Primary Health Care Teaching Office
Centre for Academic Primary Care
phc-teaching@bristol.ac.uk

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

University of BRISTOL

Conversations and Connections

2018 GP Summer Education Day

Workshop Report

Topics

Welcome
MB16 and MB21
CogConnect into practice
Conversation analysis: The art of consulting
Practice teaching prizes
'Active' observation
'Safer' safety netting

Speakers

Rebecca Barnes	**Senior Researcher, CAPC**
Peter Edwards	**Researcher, CAPC**
Barbara Laue	**CAPC, Teaching**
Jess Buchan	**CAPC, Teaching**
Juliet Brown	**CAPC, Teaching**
Simon Thornton	**CAPC, Teaching**
Trevor Thompson	**CAPC, Teaching**
Melanie Butler	**CAPC, Admin**

Organisers

Barbara Laue	
Kirsten Gill	**CAPC, Admin**

Really interesting day – made me realise why I love General Practice so much

Really positive day – thank you!

Dear GP teacher, 22nd June 2018

Many thanks to all of you who attended this year's Summer Education Day. We hope that you enjoyed the day and went home with renewed enthusiasm for teaching and some ideas to try.

The day started with an overview of where GP teaching is happening, MB21 developments and new teaching packages. Jess and Juliet showed us how successful Year 1 had been, including some of the art work produced by year 1 students in response to patient encounters. An animated cartoon of a crow repeatedly taking off in flight and being cruelly pulled back by some strings attached to it was particularly affecting and poignant. It symbolised the restrictions placed on the patient because of regular three times a week dialysis. Simon introduced the new teaching packages, including the one for Years 4 and 5 available to GPs in all academies.

The focus of the day was how we communicate with patients. Trevor introduced CogConnect, the new consultation model for Bristol. He facilitated an interactive session which gave us a flavour of how MB21 students are learning consultation skills.

We then moved from the macro level of the structure and organisation of the consultation to the micro level of language. Rebecca Barnes, a senior researcher from CAPC, introduced us to 'Conversation analysis'. She demonstrated with examples how this tool delves into minute details of 'conversations' and how consultations can pivot on a single word or pause. 'Any' seems to be a particularly pesky word that keeps slipping out!

Peter Barnes has also used the data base of recorded consultations created by Rebecca and looked specifically at how doctors' safety net. His findings and the discussion showed what we could do to make our safety netting 'safer'.

We always have a session in which GPs can share teaching ideas and experience. This time we focused on taking a deeper look at how we can use 'observation' to make learning active and challenge our students. A summary of teaching suggestions is in this report.

Thank you for being so engaged with the workshop, for your teaching suggestions and for giving us feedback.

Please have a read. Further thoughts and comments would be very welcome.

We wish you a good summer and look forward to placing our students with you in the coming academic year.

Best wishes

From the Primary Care teaching team

I like teaching and would love to support the Uni and feel it's so important that students have a positive GP experience

Teaching Practice Award 2018

This year we wanted to recognise practices which had taught a lot, had good student feedback and had been particularly supportive to undergraduate teaching. The winners were chosen jointly by the GP academy leads and Mel Butler, our administration manager who has oversight of all teaching. Mel enjoyed announcing the winning practices and handing out the certificates.

Congratulations to **this year's winning practices**

Rowden Surgery, Bath Academy

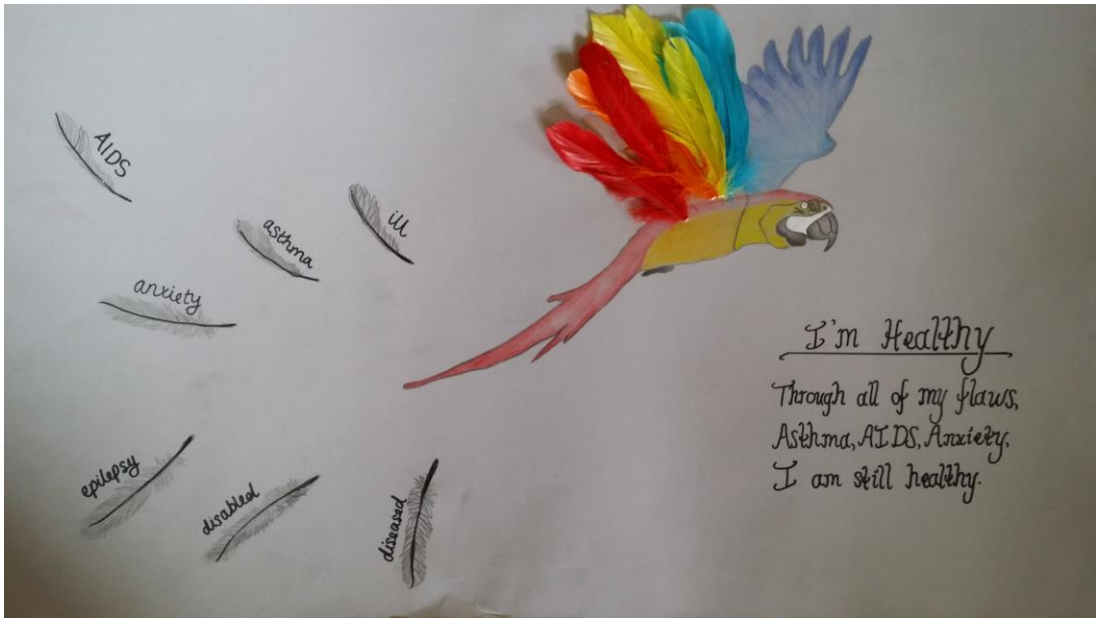
Christchurch Family Practice, North Bristol Academy

