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2019

Year 4 GP Teacher Workshop Report

Really interesting and useful day, I feel better informed and more confident to try student led surgeries now

Great to hear what colleagues are doing and share experience and tips

Lucy Jenkins, Teaching Fellow, GP lead MB16 Year 4

Barbara Laue, GP lead for MB21 Year 4 and Co-chair for MB21 Year 4

Lizzie Grove, recently qualified GP

Trevor Thompson, Head of Primary Care Teaching

Programme for the day

Morning		
9.00	**Coffee and registration**	Mel
9.30	Welcome, overview, update and last year's feedback	Lucy
10.00	**Year 4 assessment - how to help your students get 'exam ready'**	Lucy
10.15	**Best teaching practice 1**	Small groups
11.15	**Coffee**	
11.40	**Students consulting and giving feedback. One minute preceptor** **Creative exercise…** humanities in medical education	Lucy Lizzie
12.00	**Introduction and practice with COGConnect**	Trevor
13.00	**Lunch**	
13.40	**New teachers only – optional! Q+A with Lucy**	
Afternoon		
14.00	**MB21 Year 4 – Getting ready** **What are the changes?**	Barbara/Lizzie
15.10	**Tea**	
15.30	Teaching on the telephone! Training your allied healthcare professionals (video) Other teaching opportunities	Lucy
16.30	**Home**	

Year 4 GP Teacher Workshop 2019

Thank you to everyone for coming and contributing to the workshop. We are aware of the current pressures in primary care and very grateful that you are all maintaining your enthusiasm, time and efforts to provide high quality teaching.

As ever, there was a wide range of teachers at the workshop both in terms of geography and teaching experience.

The primary focus of the day was to update, interest and inspire our year 4 GP teachers, and to share experience and ideas to take back to our practices. We want teaching to be easy, fun and rewarding for you all. Based on feedback from last year, we allocated more time to focus on generic teaching skills and sharing top tips and held the workshop slightly earlier in the year. There was also focus on CogConnect a new consultation model being taught here in Bristol and an information and discussion session on year 4 in MB21, the new Bristol curriculum. For both, the workshop provided an excellent opportunity to share plans and get thoughts from our GP teachers. The MB21 development team have made changes in response to your feedback – more details will follow shortly. In the meantime, please see the infographic in appendix 1 for up to date information.

Please do read on for more information and if you have any queries or feedback, please do get in touch

With all best wishes

Lucy Jenkins, GP and clinical teaching fellow (year 4 element lead).

Lucy.jenkins@bristol.ac.uk 0117 9287224 (Tuesdays only) or contact PHC as above

GP teacher feedback from the workshop

Overall this was positive. As ever the small group top tips sessions were highly rated. We were pleased to read that most of you are logging on to the PHC website and reading the newsletter.

What is the most important thing that you will take away from this workshop?
A selection of the most frequent responses

- *Session on how to give feedback. One-minute preceptor.*
- *Learning about the new curriculum*
- *Useful plans for student lead surgeries*
- *Adjustments for the new curriculum*
- *CogConnect- brilliant*
- *Try to teach telephone triage/Introduce telephone consultations to students*

What aspect of the workshop did you enjoy the most?
Informal and interactive. Location and lunch! Small group discussions. Update. Cogconnect

What could we have done better?

- *More learning about new curriculum*……. coming soon!
- *IT a bit problematic*……apologies!
- *Need more solutions for teaching with telephone triage*……. watch this space!

What topics should we cover in future workshops?
Thank you – we will work on these!

- *Changes in the new course, how to manage a single day in surgery*
- *More information about new curriculum. More detail about yr. 4 in MB21*
- *Teaching techniques*
- *Student common problems and how to help them with it all*
- *Telephone triage and teaching*
- *I have done feedback session at every workshop I have been to-I know it is important but a break from this would be nice*
- *How to engage less interested students*
- *How to sell teaching to the practice*
- *Further input into consultation skills and teaching techniques*

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

- Increased funding
- More timely communication about teaching placements further in advance
- Ongoing workshops and good Internet links
- Keep us up to date with changes
- Clarity about the teaching options next year

Again - thank you for your input – lots of work in progress- watch this space!

Update and review of teaching

Update for MBChB

- Change to admissions process - entrance exam and MMIs, no more UCAS forms
- High scores in National Student Survey
- New curriculum MB16 now in its third year
- Learning objectives all mapped to GMC Outcomes for Graduates 2018 (replaced Tomorrow's doctors)

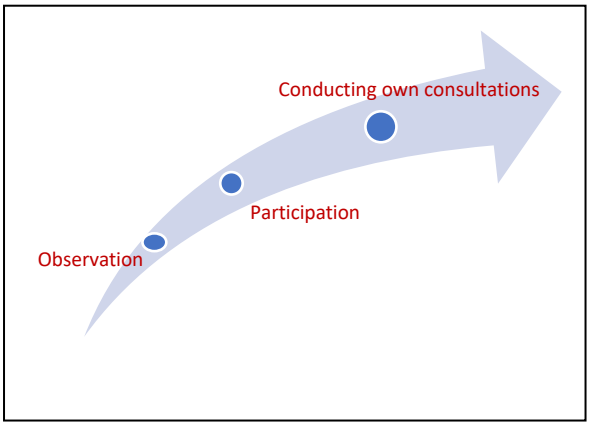
Year 4 in MB16

Sept- Nov	Nov-Jan	Feb-Apr	Apr-June	June	July
COMP1 Child Health & Public Health	PPC –Psychiatry and perioperative care	COMP2 Primary Care Care of Elderly & Dermatology	RHCN; Obstetrics & Gynae	OSCE & Written Exams	Student Selected Component

Essential information

- COMP2 is one of 4 x 9-week long teaching blocks in year 4
- Students have 4 weeks in primary care for which they are expected to have 30 sessions in practice
- The other half of the block is spent in secondary care in Medicine for Older People
- Dermatology teaching is mostly spread throughout the block (dates sent through in advance). This is done during the middle week in Bath
- There is central teaching at the beginning and end of the block (consultation skills seminar, lectures and Disability workshop)

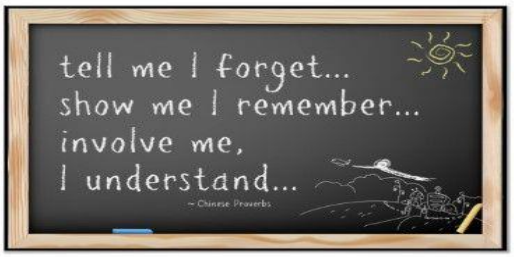
In practice



Aim to send draft timetable in advance

Induction and learning needs analysis day 1

Students should spend 2/3 time with a GP or allied healthcare professional doing GP type consulting



Please try to keep the students involved!

