University of BRISTOL
Centre for Academic Primary Care

GP5

Cluster Based Teaching Workshop 2025/26

Veronica Boon, Lucy Jenkins, Imogen Llewellyn, Sam Walker

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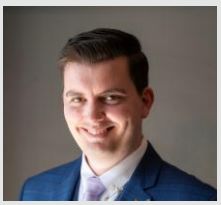


Meet the Team

phc-teaching@bristol.ac.uk

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08:45	**Coffee and Registration**	
09:10	Welcome and Ice-breaker	
09:25	**New Tutors** Overview of the course	**Experienced Tutors** Updates and sharing ideas
10:10		
10:20	Assessment	
10:40	Outside the Box	
10:55	Top Tips	
11:10	**Break**	
11:30	Student Concerns/Challenges	
12:15	**New Tutors** Week 1 Session Plan	**Experienced Tutor** Migrant Health
12:55	Close and Feedback	
13:00	**Lunch**	

Timetable

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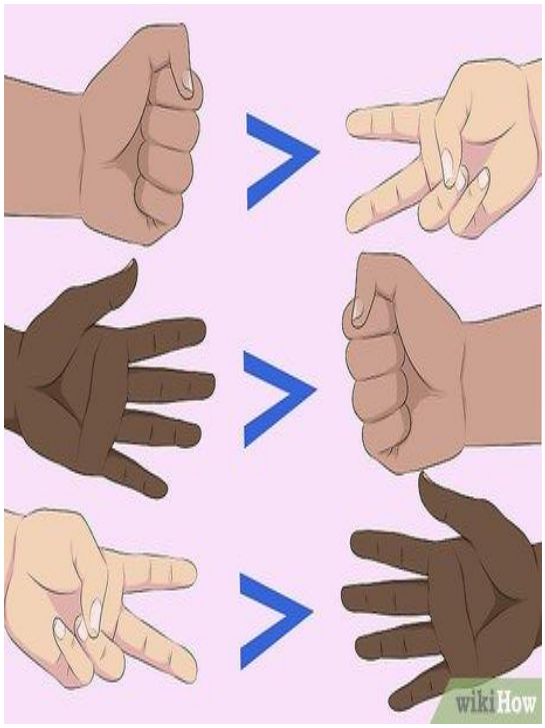
Ice-breaker

- Rock, paper, scissors, GO!
- Best of 3
- Loser cheers on their winner in next match



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Overview of GP5 and Primary Care Teaching

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Prior experience

- Does anyone teach on GP5?
- What prior experience do you have of small group teaching?

- Aims for today

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Primary Care Teaching at UOB

Year 1	3-5 students 13 sessions/year (observed surgery and home visits)
Year 2	3-5 students, 13 sessions/year Meet expert patients (brought in)
Year 3	3-5 students, alternate Tuesdays (2x 8-week blocks) Observe and consult
Year 4	4 students, every Wednesday 19 weeks More independence
Year 5	2 students, 9-week block

- Approximately 275 students per year group
- 5-year course
- Finals at the end year 4

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Example Layout of Year 5 Academic Year

Dates	Rotations/Teaching
Aug – Oct 2025	Student Elective Period
Stream A	Ward Based Care
Stream B	Acute and Critical Care
Stream C	Primary and Community Care

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Year 5 Teaching Dates

Block	Dates
A	29th October 2025 – 9th January 2026 (Vacation 20th Dec – 4th Jan inclusive)
B	12th January – 13th March 2026
C	23rd March – 5th June 2026 (Vacation 30th Mar – 10th Apr inclusive)
PSA Exams	Main Sitting: 29th January 2026 First Resit: 23rd April 2026
Foundation Allocations	26th February (priority placements 21st Jan)

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Prepare Students for working as F1 doctors by learning in the Primary Care setting.

Aim of GP5

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Core Elements of GP5

- 6 timetabled sessions in practice each week
  - 5 student-led surgeries
  - 1 joint surgery
  - Allocated project time over lunch (minimum 2 hours per week)
- May be delivered over 3 or 4 days
- Out of practice every Wednesday for Cluster Based Teaching

