch up, discuss session plan, patient, themes</b>	30 min	09.00-09.30	14.00-14.30
<b>Patient contact</b>  <b>Half observe consultations, half interview a patient (ideally home visit but can be in surgery if needed)</b>	1 hour 20	09:30-10.50	14.30-15.50
<b>10-minute break</b>			
<b>Debrief and discuss patients encounters, consultations observed and learning points</b>	50 min	11:00 – 11.50	16:00 –16.50
<b>Close</b>	10 min	11:50 – 12.00	16:50 –17.00

**GP tasks after session**  
**Write own reflective notes, complete attendance form, prepare for next session**

# Year 2

# Year 2 overview [1]

## Start of year 2: **Effective Consulting Clerkship**

- 3-week attachment to a clinical team in secondary care
- History and examination in four key systems (cardiovascular, respiratory, abdominal and neurological)
- Introduces students to clinical reasoning skills

## **Case based learning**

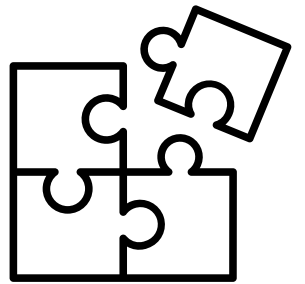
- Autumn (TB1): Skin; Body Defence; Pharmacology & Therapeutics; and Anaemia, Blood & Clotting
- Winter/Spring (TB2): chest pain; breathlessness; abdominal symptoms; low mood; joint (including back) pain; urinary symptoms & thirst; headache; and collapse.

# GP2 student feedback (2022-23)

Question	Mean score (1 low, 5 high)
How do you rate the <b>quality of the teaching</b> that you received from your GP teachers?	4.8
How do you rate your <b>enjoyment</b> of your GP placement?	4.7
How useful do you feel your GP placement has been at <b>preparing you to become a doctor</b> ?	4.6
How well did your GP placement <b>link with your other learning</b> at the medical school this year?	4.5

# Student feedback (2022-23) 😊

- “Feel like I have **learnt more here than the actual rest of course.**”
- “I enjoyed the **balance between history taking and examination** and didn’t feel as much pressure as I usually do in front of my peers.”
- “A really **positive learning environment** which **welcomed making mistakes** in order to better our learning. I thought the systematic approach to **asking what we know, demonstrating, practising** on each other and then the patient was effective.”
- “Laura was an excellent teacher and despite my group’s dynamic and being pretty awkward and low energy, she always tried to make it fun and as interactive and smooth as possible.”
- “Teaching was very systematic and methodical ... [it] was like **going through the steps of a jigsaw.**”
- “Very good, very nice biscuits.”





# Challenges

- Travel
- Group size
- Space
- What students should know/be expected of them
- Identifying suitable patients
- Other pressures of GP

## Year 2 overview [2]

“Rule of six”

- morning or afternoon groups of 6
- 5/6 times

Groups alternate between primary and secondary care

	Stream 2A (“Purple”)		Stream 2B (“Green”)	
Session	Date	Topic	Date	Topic
1	02.11.23	Skin	16.11.23	Body defence
2	30.11.23	Pharmacology	14.12.23	Anaemia, blood and clotting
3	25.01.24	Chest pain	08.02.24	Breathlessness
4	22.02.24	Abdomen	See below*	
5	21.03.24	Joint pain	25.04.24	Urinary
6	09.05.24	Headache	23.05.24	Collapse

# Typical session plan

AM	PM	Activity	Details
0900	1400	<b>Introduction</b> 30 mins	<ul style="list-style-type: none"> <li>• Take register</li> <li>• Check in with your students</li> <li>• Review the session plan and learning objectives</li> <li>• Brainstorm topic</li> </ul>
0930	1430	<b>Clinical interview</b> 45 mins	Students practice taking a clinical history with a patient and presenting this to the GP/group, considering clinical reasoning.
1015	1515	<b>Break</b> 10 minutes	
1025	1525	<b>Examination</b> 45 mins	Students consider/practice relevant clinical examination and summarising findings to the GP/group
1110	1610	<b>Break</b> 10 minutes	
1120	1620	<b>Debrief</b> 30 minutes	<ul style="list-style-type: none"> <li>• Discuss the day's cases &amp; draw out learning points</li> <li>• Discuss "my patient", as appropriate</li> <li>• Tutor Feedback</li> </ul>
1150	1650	<b>Wrap up</b> 10 mins	<ul style="list-style-type: none"> <li>• Summarise learning points and identify new learning needs</li> <li>• Plan for next time</li> </ul>
1200	1700	<b>Close</b>	<ul style="list-style-type: none"> <li>• Submit register</li> </ul>