Priory Surgery, South Bristol Academy

Taunton Road Medical Centre, Somerset Academy

Mythe Medical Practice, Gloucestershire Academy

Market Lavington Surgery, Swindon Academy

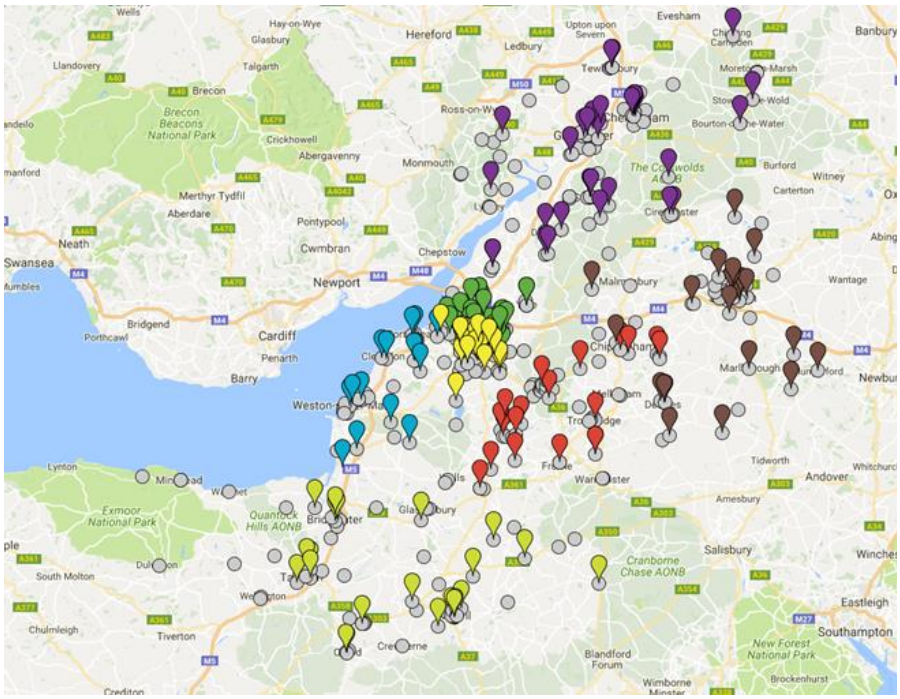


outofourheads.net website for Bristol medical student artwork – inspiring stuff

MB16 and MB21 – Where are we now?

Distribution of our GP teaching practices

Coloured dots=GP teaching practices, grey dots=GP practices not teaching



GP academy leads and GP teaching in the academies 2017-18

	N. Bristol	S. Bristol	N. Somerset	Bath	Glouc./ Chelten.	Somerset	Swindon
Year	Nita Maha	Claire Pugh	TBA	Melanie Blackman	Michael Kilshaw	Laurence Huntley	Kate Digby
1							
2							
3							
4							
5							

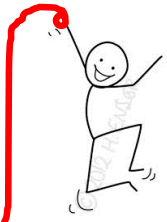
Increase in GP teaching in MB21

University of BRISTOL

MB16 to MB21

MB16 - 67 GP sessions/student

	MB16		MB21		
Year	No of students	No of sessions	No of students	No of sessions	Learning task
1	3,4 or 6	8	3,4 or 6	8	Effective consulting/Talking with patients, some clinical skills – BP, pulse etc
2	4 (5)	4	3,4 or 6	8	Effective consulting/Clinical skills
3	4 (5)	8	Single, pairs or groups?	32	Clinical skills (extended), diagnosing, investigations, management, prescribing
4	1	30	1 or 2?	72	Longitudinal clerkships, 1 day a week in GP Apprenticeship style learning conducting own consultations, contributing to learning in the practice
5	2	17	1	63	Block clerkship, 250 consultations
No of GP sessions Years 1-5		67		183	



MB21 – **trebling the number of GP sessions**

Transition from MB16 to MB21

.

	2017-18	2018-19	2019-20	2020-21	2021-22
Year 1					
Year 2	Intercalation At the end of MB16 Yr 2 ~ 100 students				
Year 3			**Bulge year 2019-20** MB16 intercalaters coming into MB21 Year 3 No MB21 students intercalating out. MB21 students will intercalate after Year 3		
Year 4					
Year 5					

MB16→21 Yr 5	2017-21 Transition from MB16 to MB21, GP placements increased from 2 to 4 weeks	

What is new in MB21 Year 1

- Effective consulting sessions every fortnight
- Clinical placements in hospital from year one
- HCA placements and BLS training
- Year split into “Foundations of Medicine” & “Case-based learning” (impact on when students come to Primary Care)
- More integration e.g. “Helical themes” incl. self-care and resilience (PPD)
- Earlier exposure to history and examination
- Less assessment burden—creative reflection based on reflective portfolio