- Initial observation with active participation
- Then observe student doing at least 5 consultations and give feedback
- Then student to consult alone then you review and see together
- Use observation templates and learning logs
- Student led surgeries

Student led surgeries - a powerful learning tool

"my own clinic where I saw 3 patients independently, unobserved. I presented my findings to the GP who discussed the case with me after seeing the patient. This was helpful and empowering, allowed me to feel much more engaged. In hindsight, I would have liked more independent clinics as the learning points from these were invaluable"

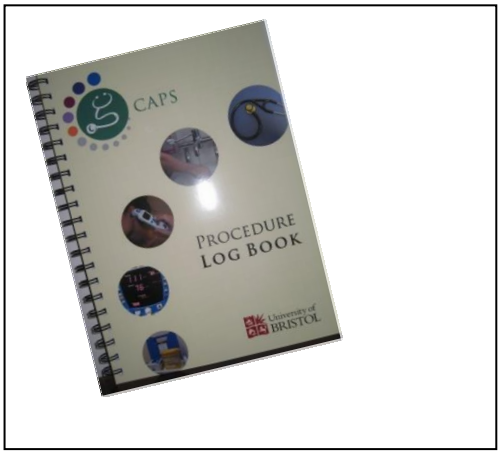
"my own clinic was perhaps the most valuable experience at med school and exponentially improved my consultation skills as well as time management. I felt supported as the GPs had a free slot specifically to review my patients. The addition of a joint observed clinic once a week meant that I was given enough feedback and teaching to cement my feeling of increased knowledge/skills."

See tips for this below as well as a guide at: https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/GP%20teacher%20guide%20for%20running%20student%20led%20surgeries%20for%20Year%204%20students.pdf

Other learning activities

- Practical skills
- Visits
- Tutorials 2 minimum (templates on website)
- Sitting with other GPs
- Practice meetings
- Out of hours
- Self-directed learning - GP paperwork time!
- Longer interviews - invited patients
- Time with other primary health care team members
- E learning
- Home visits
- Teaching session from ST 2/3
-

Practical skills	Examination
BMI Urinalysis Blood glucose Peak flow Blood pressure Pregnancy test Temperature Intramuscular injection	Respiratory Cardiovascular Abdominal Neurological Fundoscopy ENT Rectal Musculoskeletal
<u>Prescribing</u> Use of BNF Risks and benefits of giving medications Know at least one medication for each of the core problems including side effects Compliance. Discuss medication reviews 10 stages of prescribing Preparation for PSA	



Portfolio

- Student held document – their responsibility to get signed - must complete to 'pass' the block
- Sample available on the PHC website
- Incudes:
  - Learning needs analysis – at induction
  - Consultation s observed and reflections
  - GP sign off at end of 1st/2nd 4 weeks for satisfactory engagement and attendance
  - Handover comments if 2-week block

Attendance

- Aim for 100%. Minimum 80% to 'pass'
- Discuss any concerns early

Time out days

"limited time to work on a 10-hour day on top of a commute with no time to do extra reading or relax or catch up on sleep so feeling tired and rundown although this has not detracted from my learning experience"

- This is a pilot project at the request of Galenicals medical student society to improve student well-being throughout what is a long academic year and to allow some flexible holiday.

- Students can take up to 2 days per unit (max 5/year). They must book this leave at least 2 weeks in advance and has been advised to try to give your GP teacher 4 weeks' notice. They also need to complete a form.

GPs are not penalised/required to arrange make up sessions for time out days. Please put clear information on Attendance + Payment forms. Thank you for supporting the students in this.

Concerns about a student

- Discuss with student if appropriate
- If unresolved discuss with course lead
- May advise to complete a student referral form
- Wellbeing and support services

Please don't leave it to the end of the block
Discuss any concerns with us early

Indemnity update

GP Trainers or Educators are covered under the clinical negligence scheme for GPs in England. This means that if a clinical negligence claim were to be brought against a trainer then we would expect the claim to fall to the scheme. The scope document reads as follows:

"You will be covered under CNSGP in your role as a GP educator. The scheme will cover any activity that consists of, or is in connection with, the provision of NHS services (primary medical services under a GMS, PMS or APMS contract or sub-contract).

There is no need to advise the MDOs that you are teaching.

See further info at: https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-policies-and-standards/. There is also a Medical Student Undertaking form that they can review and sign at induction.

Managing the lunchtime gap with students!

Some students in year 4 and 5 have fedback that the lunchtime gap in practices sometimes feels long or that they are in the way. Likewise, for us GPs, there are meetings to attend and/or paperwork to do, and it is much easier without the worry or guilt that your student is at a loose end.

So below are a few ideas:

Best options and what we should all be doing!

- **Sit down with colleagues, eat lunch and chat**
- **Invigorating/de-stressing walk round the locality**
- **Make a cup of tea for everyone in the building!**

- **Someone on Twitter suggested press-ups and jogging!**

Educational activities….

- **Accompany GPs on home visits (does not have to be own GP teacher)**
- **Personal study - develop MCQ exam question or OSCE scenario to assist learning and test fellow students**
- **Online learning- via Blackboard or other sites e.g. https://www.bradfordvts.co.uk**
- **Practice based educational events and meetings**
- **Review practice SEAs and summarise learning points**
- **Meeting with interesting patients in the surgery**
- **Time with allied health care professionals (ensure they are allowed time for teaching)**
- **Review CAPS logbook: look at EMIS appointment screens to see what opportunities are coming up for additional learning (ECG/IM inj/spirometry/IUD fits/Minor surgery etc.…)**
- **Identify a condition seen recently and research, then present back to GP teacher. Point them to resources:**
    - **www.patient.co.uk**
    - **www.gpnotebook.com**
    - **http://cks.nice.org.uk/**

- **Prescribing**
    - **Review a list of all medications prescribed** in the previous session – for each look up the indications, contraindications, possible side effects, monitoring
    - **Medication reviews, or specifically** look at a patient with polypharmacy and try to identify any medications to review
- **Involve the student in mutually beneficial activities such as**
    - **Care plans**
    - **Audits**
    - **Learning disability reviews**
    - **Case reviews**

- **Review of blood results -** consider which ones may need action/ are important and decide management plans. Can encourage them to use the 'Haematology for GP' guidance on Remedy and the clinical biochemistry page

- **Referral letters -** Students suggested they would like to practice this: can look up local referral pathways and draft a letter with all the relevant information

- **Reviewing incoming documents** e.g. discharge/clinic letters see what tasks there are for the GP/ are these appropriate/ has any medication changed etc?

Assessment and feedback

Getting your students exam ready and giving constructive feedback on their consultations

In this session, we went through the current year 4 assessment, with reference to how we can help our students to prepare.

