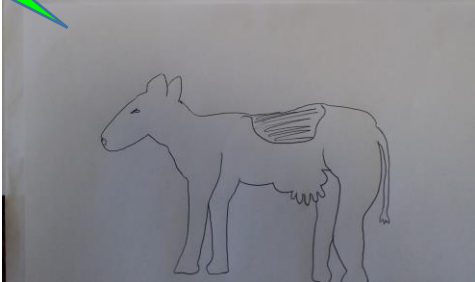
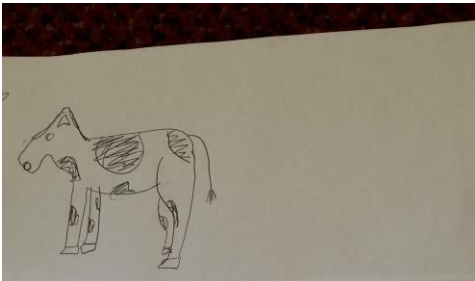
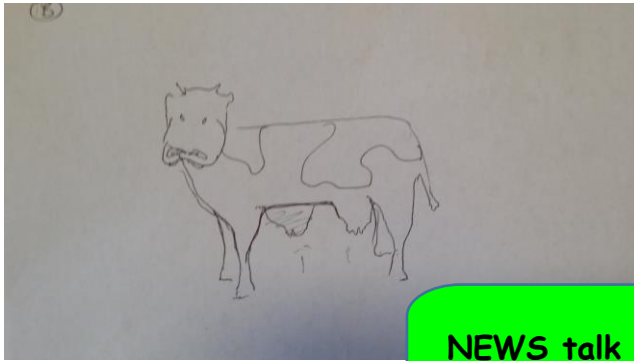


2016 Report

Workshop for Year 5 GP Teachers

Interactive and
informative

- Year 5 update
- MB21 update
- Mini Cex – Managing in practice assessment
- Best teaching practice in Year 5
- Teaching ‘Sepsis’ and NEWS



All very useful

NEWS talk was
excellent

Organiser Barbara Laue	Contributors David Kessler James Seddon Laurence Huntley Alison Tavare
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Year 5 GP Teacher Workshop

Engineers' House, Clifton, Bristol, Thursday 1st December 2016



Morning		
09.00	Coffee and registration	Mel Butler
09.30	Welcome Year 5 Update and student feedback	Mel Butler David Kessler
10.00	Best teaching practice in year 5	Small groups
11.20	Coffee	
11.50	MB 21 – Where are we now?	Barbara Laue
12.10	Changes to Year 5 from 2017-18 and beyond	James Seddon
12.40	Lunch	
Afternoon		
13.30	Mini Cex assessment in practice	Annie Noble
15.00	Tea	
15.20	Sepsis and NEWS – what you need to teach	Alison Tavaré
16.20	Q&A and evaluation	David Kessler
16.30	Depart	

Speakers and facilitators

- David Kessler Reader in Primary Care. GP lead for Year 5
- Barbara Laue Senior Teaching Fellow, GP Lead Year 2&3 and workshops
- James Seddon Academic Clinical Fellow (GP ST4)
- Annie Noble TLHP Programme Director
- Alison Tavaré GP and member of the NICE GDG for sepsis

Objectives

- Update on the Primary Care PPP attachment
- Update on MB21 and future Year 5
- Share Year 5 best teaching practice with colleagues
- Practice skills for mini CEX in your practice

Teaching competencies addressed

- Assessment of clinical skills (mini CEX)
- Learning needs analysis and planning teaching
- Teaching a topic (sepsis)

Dear Year 5 GP Teachers,

Many thanks to all of you who made it to the workshop. Your feedback showed that you liked the mix of topics, talks and small group work.

David Kessler updated us about the current Year 5 and James Seddon led a session looking at the changes. In the next academic year Year 5 teaching will increase from 2 to 4 weeks in General Practice. Some of you welcomed this as this will give you a better chance to get to know your students. We also recognised the challenges that this may present regarding teaching time and room availability.

We updated you on the current state MB21 development. Less than a year before year 1 MB21 begins. As you can imagine there is a lot of work going on. We will keep you posted in our newsletter and through MB21 roadshows.

Some of you particularly highlighted the excellent talk from Alison Tavaré on Sepsis and how to integrate the NEWS score into your clinical practice. Alison is keen to point out that the NEWS score is designed to identify sepsis but that there are also other serious conditions that we need to be able to pick out but that cannot be identified with the NEWS score.

Annie Noble, TLHP programme director, showed a video of a mini Cex of a failing student. We discussed the assessment and how to best feed this back to the student. This was followed by a video of the tutor giving feedback to this student. Many of you found it helpful to observe how this tutor conducted the mini Cex and gave feedback. Please note, these scenarios were role played by a Clinical teaching fellow and a Tutor in the North Bristol Academy. Many thanks to both of them for creating this valuable resource.