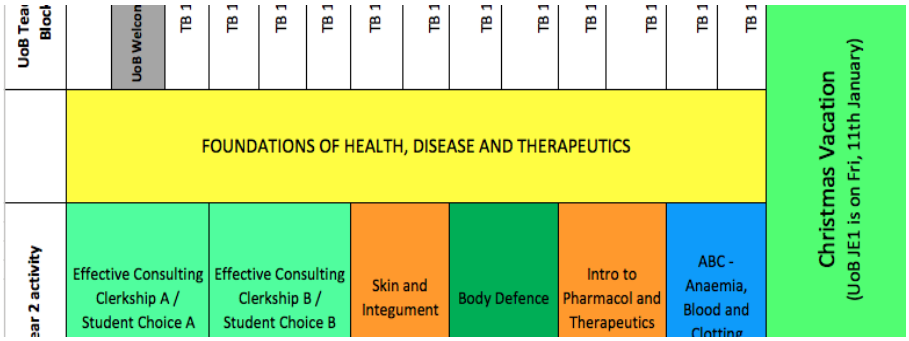
Structure of MB21 Year 1

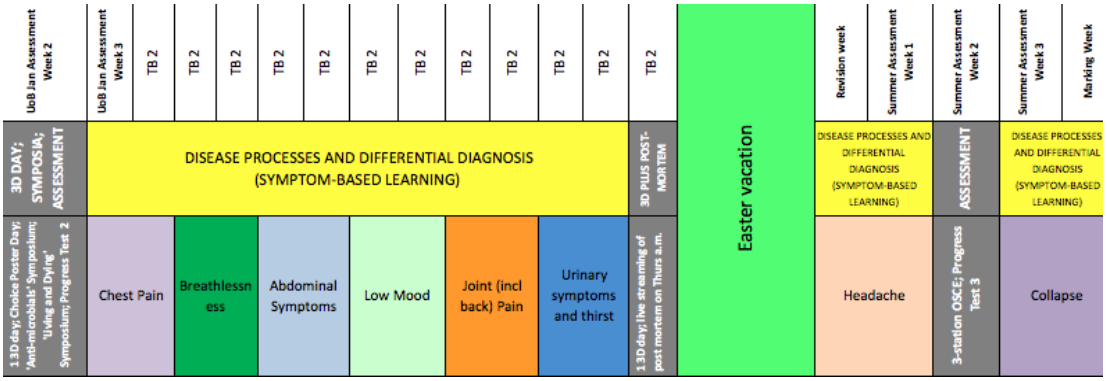
Students rotate through 7 cycles (fortnights) of case-based learning, focus is on health and wellbeing:

1. Musculoskeletal
2. Cardiovascular
3. Respiratory
4. Gastrointestinal
5. Urinary/renal system
6. Nervous system/psychology
7. Endocrine

On their Effective Consulting day, half a day is campus-based teaching and for the other half day students rotate through primary and secondary care placements.

The structure of Year 2 MB21





- Effective consulting days in each case
- Effective consulting clerkship
- Before Xmas system-based cases:
    - Skin
    - Body defense
    - Pharmacology
    - ABC (Anaemia, blood and clotting)
- Then symptom-based cases e.g. chest pain, breathlessness, low mood etc.
- More emphasis clinical reasoning and clinical skills.
- GP tutors to bring in patients for teaching