Summative assessment for year 4

- 50% - written papers in June.
- 50% - Objective Structured Clinical Exam in June

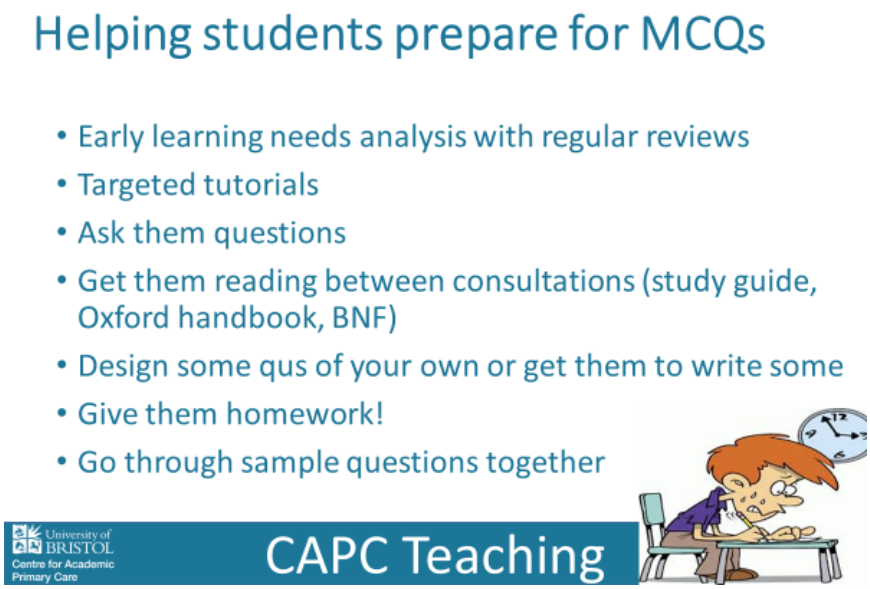
Written exam

Best of 5 MCQ: approx. 25 for GP, though many questions integrated with other year 4 specialities.

Example question

A 46-year-old white British man is diagnosed with hypertension. His blood pressure is consistently around 166/100mmHG. He is not on any regular medication but smokes 20 cigarettes a day.

Which class of drug does NICE recommend as a first line treatment for his hypertension?
a) ACE-inhibitor
b) Alpha blocker
c) Beta blocker
d) Calcium channel antagonist
e) Thiazide diuretic



OSCE

This examines the COMP2 PC aim: *you should be able to conduct a complete consultation in any one of the 16 core problems for Primary Care element of COMP2.*

Skills tested in OSCE stations

Type of skills	Examples
Consultation (Gathering information , making diagnosis & explanation)	Consulting in general practice or hospital environment Consulting with someone who has a disability Communicating with carers
Procedural Skill	Urinalysis, measuring peak flow, interpreting ECG
Examination of a System	ENT examination, nervous system examination, measuring blood pressure

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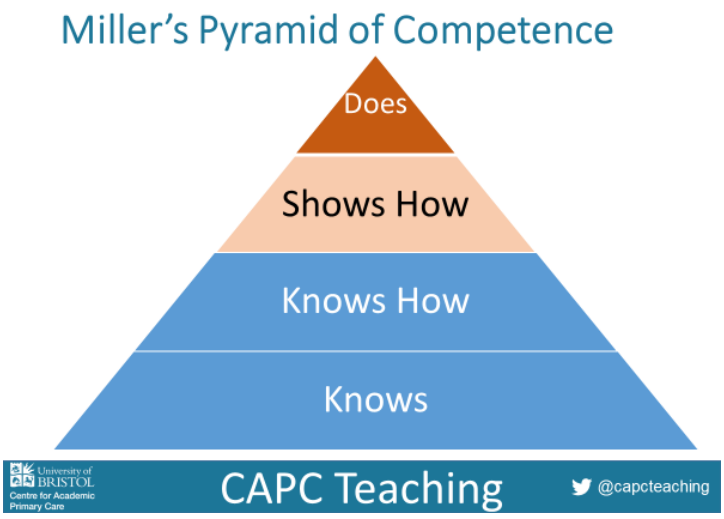
Objective: all candidates presented with same test
Structured: marking scheme for each station is structured
Clinical Exam: tests skills, behaviour, attitudes & application of knowledge

We can assess not only clinical and examination skills but also professionalism, knowledge and communication skills and attitudes.

This pyramid of competence aims to teach and assess more than knowledge; 'knowing' and 'knowing how' clearly do not necessarily extrapolate to the application of knowledge in the workplace. To demonstrate clinical competence, assessment at levels 3 and 4 becomes more important, but also more challenging. Level 3, 'shows how', is currently assessed by practical exams, observed long or short cases, or OSCEs, but in practice you can assess your students for level 4. This is the basis of most forms of workplace-based assessment: mini-CEX, CBD, MSF, DOPS, Portfolios etc



OSCE format

2 x 8 station exam on consecutive days

- 3 or 4 primary care stations – with 'patients'
- 10 min cycle, 9 mins to perform a full consultation

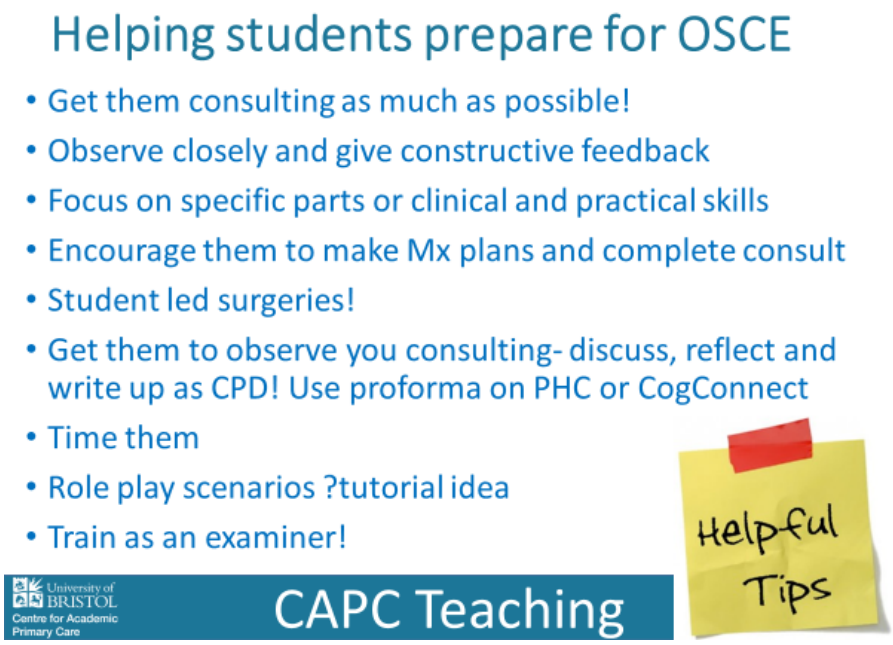
Clear marking schedule:

- 20 marks per station: 2-4 marks for fluency
- 'patient feedback – 1-2 marks
- 2 min feedback per station at the end
- Concern and excellence forms

There is a sample OSCE COPD case that we gave out during the day with marking scheme based on the one used in the exam. This can be accessed by students and teachers via Blackboard. If you would like a copy and cannot access it, please do get in touch!