Our 'Best Teaching Practice' session generated many good ideas and practical tips. Please check them out in this report.

Thank you for your ongoing commitment to student teaching despite the massive workloads everyone is managing. Wishing you an enjoyable time with your fifth year students.

Best wishes

Barbara and David

Year 5 student feedback from 2015-16

Consulting by themselves

I found this was where myself and my colleague were most enthusiastic over the past 2 weeks. It also seemed to benefit the surgery in that patients were seen more quickly and got a little more time with us hence allowing for more complaints to be dealt with, and underlying issues particularly emotional/social ones explored. An opportunity to do this was offered to us from day 2 which I found very encouraging and allowed us to sharpen our skills rather quickly.

Being observed

This was done in almost all instances where we were leading a consultation with a patient, which was welcomed. The patients were picked for the breadth of their conditions which meant we rarely consulted on the same condition. This refreshed our knowledge and kept us thinking. The GPs were kind in their feedback. I would have no qualms with a greater degree of critical or negative feedback, if the GP felt more could be improved upon.

MB21 Primary Care teaching

MB16 - 67 GP sessions/student ~ 10% of the curriculum

Year	No of students	No of sessions	Teaching task
1	3,4 (6)	8	Linked to theoretical learning, observing surgeries, visiting patients but more emphasis on introduction to clinical skills, first time students take a medical history and lay hands on patients
2	4 (5)	4	Linked to cases. Great emphasis on clinical learning e.g. more proficient in communication skills, clinical skills and clinical reasoning by end of the year.
3	4 (5)	8	Clinical skills (extended), diagnosing, investigations, management, prescribing
4	1	30	Core curriculum of common presentations in GP Apprenticeship style learning (4 week 'clerkship'), observing and consulting
5	2	17	Complex patients, MUPS, 1 st /2 ^o care interface, acute care, prescribing, multimorbidities, observing and consulting, peer learning

How can we deliver this?

MB21 - 182 GP sessions

Year 5

Schematic

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Elective period								Christmas hols				Carnival				Easter hols				Skills week													
Medicine and Surgery								Primary and Community Care				Acute and Critical Care				Primary and Community Care																	
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- ▶ 3 clinical blocks
- ▶ 9 weeks GP
- ▶ Patch of 4-8 practices share teaching session once a week
- ▶ 200-250 logged consultations
- ▶ EPAs
 - ▶ (Entrustable professional activities)

	Day 1	Day 2	Day 3	Day 4	Day 5
AM	GP	Joint surgery	Project	GP	GP
PM	GP	GP	Teaching	GP	Community

Additional: Two out of hours sessions, duty doctor role every 3 weeks

Best Teaching Practice in year 5 - Tips from the small groups

Contact with your students

- Although formally it is the students' responsibility to contact the surgery student feedback shows that students seem to value the surgery getting in touch.

Learning needs assessment

We discussed the importance of the learning needs assessment and how this was done.

- Early in the placement to allow tailoring of the placement to the individuals
- Some surgeries currently taking 5th years students arranged for them to spend time with the community pharmacy or undertakers on the back of these discussions but also recognised this was not useful for everyone.

Two-week attachment

- This is very short for really getting to know two students and for integrating them into the practice
 - Students need to get stuck in quickly
 - One GP gets them consulting in the afternoon of the first day
- Ensure that students have a positive experience and a good impression of primary care
- Benefit of two students
 - They can observe each other and give each other feedback
- Observation of consultation(20min.)
 - Consultation skills analysis – Damian Kenney's website is very useful
Excellent for phrase for the different tasks of the consultation, please take a look here <http://damiankenney.co.uk/>
 - Techniques
 - Learning needs analysis
 - Focus on non- medical learning
- Home visits
 - Use for consultation observation
 - Extra challenge as they are on the patient's territory
 - Good for seeing complex patients

Consulting structure/booking surgeries

- Suggestions: that initial consultation should be with GP, observing GP in part at least, criticising GP (encouraging give and take). But move quickly to independent or observed consulting for students (they value both).
- 2 per hour, with GPs having 2 x10 mins slots with patients then a 10min break to talk to students.
- Emphasis on management and need to find out early on what students want from the attachment.
- Some surgeries were booking patients under student surgeries then the GP would have a catch up slot to review the patient.
- In other surgeries the appointments were booked under the GP's name then the patients would be asked/selected if suitable to see the students first.

Feedback - Comments

We talked about problems giving feedback and students' problems with self-criticism and perfectionism. The general view was that the ranking system for individual students was 'toxic' at worst and divisive at best and did not reflect what makes a good doctor.

On the more positive side we discussed the success of collaborative problem based learning in the year 5 placement, and the importance of fostering emotional resilience.