Assessment via OSCE

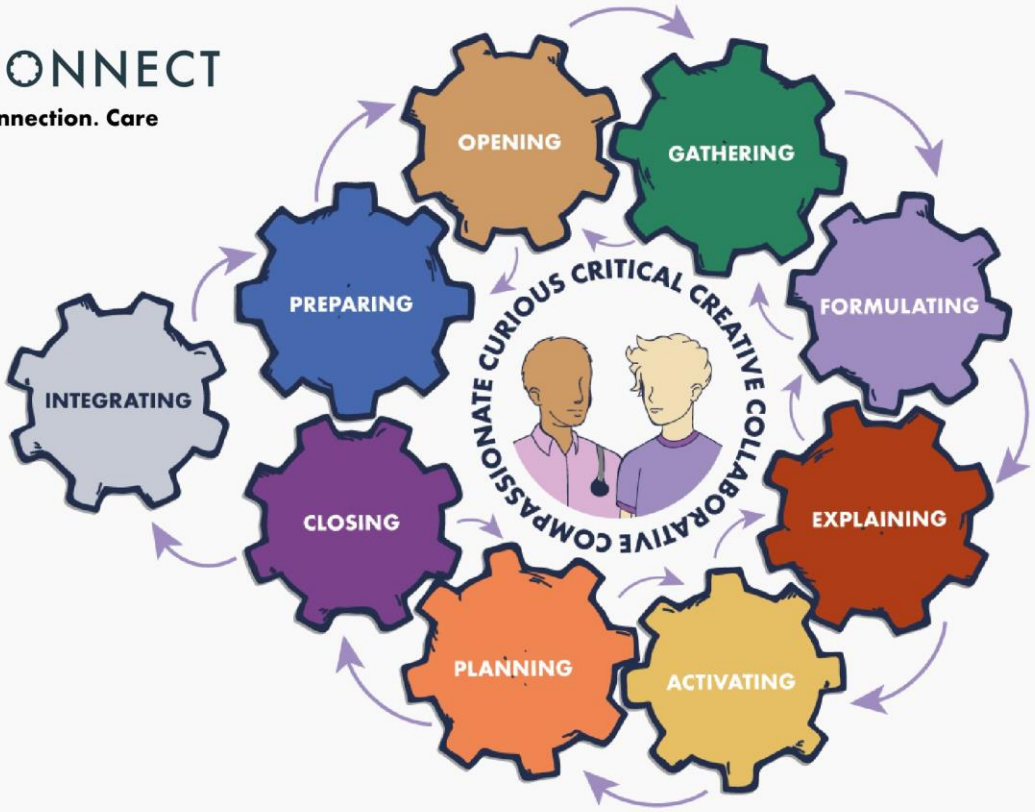
Teaching packages

- Early years teaching package
- Apprenticeship package

We are pleased to introduce new Teaching Packages. Early years Packages are currently only available to practice in or near Bristol. Apprenticeship packages for Years 4 and 5 are available to practices in all academies. For more information see
http://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-packages/

Please email phc-teaching@bristol.ac.uk to discuss options

COGCONNECT
Cognition. Connection. Care



PREPARING

Am I prepared?

- Preparing oneself
- Preparing the space
- Checking the medical record

OPENING

Are we off to a good start?

- Establishing the agenda
- Establishing relationships
- Initial observations

GATHERING

Have I gathered a well-rounded impression?

- Nature of current medical problem
- Patient's perspectives on problem (ICEIE)
- Relevant background factors (Lifeworld)

FORMULATING

What, so what, what's next?

- Bias checking
- Considering the options
- Red flag signs and symptoms

EXPLAINING

Have we reached a shared understanding?

- Chunking
- Checking
- Visual Aids

ACTIVATING

Is the patient better placed to engage in self-care?

- Identifying problems and opportunities
- Rolling with resistance
- Building self-efficacy

PLANNING

Have we created a good plan forward?

- Encourages contribution
- Proposing options
- Attends to ICE (IE)

CLOSING

Have I brought things to a satisfactory end?

- Summary
- Patient questions
- Follow Up

INTEGRATING

Have I integrated the consultation effectively?

- Clinical record
- Informational needs
- Affective progressing

COGCONNECT CONTEXTS

- Ward
- Telephone
- 60sec - 60mins
- Clinic
- Text

CogConnect is a new consultation skills model developed by Trevor Thompson and colleagues. It has similarities with other models, for example the Cambridge Calgary model. In addition, it focuses on 'patient activation' – engaging the patient more actively in self-management and 'clinical reasoning' as part of the consultation process.

The art of consulting: Using conversation analysis to make explicit what we know practically by Rebecca Barnes

This talk was by Rebecca Barnes who is a Senior Researcher at CAPC and an experienced conversation analysis specialist. She has created the 'one million study' which has recorded over 300 GP consultations with comments and reflections from each GP and patient who took part. She introduced us to conversation analysis (CA) as a tool and shared some of her key findings.

Conversation analysis belongs to the observational sciences and collects naturalistic data. Rather than assuming 'what we say' is the same as 'what we mean' CA provides a complex perspective and explores how language is being used to forge an identity, can show us 'how things are happening' and makes visible 'patterns by which people do things'.

Everything we do can be seen as an **action sequence**. 80% of conversations are Q and A sequences. We can identify action sequence pairs and recurring patterns, social norms and transgressions of norms. Different encounters have their own 'fingerprints' – triage, GP f2f consultations, outpatient consultations etc.

Action sequences are the engine behind 'getting things done'. Every word does matter. Conversations can be seen as a race track with mile stones. The way we ask questions embodies assumptions we make

- Are you married?
- You are married, aren't you?
- You are married (declarative assumption)

Questioning incorporates preferences and bias and is often designed to achieve a favoured answer. The notion of 'social solidarity' describes our desire for things to go smoothly. An **'optimised question'** exploits this and is designed to elicit a 'no problem' answer. This can be demonstrated with questions designed to identify unmet need at the end of a consultation. If we ask, 'Is there **anything** else for today?' most patients would say no. If instead we asked, 'Is there **something** else for today?' more patients would say yes.

Pre-sequencing
This technique can test the water about patient's health beliefs and willingness to engage or make changes. We could ask 'What are you doing about this?' as supposed to asking, 'have you tried stopping smoking?' It is a useful tool for 'shared decision making'.
The effect of pre-sequencing depends on when in the consultation it happens. For example, if you are 'pre-sequencing questions about treatment, the response will be different in the information gathering phase compared to the decision-making phase of the consultation.

Pre-recommendation
Elicit obstacles to a projected course of action 'Some people have found X helpful. What is your view?' This can reduce risk of rejection.

Observation as an active learning tool

In the afternoon we had an intro to using 'Observation' as an active learning tool and explored this in small groups. Each group had new and experienced GP teachers from a variety of years. This was a chance to share experiences.

There seemed to be a consensus that teaching was refreshing and fun.