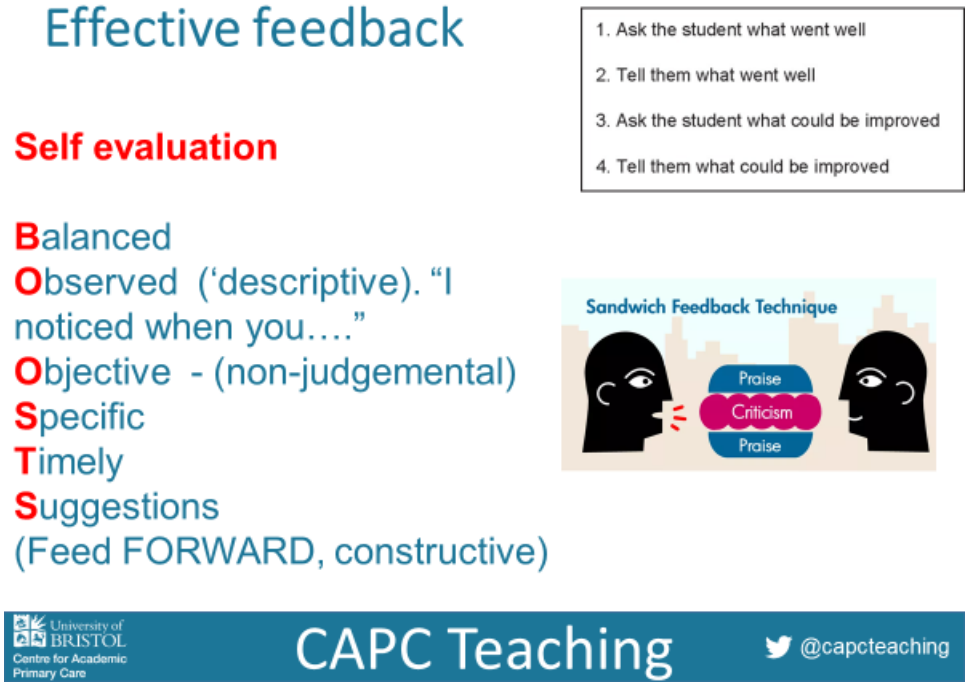
Where students don't do well

- Poor knowledge/unsafe practice
- Nerves
- Poor structure
- Failure to focus history
- Forgetting to ask about ICE
- Running out of time
- Trying to predict the station too early
- Failure to complete the consultation and safety net adequately



**We require examiners for OSCEs in years 2,3 and 4. If you are interested in training for this (two hour compulsory training session once every three years) then do send your details to PHC and we can send out details of training in your academy in the Spring next year.

Help your student prepare by giving feedback on observed consultations



Try the one-minute preceptor

- A popular and widely used method for improving teaching skills
- 5 'microskills' to help mentor guide the teaching interaction

https://www.youtube.com/watch?v=P0XgABFzcgE

1. Get a commitment – *ask the learner their diagnosis or plan*
2. Probe for supporting evidence –*why have they chosen this? What supports the diagnosis, what goes against it?*
3. Teach general rules – *e.g. always consider pregnancy test in a female of childbearing age*
4. Reinforce what was done well – *provide positive feedback*
5. Correct errors – *provide constructive feedback*

The future for year 4…finals!

Year 4 OSCE is likely to become Bristol's Clinical & Professional Skills Assessment for the GMC's Medical Licensing Assessment from 2022-23 onwards. The format is likely to be much the same. The competences will be those outlined in new Outcomes for Graduates, not confined to current year 4 specialities. So, practice now will help students in future exams and patient encounters in years to come!

Top tips from best practice session

As ever this was the most popular and useful session of the day!

Positive teaching experiences:

We discussed lots of positive teaching experiences:

- ✓ Seeing students pick up clinical signs (pronator drift), come up with a differential (evolving stroke), management plan (admit to hospital) and feel involved in the patient care.
- ✓ Really nice to see how the different 4th year students improve during the year
- ✓ Getting chocolates from the students.
- ✓ One practice their 3rd year student came back to the practice as an elective student and is now working there as a salaried GP.
- ✓ 1:1 interaction with enthusiastic students
- ✓ Personal learning and CPD that comes with teaching
- ✓ Enabling students to see life that they have previously
- ✓ Asking students at induction about themselves/current circumstances/any problems has enabled GP teachers to tailor timetables and provide appropriate support

CPD opportunities:

We discussed recent good teaching that we had received (including CPD opportunities):

- ✓ MediConf www.mediconf.co.uk/
- ✓ Redwhale courses

Positive role modelling of GP:

- One GP tutor says to the 4th year student at the end of the attachment ***'you've passed the tests; I'd be happy to have you as my GP'***

Tutorial time

- Variation in practices between 30minutes – 1 hour
- Like the tutorial guides
- Need consultations blocked out to allow time for tutorial, or get back the time spent
- In one practice 6 appointments are blocked out for a tutorial
- One practice does the tutorials jointly with a local practice (following merger)
- One practice arranged for the GPSI substance misuse to do tutorial followed by sitting in with the drugs worker

IT access

- All practice providing student with EMIS access and ideally ned to provide computer access at downtimes

What else are students doing?

- Time with paramedics or ANPs
- Nursing home rounds
- Drugs workers

- Local pharmacy, see dispensing process
- Chronic disease management – asthma, diabetes
- Managing partners' and the practice's expectations
- Observe/help duty

Students observing

- Experienced 4th year teacher stated that they always have the students actively involved in joint surgery – the student starts all consultations whilst the GP types in the EMIS notes
- Discussed students having practice at inputting notes to EMIS whilst doctor consults
- Always get the student to examine the patient (their examination is often more thorough)
- Need to keep students involved, give them tasks, i.e. look up drugs, take a BP, ask them for a diagnosis or management plan
- Good for students to see experienced GPs consult. Learning about being focused and avoiding unnecessary questions and actions. Hypothesis and pattern recognition driven rather than guided by lists
- Keep students involved, give tasks, i.e. look up drugs, take a BP, ask them for a diagnosis

Observing students consulting

- Managing partners' and the practice's expectations
- How many patients you will have to see when you are also supervising a student surgery
- Some GPs get the students consulting on day one. Allows an early assessment of their competence and confidence
- Observation useful if you/they are not sure if ready to consult ion their own

Student led surgeries

Managing partners' and the practice's expectations
How many patients you will have to see when you are also supervising a student surgery

Number of appointments to cut out

- 2 when student sitting in and observing
- More if the student is consulting
- One practice does not allow any time, no appointments taken out for teaching. Consensus of the group – not acceptable

How much time for student consultations?

- One practice gives students 40 minutes per patient and block out 10 for debrief
- Template supports this
- General wish for Primary Care to stipulate what time should be taken out for teaching

When to get students to consult

- Start with student sitting in and observing, then move on to let them consult- ideally after 1 week

- Discussed that we would like clearer guidance on the amount of student-led surgeries expected and ideas on how many sessions need to be blocked out.
- Very variable from every day to once / week.