# Administration

# Alison Capey: Admin and Organisation

- Student allocation
- Contact names/emails/phone numbers for Year 1 & 2 students to contact prior to their first session
- Sending resources and updates
- What to do if you can't teach one day
- Attendance monitoring
- How you get paid
- How to contact us –  
[phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) or 0117 42 82987

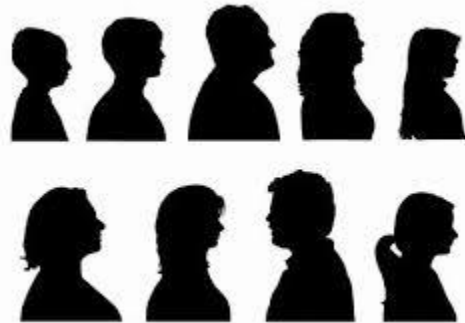


Tips for running the sessions

- 
- Planning for session and finding the right patients
  - Knowing, welcoming and looking after your students
  - Tips for running a session – how to engage the students and help them to learn
  - How to involve students in observed consultations – could they do their own?
  - Ensuring learning applies to diverse populations and different ethnicities

# Identifying and preparing patients (“case of the week”)

- Are **willing and able** to discuss their health, healthcare and lifestyle with early years medical students to help them learn
- Have **symptoms or a story** that students can learn from.
- Are **available** on the date/time of the teaching session; in person but remote possible



- **Guide them** to talk to the students on
  - what topic of interest is;
  - where to start in their story, e.g. from first symptoms
  - how much information to give, e.g. “Please don’t tell them straight away that you had <Diagnosis>”



# Planning for sessions and finding the right patients [1]

- Ensure patient are well enough to speak with students and reliable
- Year 1: need chatty, engaging patients.
  - Includes healthy people who have had a life changing non-medical life changing experience e.g. pregnancy, bereavement. See study guide for more examples
- Year 2: patients need to be able to focus on their health issue.
  - Bring in one or two patients usually
  - Husband and wife team has worked well for some!
- If bringing two patients – aim for one reliable if one is less so!
- For home visits – consider distance, house pets, allergies etc
- Great opportunity for you to get to know your patients better

# Planning for sessions and finding the right patients [2]

- Ask colleagues to help to find specific cases
  - Record names/identifiers on Excel sheet, shared across the practice
  - Invite patients opportunistically - ask if you can contact them in future (add EMR code “Seen by medical students” or similar)
- Ask them after if they would like to do it again!
- Consider bringing your 'expert patients' together before the sessions, to share their expertise/experiences

# Knowing, welcoming and looking after your students

- Welcome them, names on noticeboard, tour and introduce to whole practice. Make them feel part of the team
- 1:1 meeting in first session then email all the students at the end of the first session – separately – to open up channel of communication
- Ice breakers in the group – find one that works for you, e.g. “Give me one boring fact about yourself”
- Ensure they know that group is a safe confidential space to learn, be honest, make mistakes etc
- Keep notes about each student so can refresh your memory before later sessions; and it helps when asked to complete TAB feedback as well
- Follow up with an email if there has been a difficult issue
- Feedback at the end - so group have autonomy, be flexible to group needs
- Cake/biscuits may help!

# Tips for running a session

How to engage the students and help them to learn

- Explore what they know about GP already, e.g. in year 1, some may not have insight into the range of problems we see
- Identify and address any difficulties within a group
- Link with their other teaching/discuss why these Learning Outcomes
- Selecting the right patient
- Identify personal learning needs and set as homework for them to bring back to the next session
- Preparation from all – see next slide

# Preparation & administration

Before first session:

- Read the handbook/attend a workshop (!)
- To liaise with students about where/when to report to

Before all sessions:

- Read the session plan
- Identify, invite patient(s) and prepare them

After all sessions:

- Submit the register
- Make notes to yourself
- Deal with any queries or issues



# Running the group

- Introductions/register

**1:1**

- Individual needs/concerns or Student Support Plans (SSPs)

## Rules and dynamics

- Who knows who and how have they found year 2 so far
- How have they found group working so far and what rules have they established?
  - “Safe space”, confidentiality, “time out”, supporting each other, constructive feedback

## Tasks, conquer and divide?

- Learning/reflections in this block so far/from last time?
- What are the aims/plan for the session?
- Brainstorm around topic – what do they know/want to learn?
- Who will be doing what/with whom/when? Rotate groups and tasks