GP tutors did set student's observation tasks, but this seemed more intuitive teaching to keep students on track or engage a group, rather than setting explicit tasks to fulfil intended learning outcomes. Often observation was asked about in retrospect *"what did you notice about…"* rather than as a planned task. Tutors generally felt it would be helpful to set specific observation tasks and were keen to try this in practice. They felt it would be helpful to generate ideas in advance that could be referred to when planning teaching sessions, and particularly wanted **"crib sheets" of observation tasks** to be created to share among their colleagues. This would be particularly helpful when students are sitting in with a different GP or nurse, who may not have the same experience in teaching or knowledge of the curriculum.

Pros of using observation tasks

- When sitting in watching consultations, the early years can be overwhelmed and not know what to focus on. Learning opportunities can be missed (as they don't know what they don't know!) It helps students learn to give them specific things to observe.
- In the later years observation can be used to target learning.
- Observation tasks can help tutors know what stage students are at, how deeply/broadly they are thinking and start discussion. For instance, are they picking up on a patient's emotion? on interpersonal relationships in a consultation? on the factual elements?
- Observation tasks can keep students busy and engaged
    - If they have to walk to a home visit, what do they notice about the practice area on the way?
    - If they have to stay behind in a surgery while the GP takes their peers on a visit, what can they notice about patients in the waiting room?
    - If one student is consulting, other students can have individual tasks to keep them occupied.
- Can make students who are shy more involved—specific task
- The GP tutor can get the students opinion on the patient or elements of the consultation that the GP may not have noticed or have a different perspective on—interesting/good learning for GP tutor, and may improve patient care if the student observes something on a home visit or in the later years when consulting independently with patients
- The GP tutor can get feedback on their consultation (Good learning for the GP too!)
    - The words/phrases they used
    - The point in a consultation where there was a turning point
    - Whether the patient was satisfied or dissatisfied and why
- Students can help each other by observation—information, clinical signs and symptoms missed, poorly phrased question etc.

Challenges/barriers to using observation tasks

- Time. It **takes time** to set tasks and time for that task to be discussed. Helpful to have a crib sheet of tasks in advance.
- Patients/consultations are unpredictable. Discussing the set task may turn out not to be as relevant as some other element that arose in the consultation. This can be managed by explicit discussion with the student "I had asked what Parkinson's symptoms you noticed in this patient but neither of us was expecting the patient to express their anger about their

hospital visit like that—it might be more useful to discuss how to manage strong emotions in the consultation, what would you rather talk about?"

- Assumptions about the student's level of knowledge—but this will become apparent, if they don't make the observations you were expecting.
- Shy students who don't want to voice their observations. Especially difficult for students in the early years to voice their observations about patients in front of the patient. They may not know how to say that they observe that the patient appears overweight, elderly or even breathless without seeming rude. Help the student out, model what you would say using non-judgmental language. "I observed that…."
- Group management can be tricky, easier to give tasks to students who are better at voicing observations—share them out (or write on slips of paper to hand round)
- Harder to observe in a "mock up" or 'cold consultation' when a patient has come in specifically for a teaching session rather than a new and dynamic consultation. Less likely to bring emotion into consultation or issues. (Can still give specific tasks to peer observers)
- It can also be difficult for students to voice observations about peers, not wanting to criticise a colleague—this should be addressed in a giving effective feedback session.
- Students can find it difficult to observe themselves (reflection in action) when they are busy concentrating on what to say or do next. Likewise, the student peer observer may be too worried about their upcoming turn to effectively observe their colleague. This could be addressed by making observation tasks short and specific early on. Ask students for their self-reflection first before giving feedback.

Year 1 and 2

We discussed how the focus in MB21 Year 1 is on 'health'. During year 1 the observation tasks therefore focus on looking at the patient as a whole and consultation skills. This lends itself to a variety of observation tasks

- Noticing the social environment and reflecting how this may impact health
- In clinics students can be asked what they saw from around the patient and what assumptions they might have made from this about the patient, i.e. walking aids.
- Could watch people in the waiting room too. Whilst in waiting room/local area ask students to observe clues to identity local patient demographics

In observing the patient as a whole no prior knowledge was required and it was hoped that students would gain an appreciation for the social aspect to health. It was assumed that students would have some knowledge of consultation skills and it was reflected that it was helpful to see how students are taught this though CogConnect and EC labs. We discussed how the handbook was useful and provided objectives for each session which could guide the observation task.

When sitting in consultations

- Observe patients body language, particularly transitions—how did their body language change at certain points and what did the student think that the patient was expressing?
- Printed cards with observation tasks on them that can be given out to students e.g. body language, non-verbal cues, medical jargon
- What elements of CogConnect did they observe? Observe some questions/phrases the doctor used when "gathering" or when "explaining" or when "activating" Observe how the GP body language changed during different stages of the consultation—e.g. to encourage a patient to talk, or to bring things to a close.
- Types of questions the doctor used
- How long the GP let the patient speak initially before interrupting or talking (concept of the golden minute)

- Be Sherlock Holmes. What did they assume about the patient through observation—e.g. did they think the patient might smoke and if so, how could they tell? Was there anything the patient avoided saying or addressing? What did they think this might be?
- Observe the GP approaching the examination
    - How did they get consent? What is the etiquette?
    - We discussed that students may be afraid to touch a patient, so students could observe how and in what circumstances different GPs touch patients e.g. reach out and pat a shoulder, shake hands, or hold a patient's hand.
- Observe how the GP managed emotion in the consultation
    - Silence, empathy, passing tissues, touch
- Ask the student to see if they can pick up how the patient is feeling during the consultation by their body language/facial expressions/responses to questions
- Ask the student to think about how THEY are feeling during the consultation – Year 1 students will have had little exposure to real-life patients and may find certain consultations emotional/difficult. We felt that is was important to recognise these feelings and reflect on them in a safe with the student after the surgery.
- Give students the BNF to look up medications the patient is taking – see how presented and information available about medication
- Ask the student to pick ONE thing about the consultation that struck them - one tutor found this generated a lot of discussion that she may not have even thought about discussing.