Different structures to student clinics currently run:

Student Own surgery:

GP	STUDENT
Consult – 10minutes Consult – 10minutes CATCH-UP – 10MINUTES (REVIEW STUDENT PT) **Repeat x4**	Student consults – 30minutes (during this time GP will review) e.g. student see 4 patients in total

Joint surgeries:

- 3 hours morning surgery, with 12.5-minute consultations. 2/3 appointments are blocked out. Student is at the front seeing patients (including examination and management plan) and GP types on EMIS / adds in as needed.
- Normal surgery with 3-4 catch up slots added in to give time for observation / chat

GP and STUDENT together
St. Consult – 30minutes St. Consult – 30minutes St. Consult – 30 minutes St. Consult – 30minutes Student consults and GP observes

GP and STUDENT
St. Consult – 20minutes St. Consult – 20minutes St. Consult – 20minutes St. Consult – 20minutes CATCH UP GP consult – 10minutes GP Consult – 10 minutes GP consult – 10minutes Student sees 4 pt with GP observing then HP sees 3 patients with student watching

GP and STUDENT
GP Consult without student x3 St. Consult – 30minutes ST. Consult – 30minutes St. Consult - 30minutes GP Consult – x6 with catch up slots added in GP start 08:30 am – sees 2-3 patients as normal without student. Student arrives 9 – for 3 patients being observed at 30-minute intervals. Then GP goes back to normal surgery with some patients blocked out.

Students can also see patients from ANP or duty screens with appropriate support

What are we teaching the students?

- Teach students to take in 'everything' including the environment, can tell a lot from that. For example, if patient is coming in with car key in right hand, they are probably right-handed
- Get to know the 'lifeworld' of the patient
- Patients present with lots of things. GPs need to sift out the 'pathology'. A good way of doing this is to ask the patient about 'functions'. Can they walk, eat, sleep as normal, pursue their hobbies etc. have they stopped doing something because of the problem?
- Need to stress and demonstrate how important the history is, examination less important, there to conform diagnosis
    - Although sometimes surprises, for example, what sounded like a simple UTI turned out to be genital herpes
- Prescribing
- Ask students to look through repeat prescription requests and write down all the drugs they don't recognise and look them up
- Students are not so good at MSK examinations.
    - There is a good site for MSK which is meant for physio https://physio-pedia.com/home/.
    - Good for anatomy, remind us about joint functions/physiology
    - Can use without subscription, but will get adverts

Empowering students to guide their own learning

Discussed how by 4th year students should be able to guide their own learning

- One GP says to the students at the beginning of the attachment 'I want you to look at the EMIS screen each day and identify which clinics / learning opportunities you'd like to attend and let me know e.g. if want to do more phlebotomy or watch diabetic clinic / spirometry etc'
- Half-way point meeting to ask students are you covering what they hoped / how's the attachment going/ anything else they'd like to learn.

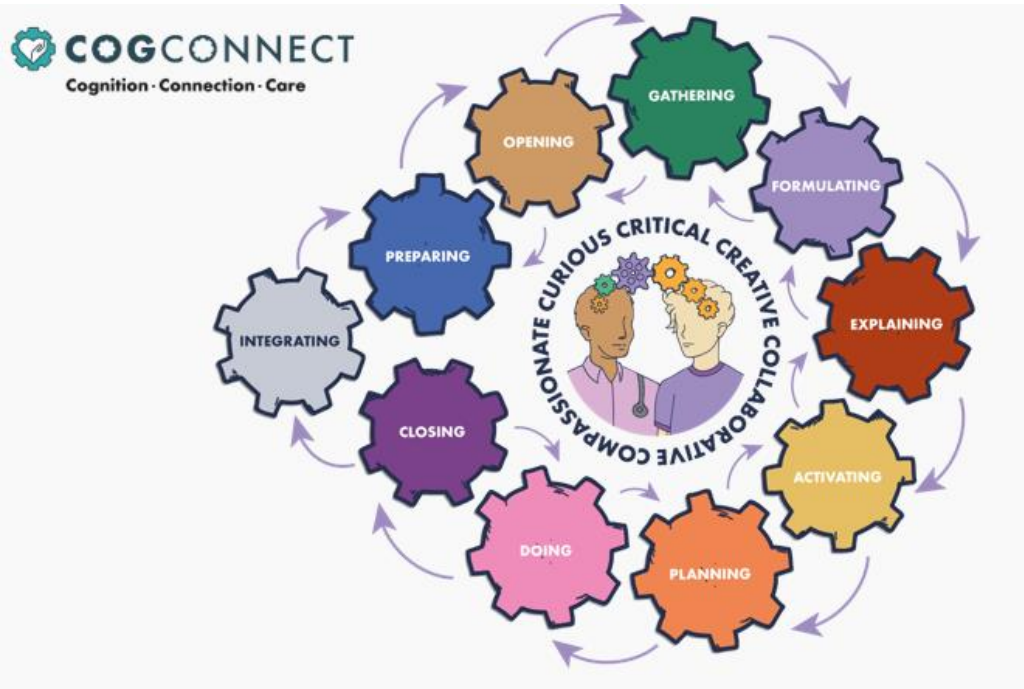
Learning from patients

- One GP reported the student demonstrated excellent consulting skills with a patient with a mental health problem, used a nice phrase 'we Always ask this to make sure that our patients are safe. Have you had any really dark thoughts that could harm you?'

COGConnect consultation model

Professor Trevor Thompson introduced COGConnect – a visual resource for teaching and learning 21st century consultation skills. Its tagline is “Connection.Cognition.Care” reminding learners and teachers that consulting is a whole person commitment of head, heart and hand.

We considered using it as a consultation observation and feedback tool and practised this with Trevor consulting with an actor. This observation form is an appendix 2 and you can read more at http://www.bristol.ac.uk/primaryhealthcare/teaching/cog-connect/



Dear Colleagues

Sincere thanks for being guinea pigs as we tried out our new "CC-COG" observation tool for students in practice. More details available at www.cogconnect.info. I have personally collated the feedback you provided, and this will be fed into the next iteration.

Complexity is an on-going issue. At first glance COGConnect is busy - but to (probably mis-) quote Einstein "things should be as simple as possible but not simpler" - i.e. currently we struggle to find a "cog" of COGConnect we would want to remove without interfering with the clockwork. I guess there is some value in acknowledging that the consultation is a complex beast worth giving attention to as a thing in its own right.

Thanks to you also for some of the positive feedback - some of the novel elements such as "activating" and "integrating" seem to have struck a chord. We are hopeful COGConnect will offer something valuable at Bristol and beyond.

Good wishes, Trevor

Year 4 in MB21

Starting in just 10 months' time, Barbara Laue and Lizzie Grove shared details of how the new year 4 will look and you kindly considered and gave lots of constructive feedback. Read on for more details on this:

Dear Year, 4 GP Teachers,

Many thanks for your feedback on the plans for Year 4 Primary Care teaching and for completing our questionnaire about MB21 Year 4 teaching plans. This is really helpful for planning ahead.

Below are your answers to our key questions whether you will continue Year 4 teaching and how many students you may be able to take. You can also read some of the comments colleagues made (highlighted) and our answers.

We asked you:

1. **How likely are you to teach MB21 Year 4 students from 2020?**

26 delegates answered this question, and this is what you said

No	**4**
Not very likely	**4**
Would consider	**11**
Very likely	**7**

It is very encouraging to see that most of those people who said 'no' or 'not very likely' added a qualifier 'my day off, but will ask the practice' or similar

We wanted to know how many students you might be able to accommodate over the academic year.