# Other top teaching methods...

## Visual representations and graphic organisers

- *Effect size of 1.2 – 1.3*

## Decisions, Decisions!

- *Effect size of 0.89*

## Feedback

- *Effect size of 0.81*





## Other teaching methods...

- Pre-class preparations/ 'flipped' classroom (Bergmann and Sams, 2012; Crouch and Mazur, 2001)
- Drawing on students' own experiences
- 'Brainstorming' or discuss where tutor elicits prior knowledge

**NOTE:** Many relate to 'constructivist' theories of learning...



# Group arrangements and tasks

## Students

- Interview
  - Prepare and open, Gather and formulate, etc
  - Verbal/non-verbal cues, biomedical vs patient perspective, etc
- Examination
  - Inspect, percuss, palpate, auscultate
- Presenting/summarising
- Clinical reasoning

## Tutor

- Keep order, maintain structure
- Ensure participation of students and comfort/safety of patient(s)
- Time keep
- Link case to previous learning/identify learning needs
- Role model
- Feedback (with opportunity to practise)

Session-specific information emailed to you every 2 weeks beforehand

# Wrap-up

- Summarise learning points and identify new learning needs
  - Get each student to identify something they have
    - learnt or understand better now;
    - need to revise/read-up on (and bring back to the group if appropriate)
- Planning for next time:
  - What's the topic?
  - How do you plan to divide the activities/group?

# Ensuring learning applies to diverse populations and different ethnicities

- Discuss demographics of your practice population and where problems/inequalities may occur
- Acknowledge and openly discuss challenges
- Aim for ethnically diverse examples of case presentations – share your past experiences if there are no current examples in your practice population
- Consider differing health needs e.g. SE Asian increased risk DM and implications
- Discuss health promotion in this context

## How to involve students in observed consultations – could they do their own?

*"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 very proud when they did a consultation at the end of the year using all the prompts. There feedback reflects they find putting the theory into practise the most useful and enjoys me aspect of GP teaching. It was certainly what set me out on my GP career all those years ago!!"*

# How to involve students in observed consultations – could they do their own?

- Put a copy of the CogConnect map on wall, to refer to
- Use the CogConnect observation guide (if they use it to observe you, log this for your own PDP)
- Ways to get started:
  - Introducing themselves
  - One question each in the history then.
  - Share the history, with one summarising
- Give them specifics to look at e.g. non-verbal comms
- Encourage constructive feedback to each other
- Patient feedback is very powerful e.g. what makes a good doctor?

<https://www.bristol.ac.uk/primary/healthcare/teaching/cog-connect/>

Training resource

<https://sway.office.com/DhiyJr9G9mSHQ3ny?ref=Link>



# Things for students to watch for in observed consultations

- How did the consuler introduce him/herself and start the conversation?
- Were there any silences?
- Use of verbal/non-verbal communication
- Did a good rapport develop? What seemed to help or hinder this?
- Find examples of closed and open questions and reflect on the effect this has on the encounter
- Were there any difficult parts to the consultation and how were these managed?
- How did the patient make you feel?
- Conversation or consultation structure/flow
- Any cues/hidden agenda/elephant in room
- Patient satisfaction

# Presenting back

- Especially for year 2, but can start this in year 1 – encourage them to summarise a case
- Try to develop clinical reasoning skills and confidence
- Use precise language in communication with colleagues to describe and produce differential diagnoses
- Check their understanding of technologies
- Semantic qualifiers may help with this e.g. acute/chronic, mild/severe



# Integrating EC with GP teaching

- Complete the training sway for your own CPD
- Check session guide for details of CBL cases and activities in EC lab
- Use the COGConnect consultation observation tool
- Discuss and use the 5Cs reflective tool
- Label and discuss activating and formulating with the students. One GP runs a mini 'activating' clinic for her students to speak with relevant patients

Re Creativity – you are more creative than you think

- It includes emotional processing, debrief and solution based problem solving
- And adapting language and consulting styles for different patients
- Discuss plans for their creative assessments and ask to see (remember need consent or anonymise patients)
- <https://outofourheads.net/> as a resource to share with students
- Discuss and recommend medical books, films etc

Challenges and problems

# Possible solutions to problem scenarios

## Patient no show

- If time, find substitute – scan urgent doctor/another person's list that morning/afternoon?
- Practice skills, e.g. measuring pulse, BP
- Observe consultation with (another) GP
- Use other resources, e.g. Speaking clinically, GPs behind closed doors, CSA cases (story/scenario to work through)
- Skills practice (role play)
- Discuss recent real-life cases
- Use back-up patient (which may not be related to case of week), e.g. someone attending for chronic disease review, staff member?!