In year 2 when observing each other

- Observe particular questions and phrasing, i.e. how did the student start the consultation/how did they introduce themselves? What empathic phrases did they use?
- Was any information was missed?
- Observe their peers body language. Were there any points when it mirrored or was opposite to the patient's body language?

Home visits

- What did they notice about the practice area—housing stock, bus stops, green or not? People smoking? Age of people walking around? Noise? Any that stood out as being different?
- What could they notice about the patient's lifestyle from the house—recycling bins may indicate diet.
- What were the interpersonal relationships like in the house they visited? Bickering/caring/dependency. What photos were around?
- How did they observe the patient in their home environment? Any clues about coping? Was the garden and house well cared for? Could they make tea and carry a tray? How did they move about? Any adaptations?

Year 3

- Expanding on year 1 - getting students to observe various communications skills – opening phrases, open/closed questions, pick up patient cues, anything missing from history – system specific. How does GP gain consent for examination?
- We discussed year 3 students often using observation to provide pertinent feedback to their peers. Students were often given observation tasks to appraise each other's examination skills.
- Give students cards with different aspects of the consultation that the students were to observe e.g. opening, drug history, social history, use of empathy.
- Direct students with the challenge of providing a summary of the consultation. This ensured they paid attention and also assessed their ability to pick out the pertinent detail.

- Broaden their observation skills by focusing on emotions, not only history and physical examination skills
- Ask students to note their assumptions about a patient when they first walk in and compare to what they think at the end of the consultations. Were there surprises? What does it say about assumptions we make? How can we guard against premature judgements?
- BNF – explore common s/e, compliance

Apprenticeship teaching – Year 4 and 5

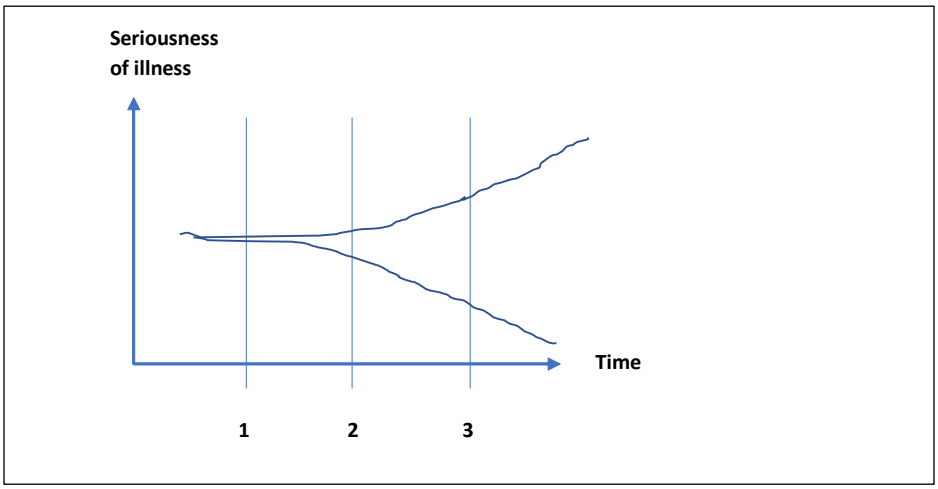
It was felt that by the time that students reach the apprenticeship years observational tasks can be quite specific and build in nature throughout their attachment. Tasks could span from consultation skills, pharmacology and interactions to thinking about how they would write in the patient's notes.

- Observation could be on areas that students often struggle with
    - Clinical reasoning, formulating a diagnosis and creating a shared management plan.
- The teachers taking 4th and 5th years agreed that it is helpful to carry out a mini-CEX early on to establish what level the students are at and then discuss with the students where they want the focus of their learning to be. It is assumed by this stage that students should be able to consult independently.
- Communication skills – focus on explanations to patient, how does GP check understanding? How does GP explore ideas, concerns, expectations?
- More specific phrasing used by GP when observing consultations and effect on patient e.g. "Anything else?" how safety netted etc
- Ask student to identify red flags for presentations
- Observing how important they thought different problems the patient raised were and if they were consulting how they would prioritise them
- Sit in with different HCPs and observe similarities and differences in style –for example how different HCPs opened the consultation.
- Observe when the GP allowed the patient to lead, and when the GP was more directive. Why? What did this result in?
- Did the GP use any **"trigger questions"** that unlocked the patients underlying problem?
- What was the emotion in the room (can also observe this when independently consulting)
- What were the interpersonal relationships like if more than one person consulting (can also observe this when independently consulting)
- Management plans—did they observe if the patient agreed or didn't agree with the plan? To what extent was the patient involved?
- Ask students to come up with a differential diagnosis and justify them
- BNF – take a close look at management of for example asthma - step wise approach, end of life medication – symptom control
- We felt in year 4 students should have a clearer idea of own learning needs so could ask them to identify own observational tasks.
- Observation tasks based on individual student learning needs
- Communication – How does GP discuss management -? shared decision making, how does GP promote self-care? Safety netting, what resources does GP use, follow up.
- BNF- dosing, interactions, monitoring
- Ask student to identify possible differences in management between primary/secondary care.
    - Identify any differences in management from local/NICE guidelines
- How do people work as a team? What makes a good team?