2. **How many students could you manage in a year?**

No box ticked	**5**
I pair for 18 weeks (half academic Year)	**7**
1 pair for 2x18 weeks (whole academic Year)	**10 (plus ?4 possible, response not clear)**
2 pairs for 2x18 weeks (whole academic year)	**2**

You said " You want information about MB21 early"
We have updated the infographic we handed out at the workshop after reviewing how much we will be able to pay for Year 4 placements (see new draft). **Key change: we are now planning to place 3 or 4 students per practice which will significantly improve payments**

Payment to reflect the work

'We would be prepared to pay a salaried doctor to do two extra sessions to teach (because we are committed to teaching and value it) but the payment from the university would need to cover this'

We are carefully considering the balance of teaching time and payment. To adequately fund Year 4 GP sessions, we will ask practices to take **two pairs of students concurrently** (4 students) in the first **and** second half of the year. This will attract a fee of **£15776 for the whole academic year**.

We will provide detailed timetable samples how to manage 2 pairs of Year 4 students in the practice.

What students can do for you and your practice

- 4th year students should be an asset to the practice, able to see patients and carry out authentic tasks including phlebotomy, routine health checks and checks for housebound and nursing home patients.
- Although supervising your students will take time, you should still be able to see a significant number of patients yourself.
- The students will be expected to complete a clinical governance project over 18 weeks. This should be one that is mutually beneficial to you and the practice.
- With regular teaching sessions on a Wednesday this could be an attractive recruitment option for a salaried GP who is interested in teaching or a current GP who would like to reduce clinical work a little bit.

What if there is an overlap with Year 5 teaching?

We have clarified and year 5 students will not be in the practice on a Wednesday, they will be timetabled to their own project on a Wednesday morning and cluster-based teaching on a Wednesday afternoon. 'Cluster based teaching' will be trialled in this academic year.

Information needed to plan for Year 4 teaching

*'Giving us **clear** timetabling instructions (the building blocks that need to be fitted into the placement) **ASAP** will be key to the success of this curriculum change. It will take significant planning by us GP teachers'*

We appreciate that this is a major change and that GP teachers and their practices need timely notice to plan for this.

We are working on learning activities and outcomes for Year 4 Primary Care teaching and will provide more detail, including sample timetables from January 2020.

We have revised the infographic we handed out at the workshop. To ensure adequate payment we are now planning the GP placement for 2 pairs of students at a time.

Has Primary Care been dictated to by secondary care or the University?

'Seems a shame that secondary care can appear to have dictated primary care teaching. Have to question evidence base and consultation for changes made.'

Definitely not. Primary Care requested more teaching time for GP placements (which we got!) and asked for a longitudinal integrated clerkship. These are the reasons

- We anticipate that students will be able to better integrate their learning in primary and secondary care if they experience both alongside each other rather than being 'siloed' into separate blocks.
- Enhances students' personal and professional development and learning outcomes if they have continuity of tutor, patients and place over a longer period (evidence based)
- Better support and pastoral care for students rotating through the shorter blocks. This may be especially important in the second half of the year leading up to Finals.
- We have a long Primary Care block in Year 5 (9 weeks). It is possible that some students may have found it a bit 'samey' if they had the same type of GP placement in Year 4 (we don't know for sure)

Big changes

'Big change. Year 4 has been fun to teach. This is altering that. As GPs we can get similar feeling with the new Year 5. However, this weekly model sounds interesting. It's different.'

We very much hope that GPs will enjoy seeing their students develop their skills and knowledge over a longer period.

Thank you all for your comments and feedback. We welcome further thoughts and suggestions. Please email Barbara.laue@bristol.ac.uk.

Best wishes
Barbara

Arts and humanities in medical education

Lizzie Grove ran a great short session focused on arts and humanities in medical education: why it is important and what we can do to help our students embrace and benefit from this. It is a helical theme and can assist us all in understanding different perspectives and will often give insight into a lived experience of an illness/ treatment. For many of us, it also can provide an outlet.

Small self-selected groups report significant benefit from the arts

- increased **empathy** for patients
- a **broadened perspective** of the human condition
- **reduced presumptions** about patients
- a **deeper understanding** of the complexities of humanity
- would be more likely to consider the **psychosocial aspects** of the case

Resources we can use:

- Books
- Art
- Poetry
- Film
- Sculpture
- Music

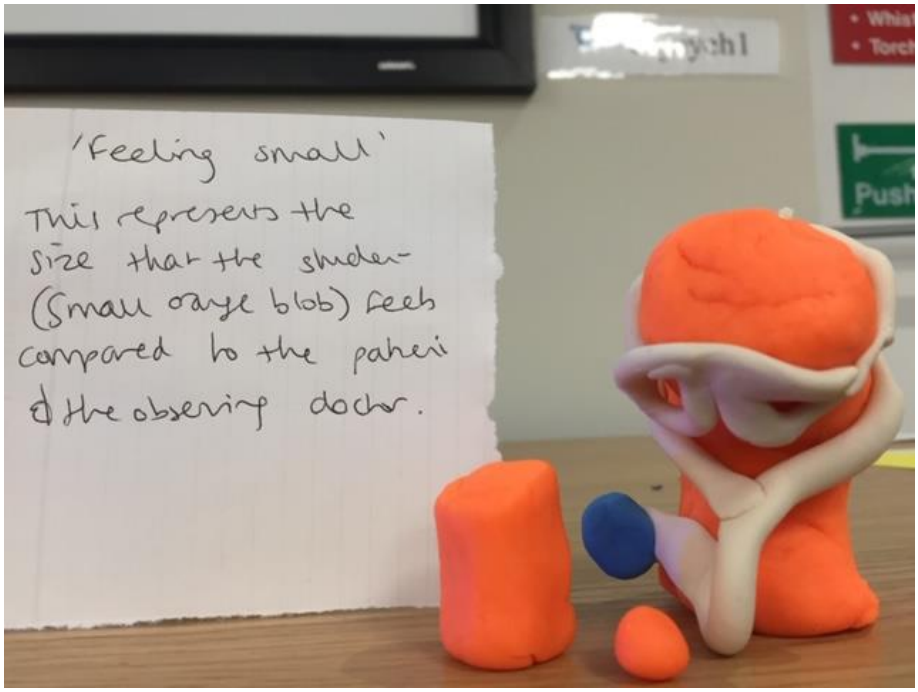
An example of one of the books discussed was 'Still Alive' a book by Lisa Genova, set in Boston about a professor of Psychology who develops early onset dementia. One GP uses playdoh and asks students to make something up to represent what they have learned while she is giving feedback to another student. One GP linked clinical reasoning to scenarios from the film 'Frozen' on the assumption that all the students would know that film.