# Contingency plans and additional activities

- Activity practising patient introductions (on PHC website)
- Discussing recent cases you've seen relevant to their learning
- Observe telephone consulting or participate if the patient consents.
- **Show and tell** with common consulting room equipment.
- Use <https://speakingclinically.co.uk/>. Watch together a clip of a patient describing a condition and then reflect on this as a group. Log in at <https://speakingclinically.co.uk/accounts/login/>. Use email as [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk). Password: primcareGP1GP2
- Discussing significant events that have occurred recently at the surgery
- Role play

# Possible solutions to problems

## "Problem students"

- Set expectations/group rules for all at beginning – time-keeping; attendance and engagement; safe place. What does a good group look like? How do you want to work together?
- Remind for them/no assessment attached to this
- Quiet student - arrange to speak 1:1, are they shy, problems at home

## Group dynamics

- Rotate pairings and tasks, assign tasks – "you're doing this next" [keep notes on who's done what]
- Mix groups, e.g. if in pairings/3; exams/other issues?
- Take them outside for a walk

# Student concerns

- [Professionalism](#) – engagement, probity. Attendance. Health and wellbeing
- [Learning resource](#) for GP and EC teachers
- Own your concerns. Discuss with student
- Listen and support but remember your role as educator not clinician
- You are not bound by a duty of confidentiality – your role is to share so the student gets support
- Keep factual contemporaneous notes (email trail). Remember GDPR/FOI
- Discuss with year leads and refer on
- Refer to Wellbeing/other supports or Student referral form as appropriate