‘Safer’ safety netting by Peter Edwards

Peter is using the ‘One million study’ database to research safety netting in GP consultations.

Diagnosing can be challenging. A serious problem presenting at an early stage (1) may be indistinguishable from a minor problem. At a later stage (3) differences may be clearer.



To ensure that patients take appropriate action when things change, we ‘safety net’ our consultations. This is guided by questions we ask ourselves

- If I am right, what do I expect to happen?
- How will I know that I am wrong?
- What would I do then?

If the diagnosis is uncertain, this should be communicated to the patient. If the condition fails to improve

- What exactly to look for
- How to seek further help
- Expected time course

<u>Peter’s findings showed that</u>

- <50% of problems had safety netting advice
- About 50% of problems if there was only 1 problem
- About 30% of problems if there were 2 or more problems
- Documentation for those consultations where safety netting advice was given
    - 52%of consultations none
    - 28% partial
    - 13% full

We discussed how to improve documentation in limited consultation time

- Create EMIS shortcut/template/’Macro’
- Use PILs, for example from patient.co.uk

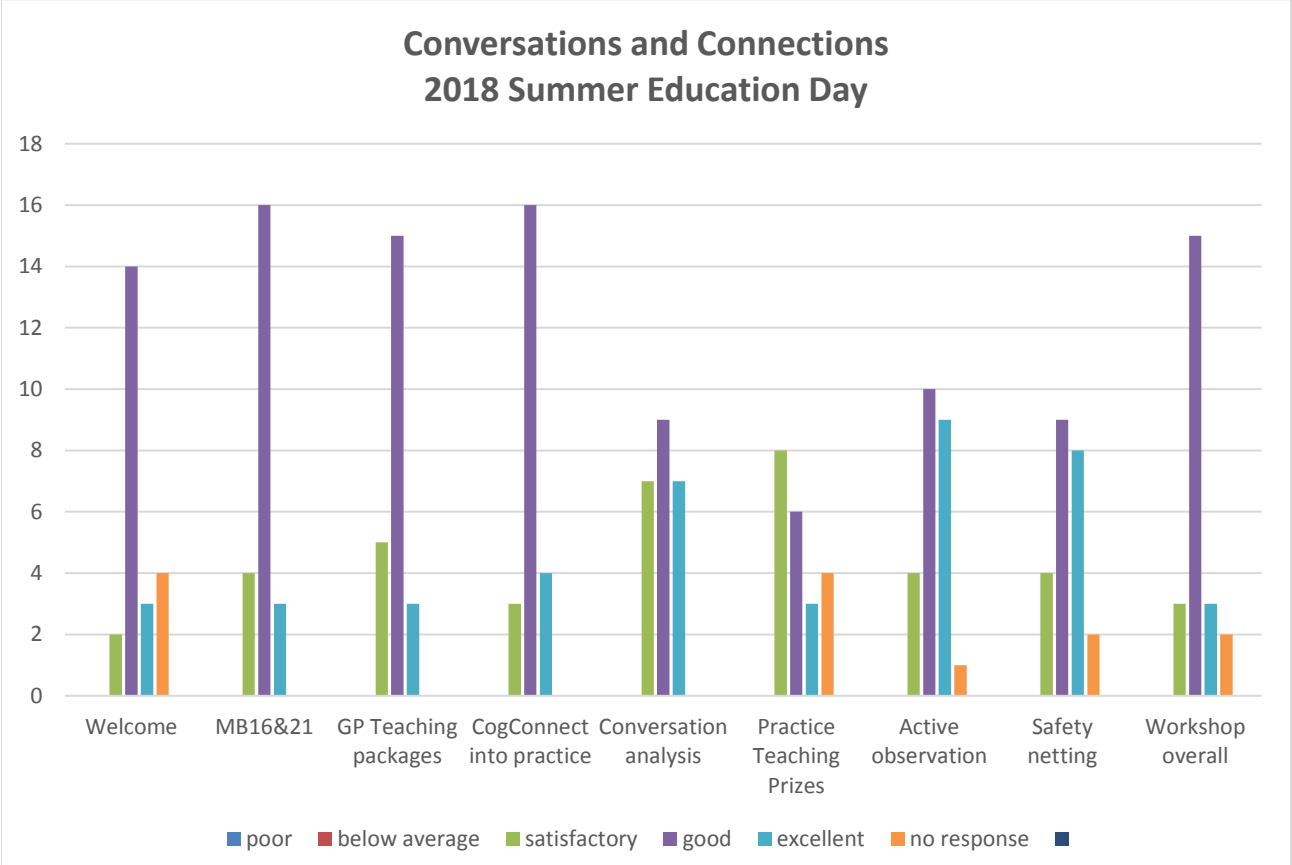
Workshop evaluation

Many thanks for completing the feedback form. Your comments are very helpful for future workshop planning. Further suggestions for our workshop programme would also be welcome.