Giving feedback

- Start positive – makes students more receptive
 - Can be difficult to find positive feedback if student has done really badly overall, but maybe we could acknowledge the effort that went into it
- Start with self-evaluation
 - This helps to gauge where the student thinks they are and you can tailor your feedback accordingly
 - Ask what they would like to do better or differently next time
- Use humour
- Being self-deprecating may help to create a more relaxed atmosphere and may make the student feel less defensive
 - 'We have all been there...'
- Show how to find info
- Be transparent
- Share thought processes
- Be specific

The handbook

- Surprisingly your feedback on the handbook was more positive than expected. It was felt to be useful for new teachers.
- The sample timetable was seen as useful
- The themes were felt to be a useful aide memoire for topics to cover

Themes for Year 5 GP teaching

GPs felt the idea of a themed surgery was unrealistic and not reflective of what happens in primary care. It was also felt that it did not answer the needs of year 5 students, which were about gaining diagnostic and management and consultation skills.

One suggestion was to tell students to pick up on the 'theme' and write down when it crops up.

1⁰/2⁰ care interface

- Important area, please bring this back
- Need for teamwork with secondary care as positive views arise from relationships
- Elements of shared care between 1ary & 2ary need to be stressed to students
- Transition from 2⁰ care back to the community
- Students can explore all the services we can use to keep patients out of hospital and to support them after discharge
 - Rapid response
 - Hospital at home
- Students can look at discharge letters
- Students may be involved in sending somebody in
- Students could write a referral letter
- Students could phone up for info re lab results, OP app. Etc

Safeguarding

- Important topic to cover

Medically unexplained symptoms

- Please bring this back
- Used to cover this
- Very useful topic to cover in GP

Multidisciplinary working - Working with other health professionals

- Students could find out and make a list of all the different health care workers in the practice and attached to it

Continuity of care

- What does this mean in multi-professional working?
- How is it delivered?
- What do patients think?

Uncertainty

- Make this a theme - GPs are well placed to teach to this topic
- Can be challenging for students not to have an exact diagnosis
- Show how you can use time as a diagnostic aid

Safety netting

- This is a very important topic to learn about
- Discuss who is responsible for FU and responsibility for tests ordered
- Highlight systems in place
- Communication

Diagnosing – clinical reasoning as a theme

- Sometimes we don't have a clear diagnosis and work with a 'problem formulation'
- Highlight that a specific diagnosis is not always possible
- Time as a diagnostic tool
- Exclude red flags
- Responsible use of resources
- Process of work up
- Don't always need tests or treatments
- Reality – resources – finance
- Highlight importance of ICE

Frail elderly/end of life care (life limiting illness)

- We all felt this might be a useful topic for GPs to teach on routinely.
- We thought that GPs often had a better sense of when the end of life trajectory begins, and that we needed to be active in and teach how to set ceilings of care (in collaboration with patients and relatives of course). It is our role to begin this conversation.

Complexity of healthcare

- Increasingly complex world with an increasing array of health care workers and many more complex older patients, many of whom are being managed in the community

Prescribing

- Ask the student to make a note of each drug they observed being prescribed and look up dose/side effects/interactions, good exposure to commonly prescribed drugs.

Challenges

- Students have a lot on
 - Earlier they are focused on exams
 - Later they become demob happy and focus on their elective
- Achieving continuity of teaching for students
 - This is increasingly difficult with more GPs working part time
 - Need to think about continuity of teaching – communication within the practice between teachers
- Image of Primary Care held and voiced in Secondary Care settings
 - Worries about the denigration of primary care by relatively junior secondary care clinicians and its impact on students' career choices.

Themes that are difficult to deliver and should be dropped or changed

Themed surgeries

- Not liked, need to drop them
- You may plan for one topic but then the patients coming in may not sit well with that topic
- Students ask 'what is the topic for the surgery?'
- Topics overall appropriate, GPs and students can plan together how to cover them
- Students could do themed surgeries with the nurses who are doing chronic disease management
- Themes are a useful aide memoire to make sure the 5 areas were covered but did not need to be rigidly stuck too. We also discussed how to cover prescribing. A useful tip from the group was to ask the student to make a note of each drug they observed being prescribed and to make a note of dose/side effects/interactions as they would get good exposure to commonly prescribed drugs.