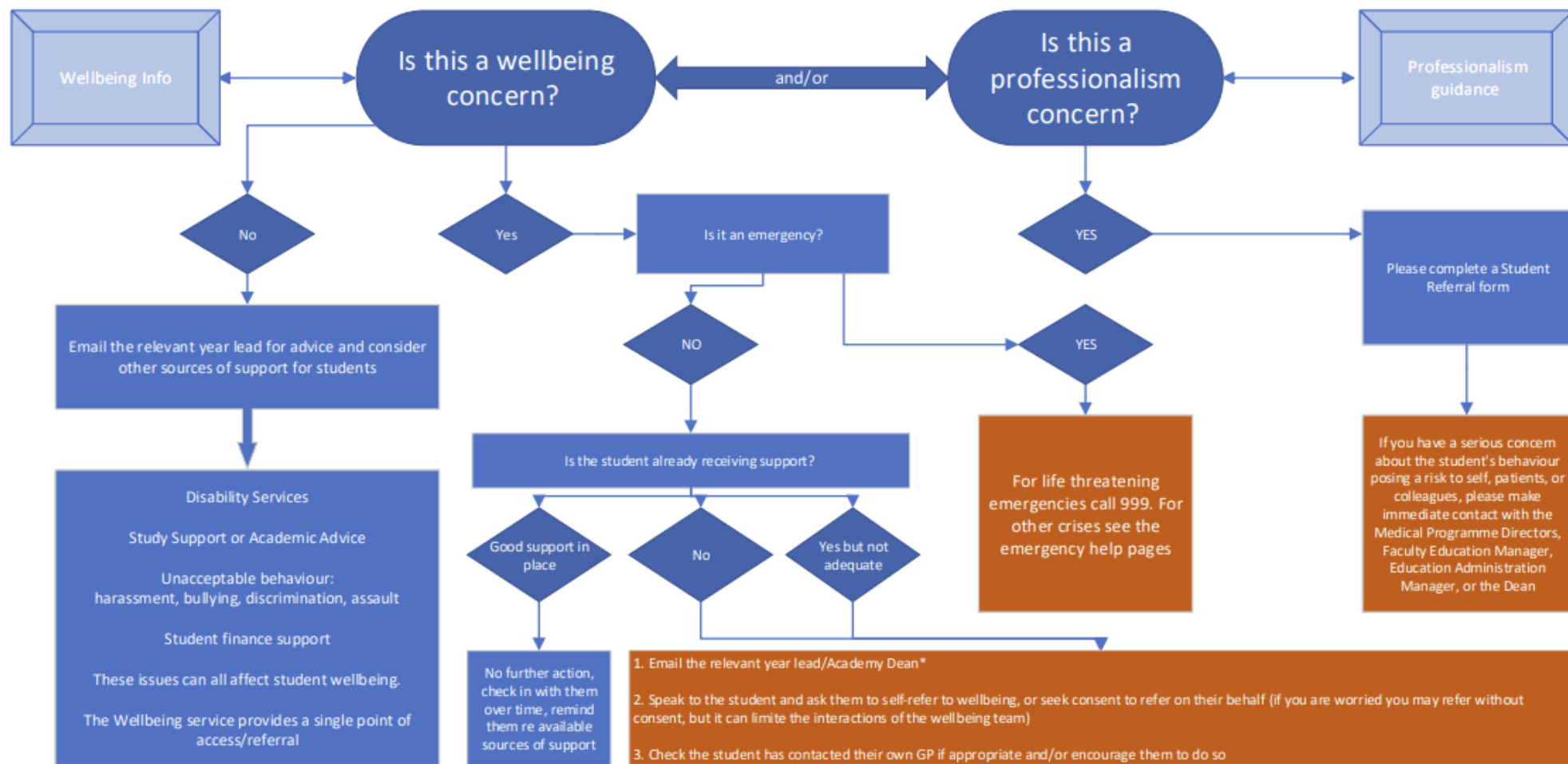
# Student support

- [Unacceptable behaviour](#)
- [Wellbeing support](#)
- Year lead/senior undergraduate tutor
- Academic mentor
- Crisis help: 999 A&E
- For non-medical emergencies on university campus, call Security Services on 0117 33 11223



# WORRIED ABOUT A STUDENT?

ADVICE AND GUIDANCE FOR MEDICAL SCHOOL TEACHING STAFF



\* In your email include "CONFIDENTIAL STUDENT QUERY" and use student number if known. Please tell us your name, the student of concern, and a brief summary including whether the student is aware you are contacting us. Please let us know what you would like to happen next (advice/referral/meeting etc)

If at any point the answer is 'I'm not sure' please speak to the Year Lead, Academy Dean or Senior Tutor for advice.



Assessment

Feedback

Further teaching opportunities

Final Q&A

# Assessment

- Primarily through attendance and engagement. Students must attend 80% of Effective Consulting.
- There may be some Effective Consulting/GP questions in the written examinations at the end of year one and year two.
- Any of the skills taught in EC in the early years can be tested in later years in clinical examinations (OSCEs).
- Creative assignments
- <https://outofourheads.net/>

# Feedback

## To students

- Please do throughout esp consultation skills (label it!)
- Keep notes to enable end of year FB and TAB
- Formal one-to-one FB at the end
- Multi-source feedback via Team Assessment of Behaviour (TAB)
- Clinical and experiential learning diary (reviewed with Professional Mentors)

## To us

- Immediate via email if urgent or student concern
- On attendance form
- At end of the academic year

## To you

- Students complete survey in final session, results sent to you –  
**PLEASE ENSURE YOU ALLOW TIME FOR THIS**
- Individual practice feedback form and reflective template available

# Further teaching opportunities and CPD

- Teach in other years (packages)
- Small group teaching: Effective Consulting Labs or year 5 Cluster Based Teaching
- Examining in OSCEs
- Become a Professional Mentor
- Honorary teacher scheme
- MBChB admissions interviews
- Student choice projects

Developing your teaching skills: **monthly newsletter**

- Online training and other workshops from PHC
- <http://www.bristol.ac.uk/tlhp/>
- <http://www.bristol.ac.uk/tlhp/courses/fmed/>
- <http://www.bristol.ac.uk/health-sciences/chse/>

# Foundations in Medical Education - TLHP

- Free online course
  - <https://www.bristol.ac.uk/tlhp/courses/fmed/>
  - "for colleagues in the University and Clinical Academies who are actively involved in teaching University of Bristol student doctors.
  - Self-learning materials and synchronous tutorials
  - Modules are run over four weeks and are timetabled throughout the year.
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- Content Module 1 • Designing and planning learning • Teaching and facilitating small group learning • Reasonable adjustments
  - Module 2 • Teaching and learning in the workplace • Assessment of learning through effective feedback • Formal and informal learning • Unconscious bias/decolonisation of your curriculum

# Bystander and bias sessions

<https://sway.office.com/4lGx35fKdY86zy4C?ref=email&loc=play>



The 5 D's: Distract, Delegate, Document, Direct, Delay

# Further information

Year 1 & 2 handbooks

Teaching section of CAPC website

Administration/year leads