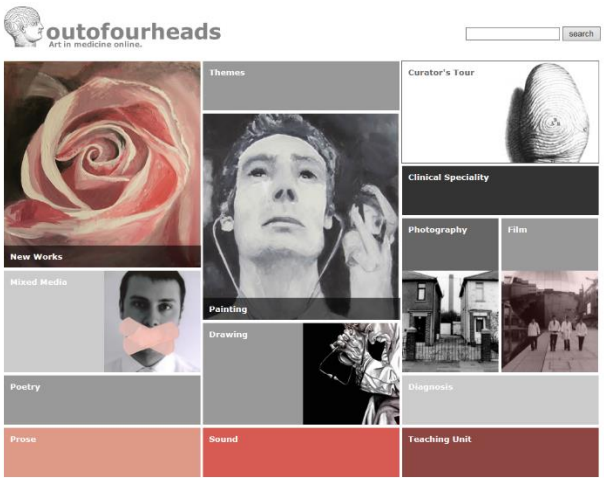
We discussed minor creative projects we can do with year 4 students to support the earlier creative work they do in year 1. We then had a 5min creative and very productive interlude of our own creating something reflecting how both we and the students may feel when being observed consulting. Thank you all for your enthusiasm and efforts. Please see below for some results!

Twenty years GP
Why fluster now when watched?
Imposter-caught out?

Here's fresh youth to teach.
What responsibility?
Inspire-broaden-hope

Did I get it right?
Why is he always watching me?
Can't think what to ask.





Check out Bristol medical student art at http://www.outofourheads.net/

Teaching on the telephone

The student perspective from feedback given

- *I think more time is required actually seeing patients. My GP was mainly telephone consultations so didn't see many pts until week 4 when I had my own surgeries*
- *Telephone triage can make it hard to learn and be taught*
- *Only negative was first 2 weeks mainly sat in with GPs listening to telephone consultations instead of seeing patients face to face.*

Other challenges are that the students may not perceive it to be relevant and pure observation/listening in is tedious and subsequent learning is limited. Students comment that they feel they are missing out on valuable F2F consulting.

GP teacher perspective

- All agreed it's an essential to consider teaching as big part of our work (and getting bigger)
- It is an important advanced consulting skill
- Very few practices are currently teaching it
- Most surgeries don't have dual headsets, but speakerphone can be used
- Need to be alert to the difference between telephone triage (e.g. allocating when and by whom the patient is going to be seen) and telephone consultations
- Time pressures to get through a lot of calls make it harder to teach

What do the students need?

- An awareness of the varying ways that patients contact and value for GP care
- Understand the potential benefits and challenges of telephone consulting/triage
- Advanced consulting skills
- Authentic patient encounters
- See the core problems
- Preparation for a workplace where increasing work is done on the telephone e.g. secondary care follow ups, GP consultation, OOH triage

How can telephone triage be taught:

- **Role plays**
- **Speaker phone** – Students can listen in. Can do it for 1 hour, get students to listen and then get students to read around issue. Students can then see patient that gets brought in.
- **Dual headsets**
- **Students practicing independent telephone consultations –** if this is a consultation rather than a triage. In this case it is important to debrief and know what the patient is wanting
- **Resources/ tutorial to be provided by university –** students can access prior to discuss triage vs consultation vs follow up phone calls. Watch this space!
- **Hybrid working patterns** – colleagues to telephone calls and book patients into pre-bookable student led surgeries
- **Consent -** Discussed making sure patients are aware that a student is listening.

Involving allied health care professionals (AHCPs) in our teaching

In the 2018 workshop we ran a session on the potential roles of AHCP teaching our students. This was to enable our GP teachers to be able to harness all the possible teaching supports and opportunities for students in our practices. We wanted to consider the benefits, whilst being aware of possible disadvantages….and feeling able to embrace the challenges! There was a suggestion that a resource to support this would be valuable.

One year on, a resource was introduced at the workshop which you can access ay the PHC website or at https://www.ole.bris.ac.uk/bbcswebdav/xid-12951683_4 (with audio)
This is a PowerPoint presentation with voiceover from Dr Lucy Jenkins which lasts 25 minutes.

The idea is that your AHCP will be able to view this to prepare them and hopefully increase their enthusiasm, confidence and competence in teaching.

Or the slides can be used alone https://www.ole.bris.ac.uk/bbcswebdav/xid-12951200_4 (slides only). There are notes underneath each slide so you can deliver this presentation to your AHCP and personalise it for your practice if you would like. A ready-made teaching and quality improvement project for you! Please do contact with any feedback or relevant comments. I hope it is helpful!

Contents of the presentation

Why teach? Who is teaching? The student perspective. What are the challenges?
What you need to know……

- The students (slide #9)
- Logistics: session planning, time and space (#12)
- What helps us to learn (#13)
- Preparing the patients
- Involving the students
- Content and resources (# 19)
- Teaching and signing off practical skills with examples (#16)
- Giving constructive feedback (#21)
- Consent, supervision/indemnity and concerns about a student (#24)

Further teaching opportunities

- Teach in other years – check out the packages on the website!
- Design and supervise SSCs in years 2-4 or supervise electives in year 5
- Sign up for teaching newsletter and follow us on Twitter for info on opportunities
- Examine in OSCEs **
- Become a Professional Mentor file:///C:/Users/lt8947/Downloads/MB%20ChB%20Professional%20Mentorship%20Programme%20roles%20and%20responsibilities%20July%202018%20(3).pdf
- Honorary teacher scheme https://www.bristol.ac.uk/primaryhealthcare/teaching/htc.html
- Consider a joint clinical and teaching post to help with recruitment difficulties

Appendix 1

COGConnect Consultation Observation Guide Consulter's name.....

Use this form to provide feedback for a Consulter. Not all aspects will apply, depending on the nature of the consultation.

Chief Complaint of Patient:	**Score** 0=not done; 1=some done poorly; (Tick 'O') 2=some done well; 3=most done well				Date: Start time: End time:
Preparing and opening the session	0	1	2	3	Points of strength & Points for improvement
Prepares self and consultation space and accesses medical record prior to direct patient contact. Introduces self, checks correct patient, builds rapport. Identifies the patient's main reason(s) for attending and negotiates this agenda as appropriate.	O	O	O	O	
Gathering a well-rounded impression	0	1	2	3	Points of strength & Points for improvement
Obtains **biomedical perspective:** presenting problem and relevant medical history including red flags, PC, HPC, PMH, RoS, DH & allergies *as appropriate to presentation*.	O	O	O	O	
Elicits the **patient's perspective:** ideas, concerns, expectations, impact and emotions (ICEIE).	O	O	O	O	
Elicits **relevant background information:** work and family situation, lifestyle factors (eg sleep, diet, physical activity, smoking, drugs and alcohol) and emotional life/state.	O	O	O	O	
Conducts a **focused examination** of the patient. Gains consent, cleans hands, examines courteously and sensitively. Explains examination findings.	O	O	O	O	
Formulating	0	1	2	3	Points of strength & Points for improvement
Summarises the information gathered so far. Shows evidence of understanding current problems/issues and differential diagnoses with reference to predisposing, precipitating and perpetuating causes. Makes judicious choices regarding investigations, treatments and human factors (eg dealing sensitively with patient concerns).	O	O	O	O	
Explaining	0	1	2	3	Points of strength & Points for improvement
Explains appropriately, taking account of the patient's current understanding and wishes (ICEIE). Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate. Checks that the patient understands.	O	O	O	O	Any examples of chunking, checking, clarifying?
Activating	0	1	2	3	Points of strength & Points for improvement
Affirms the patient's current self-care. Enables the patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep and emotional wellbeing. Enables the patient to consider self-care, using skills of motivational interviewing, where appropriate.	O	O	O	O	
Planning	0	1	2	3	
Develops a clear management plan with the patient. Shares decision-making appropriately.	O	O	O	O	
Closing and housekeeping	0	1	2	3	Points of strength & Points for improvement
Brings consultation to a timely conclusion, offers succinct summary and checks the patient understands. Gives patient opportunity to gain clarity via questions.	O	O	O	O	
Arranges follow-up and 'safety-nets' the patient with clear instructions for what to do if things do not go as expected.	O	O	O	O	