Doctors and other health professionals as patients

- This is difficult to cover in a lot of practices as they don't have many doctors as patients
- Don't keep it as a topic (this is covered in one of the Year 5 consultation skills session anyway)

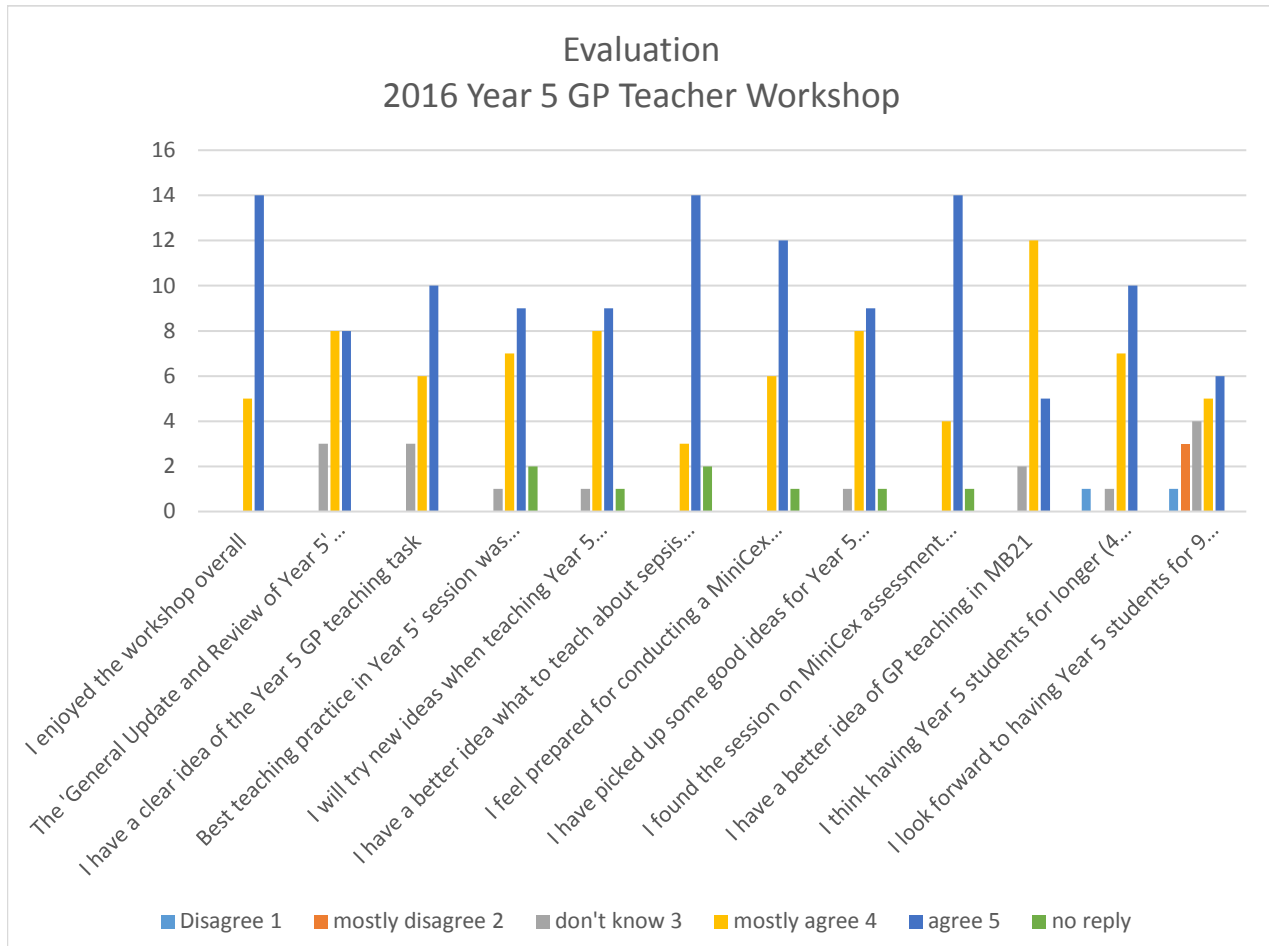
Urgent care

- They may not see many real emergencies in a two-week spell
- Talk about management of demand

Workshop Evaluation

Enjoyed mix today with teaching update and clinical update.

Many thanks for your feedback. We had 19 completed forms



Specific comments

- The discussion on raising awareness of frailty and pre-end of life recognition - I have not discussed this with students before. This is very relevant to their future careers.
- I think splitting the 9 weeks in half would be better for students and GPs.
- Really useful to see video of giving feedback after a poor (fail) mini Cex.

Positive comments

Sepsis/NEWS	7
Mini Cex	5
Best teaching practice	3

The benefit of learning from more experienced teachers was mentioned by several of you

More

Several of you wanted more video examples of giving feedback

Change

Most of you did not like themed surgeries

Reflective Template

2016 Year 5 GP Teacher workshop			
Date/Venue/Hours	Date 1 st Dec	Venue Engineers' Hse, Clifton, Bristol	Hours 6
Description	<ul style="list-style-type: none"> ▪ Year 5 overview and update ▪ Bristol curriculum – MB16 and MB21 ▪ Best teaching practice in Year 5 ▪ MiniCex assessment ▪ Teaching about sepsis and NEWS 		
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			