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	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student-led Surgery *09:00-12:15 including admin/patient follow up*	Student-led Surgery *09:00-12:15 including admin/patient follow up*	Cluster Based Teaching (CBT)	Student-led Surgery *09:00-12:15 including admin/patient follow up*	Student-led Surgery *09:00-12:15 including admin/patient follow up*
Lunch	Break *12:15-12:45* Lunchtime Activity *12:45-13:30* Project *13:30-14:00*	Lunchtime Activity *12:15-13:00*		Break *12:15-12:45* Lunchtime Activity *12:45-13:30* Project *13:30-14:30*	Project *12:15-13:00*
PM	Student-led Surgery *14:00-17:15 including admin/patient follow up*	Private study	CBT Preparation Outside the Box Project	Joint Surgery *14:30-17:00*	Private study

Example Timetable

4 day working week (6 scheduled sessions)

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Q & A

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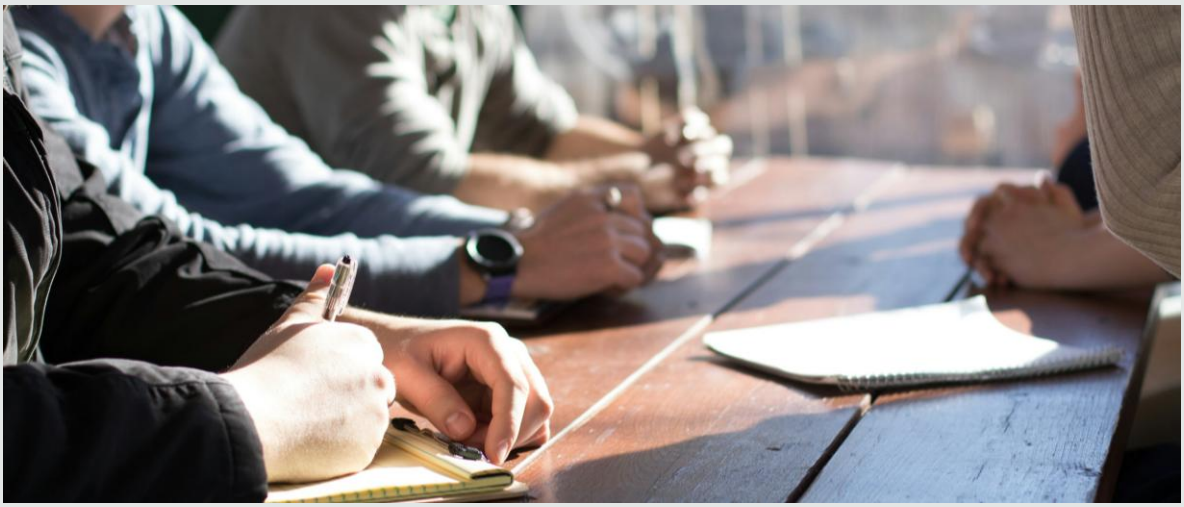

Cluster Based Teaching

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Key Details

Groups of 4-10 students

2.5 hrs Wednesdays; AM or PM. Attendance compulsory.

Face-face (out of area group on Teams)

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Aims of Cluster Based Teaching

- Meet with colleagues to **share experiences** and learning from GP placement
- **Reflect on patient cases** and how this relates to current guidelines
- Develop advanced **consultation skills**
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered
- Reflect on **General Practice as a specialty** and potential career option
- Further expand on non-clinical areas to develop as a **well-rounded practitioner**

"CBT was the highlight of my week; it was great to meet with other students and the sessions were useful and relevant. Our tutor was really friendly and engaging, the pastoral care and guidance was the best I've had during medical school"

Year 5 student

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Week	Topic	Student Pre-work
1	Introduction	Find out about the practice
2	Emergency Care	Look at communication from IUC. Find out about urgent care in the practice
3	End of Life Conversations	Read about ReSPECT and lasting power of attorney. Palliative care/nursing home visits
4	Being a Doctor	Talk to GPs in your practice about their job. How do they look after their health?
5	Investigations and Results Breaking Bad News	Review results and discuss management Find a case with an abnormal result to present to group
6	Using an interpreter	Find out how interpreters are used in practice. Observe an interpreter consultation.
7	Managing Uncertainty and Complaints	Discuss with your tutor how they deal with uncertainty. Discuss how complaints are managed. Attend a SEA.
8	Medical Complexity, Discharge Summaries, and Referrals	Review management of medication requests/ discharge summaries. Observe complex medication reviews. Spend time with a pharmacist. Find a complex case to present to group.
9	Outside the box project	Create 5 minute micro-teach on their project