Results are based on 23 completed forms

We asked you to rate the workshop on this scale

1-poor **2**- below average **3**- satisfactory **4**- good **5**- excellent



What is the most important thing that you will take away from this workshop?

- Aspects of the new curriculum and how to get involved
- Overview of MB21
- Really useful to have feedback from MB21 fist year
- Changes to curriculum, impact on our teaching/GP sessions
- Overview of what the med student GP teaching includes
- How sessional doctors like myself can get involved
- Remind partners re Year 4 and 5 students
- Feedback to my practice about the curriculum changes
- We have had 4th and 5th year students – what I can do better to help them
- Better idea of where to pitch teaching content by year
- Networking with colleagues

- Safety netting talk was very interesting and relevant with good Q&A for my own practice
- Safety netting
- EMIS safety netting tip
- EMIS web synonyms to add to my desktop for safety netting
- Useful info how to set up safety netting recording on EMIS
- Be more specific on records re safety netting

- Think more about questions I ask in consultations
- Active observation tips
- Use observational tasks more with students
- Really useful tips on observational learning and suggestions for teaching
- Being specific with observation tasks
- Use of observation tools when teaching 4th and 5th years
- Reminder to self about observation tasks before consultations
- Active tasks for observation
- How to engage all students through observation

- Enjoyed the feedback from the research into conversation analysis, especially the real clips
- Use pre-phrasing
- Consider clinical research primer

- CogConnect and conversation analysis
- CogConnect model
- Exams on your own models of teaching
- Medal and mission feedback suggestion

What aspect of the workshop did you enjoy the most?

- Renewed enthusiasm for teaching and consulting
- Helpful practical tips on delivering effective teaching
- Opportunity to brainstorm with other GP teachers. Useful small groups for picking up observation tips to use with students
- Good interactive work
- Networking
- Small group work
- Discussing with other teachers
- Lunch!
- The talk over lunch
- Sharing teaching experience
- Student feedback, what they enjoy, what they find useful
- Helpful and informative eye opener and some nuggets of information/knowledge to take away
- Good to learn about new consultation skills model
- Really enjoyed the CogConnect – needed to get up and move!

- The CogConnect model and parts of the working in groups was interesting
- Hearing about new curriculum
- Understanding the new curriculum
- The lectures on conversation analysis and safety netting (i.e. the research based sessions presented by the people who have done the research)
- Conversation analysis
- Analysis of conversation
- Conversation analysis – interesting to take micro view
- Group discussion and video of cases
- The session on conversation was interesting
- The observation session – I will use this when seeing students. I was not using this before
- 'Observation' in small groups discussion
- Safety netting talk

If we run this workshop again what should we change?

- Nothing, good mix of information sharing, teaching tips/advice and research. Good mix of activities
- Nothing!
- Good mix, interactive vs lecture
- This was better than previous with some good learning points, especially talks on active observation and safety netting
- Less theoretical talks and more active discussion
- The research talks were interesting, but I feel would be better focused on practical implications of the research rather than detail how to conduct the research
- Less about how the academics did their work
- Sadly, I found the conversation analysis interesting but I would have liked it more interactive
- If possible to do 2 workshops a year
- Maybe a video re CogConnect to make things clearer
- When teaching us about CogConnect perhaps start by explaining what you mean by each term, giving examples. Then do the role play
- Too long on observation technique, not specific enough
- Safety netting interesting but tool not that helpful
- I have found the days which teach 'how to teach clinical skills' – psychiatry/ENT were good in the past
- Venue hard to get to, limited parking

What are your main concerns about taking on student teaching?

- Time commitment/provision x 10
- Room/space availability x 5
- Impact on service delivery
- Finding suitable patients x 3
- What financial reimbursement will there be?
- How supportive will the practice be?
- Involvement of younger doctors, I find they say they are interested but don't follow it through
- Not having enough patients for session – organising this
- Pulling in patients for systems teaching
- Covering all the scheduled sessions with only a small number of colleagues involved in teaching
- Financial constraints – locum costs not covered
- Getting the learning objectives right
- Pitching teaching wrongly – either to compex or too simple
- Providing adequate level of teaching
- None at present

What support for your teaching would you like from Primary Care?

- Ongoing educational days
- Opportunities for sessional GPs to be involved
- Buddying up with colleagues to share the teaching – overwhelming commitment otherwise
- Frustrated by being unable to take more students due to distance from Bristol
- Would welcome more communication re campus based teaching
- Mentor support for teaching
- Advice on lesson resources
- Email support with handbooks and regular courses
- Time (protected), space for students, money!
- Money
- More sessions!
- None at present

Any other comments?

- Good day. Happy not to have to do role play!
- Great event – Thank you.
- Enjoyable day – thanks!
- Really positive day – thank you!
- I like teaching and would love to support the Uni and feel it's so important that students have a positive GP experience
- Workshops and booklets extremely useful
- Really interesting day – made me realise why I love General Practice so much and communications