Integrating	0	1	2	3	Points of strength & Points for improvement
Writes appropriate consultation notes, referrals, etc. Identifies any personal learning needs. Identifies any personal emotional impact of the consultation.	O	O	O	O	
Generic Consulting Skills	0	1	2	3	Points of strength & Points for improvement
Posture. *Voice:* pitch, rate, volume. *Listening skills:* silence, active listening, questioning techniques. *Counselling skills:* **O**pen questions, **A**ffirmations, **R**eflections (simple and advanced) and **S**ummaries. *Advanced skills:* picking up on cues, scan and zoom, giving space to the patient, conveying hope and confidence.	O	O	O	O	
Organisation and efficiency	0	1	2	3	Points of strength & Points for improvement
Fluency, coherence, signposting the stages of the consultation. Keeping to time.	O	O	O	O	

Appendix 2 Infographic for MB21 Year 4 Primary Care/Community teaching

GP4

Year 4 General Practice Placement

More information on each year here: https://www.bristol.ac.uk/primaryhealthcare/

University of BRISTOL
Centre for Academic Primary Care

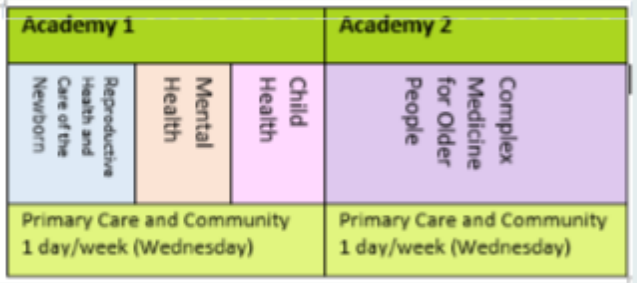
In year 4, students will have a longitudinal clerkship in Primary Care in each of their two academies. Every Wednesday they will be in their GP practice, 2 x 18 days.

This placement integrates closely with students' learning in Secondary Care (see schematic below) Students will have 4 Wednesday afternoon sessions in the academy (two in each 18 week period), see dates on the back.

How the placement works

Each Wednesday three/four students will come out to the practice. We would like students to have two-three hours clinic time, one-two hours independent study and two hours of allied health / community time.

Practices will have flexibility how to organise the structure and timings of these sessions. We would like students to have a brief 'check-in' and 'check-out' each day.



Sample Outline Timetable	
08:30 –9.30	GP Preparation time & **check in**
9.30 -12:00	**Morning session** Clinic or Community (allied health)
13:00 -14:00	Self directed learning / Visits
14:00—16:00	**Afternoon session** Clinic or community (allied health)
16:00—16:30	**Check out** (revisit learning)

Clinic

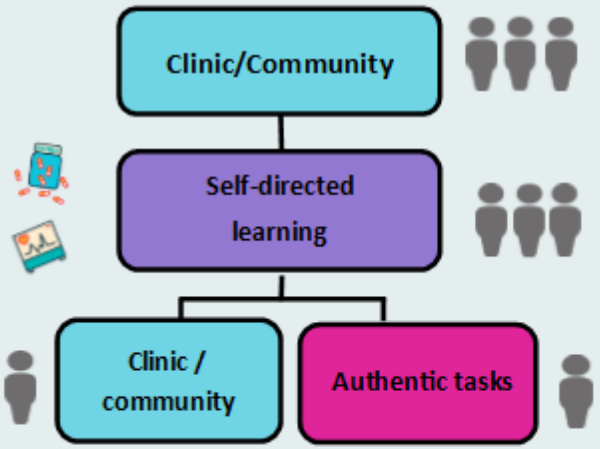
Each day in practice should include a clinic session (morning or afternoon). These can be run in different ways, from observed surgeries to student-led surgeries.

Community

Year 4 is a key opportunity for students to learn from allied health professionals and in a community setting. This includes practice nurses, pharmacists, midwives, health visitors, social prescribing activities and much more.

4th year students should be an asset to the practice. They are able to assist in health assessments and authentic tasks for example phlebotomy, learning disability checks and new nursing home patient reviews.

Typical day in practice



Self– directed learning

During each 18-week GP clerkship we would like you to allocate patients to each student for long-term follow up.

Students are expected to have independent study time to meet their learning outcomes including following up their long term patients, completing clinical governance projects and reading around clinical cases they have seen. Resources will be provided for this time

Year 4 Key facts

Every Wednesday
18 days x 2

Payment £15 776 for 2 pairs (4 students)

GP4

GP and Academy Teaching Dates

For 2020-21

University of BRISTOL
Centre for Academic Primary Care

Clerkship A			
Week	**Date**	**Week**	**Date**
1	09/9/20	**10**	11/11/20
2	16/9/20	**11**	18/11/20
3	23/9/20	**12**	25/11/20
4	30/9/20	**13**	02/12/20
5	07/10/20	**14**	09/12/20
6	14/10/20	**15**	16/12/20
7	21/10/20	**16**	13/01/21
8	28/10/20	**17**	20/01/21
9	4/11/20	**18**	27/01/21

Key
Day in practice
Half day (09:00—12:00) in practice

Academy afternoons
1. Examination and history
2. Safeguarding & domestic violence
3. Population perspective
4. Long term follow up patients Selfcare

Teacher Development
Year 4 Workshop

Clerkship B			
Week	**Date**	**Week**	**Date**
19	03/02/21	**28**	07/04/21
20	10/02/21	**29**	21/04/21
21	17/02/21	**30**	28/04/21
22	24/02/21	**31**	05/05/21
23	03/03/21	**32**	12/05/21
24	10/03/21	**33**	19/05/21
25	17/03/21	**34**	26/05/21
26	24/03/21	**35**	02/06/21
27	31/03/21	**36**	09/06/21

Year 4 FAQs	
How many students?	We would like you to take 2 pairs of students (4 students) and have produced detailed timetables how this would work. The timetables are taking account of GP preparation time and balance supervision time with pay .
Can more than one GP deliver the teaching?	One GP needs to take responsibility , oversee the teaching and provide continuity. Other GPs and allied health professionals can contribute to teaching. It is hoped that all team members will welcome the students and help to facilitate their learning.
Am I required for the academy teaching afternoons?	No. The academy based afternoon sessions will be run by GPs and paid separately. You would be very welcome to apply to teach on these sessions. We will provide training.
What if I'm away during the 18 weeks?	We appreciate you will have annual leave. Please arrange for a colleague to organise and supervise the students when you are away.