Cluster Based Teaching Topics & Pre-Learning

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Introductions 09:00-09:15 14:00-14:15	How is their placement going? Any immediate concerns? Any interesting cases/learning they'd like to share with the group A brief outline of the rest of the session.
Triage Exercise 09:15-09:25 14:15-14:25	(Use printed resource)
Pre-Session Learning 09:25-09:50 14:25-14:50	Students have been asked to watch a short video on IUC and find out about how IUC communicates with their practice and how urgent care works in their practice.
Case Discussion 09:50-10:10 14:50-13:10	Discuss up to 6 real cases from Out of Hours.
Break 10:10-10:20 15:10-15:20	
Case Discussion 10:20-11:20 15:20-16:20	Discuss up to 6 real cases from Out of Hours.
Reflection and Planning 11:20-11:30 16:20-16:30	**Reflection and planning for next week** **Feedback** on the session: • Students feedback on the session • **Please complete attendance and feedback form online**

Example Outline of Session

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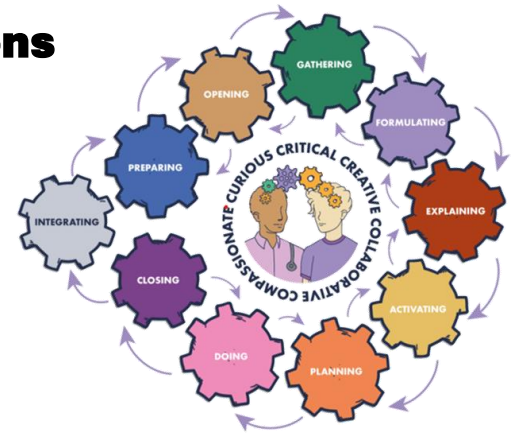
Communication skills sessions

- Scenarios in week 3, 4, 5 played by student
- Allocate a student to 'play' the doctor a week before (keep rota)
- Scenarios in week 6 and 8 played by actor
- Allocate a student 'the patient role' and give information in advance
- Facilitate the session:
  - Ensure 'active' listening by assigning the students roles based on CogConnect.
  - COGConnect a visual resource for teaching Effective Consulting



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Feedback from 25/26

- Overall GP placement rated 4.7/5
  - Liked student-led surgeries
  - Liked range of cases/ feeling part of team
  - Don't like observing/long lunch breaks/ lack of supervision
- CBT rated 4.2/5 overall
  - Like meeting colleagues, complex case discussion, pastoral care
  - Liked flexibility of tutor with content of session
  - Mixed feedback on communication skills sessions.
- Tutors
  - Really enjoyable sessions
  - Sessions can be quite busy/Some students difficult to engage

"I just wanted to share how great an experience I have had with CBT. My tutor is really excellent and facilitates useful discussions. In terms of wellbeing, its really helpful to have a point of contact throughout the whole placement. We have also had lots of occasions where things we discuss in CBT come up in clinic and we feel far more equipped to manage these."
Year 5 student

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Role Of Tutor

The ideal scenario is the get the group doing all the work.

Give them tasks so you are left you to focus on:

- **Providing structure**: a safe learning environment, keeping to time
- Everyone has the chance to contribute
- Ensuring that the **feedback** is balanced - key learning points at the end of each section.
- Introducing **anecdotes from practice** and highlight the relevance of learning to FY1
- Provide challenge when needed
- Making the session fun and enjoyable
- Complete weekly attendance and feedback forms and student assessments

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How To Prepare

- Read Cluster Based Teaching **Handbook**
- Read detailed **session plan** prior to each session (week before)
- Familiarise yourself with recommended pre-learning
- Consider bringing **interesting cases** you have seen to discuss with students
- When required, allocate in advance 1-2 students with patient brief
- Consider contacting the students in advance/
- Consider 1:1 initial meetings to see if the students need any specific adaptations or considerations e.g. Student support plans (SSPs)
- Make sure students are aware of pre-learning for each session
- Email phc-teaching@bristol.ac.uk if any queries
- Optional tutor WhatsApp group to share ideas

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Student Support Plans (SSPs)

- Students with a range of disabilities, learning difficulties and other health and mental health conditions can apply to the University Disability Services to be assessed for an SSP
- SSP's contain a personalised summary of reasonable adjustments recommended for the student's teaching and learning
- As many as 30% of students have SSPs
- Many will not need any additional support
- Some students may need support but do not have an SSP
- If any of your students have an SSP, we will inform you via email before the placement starts
- Please contact students in advance to see if they need any adjustments or want to share any issues that may impact on the placement.

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What to bring to the session?

- Copy of tutor handbook/session outline
- Your list of students
- Any equipment you may need for your activities e.g. post-it notes, print outs
- Spare pens
- Laptop
- Fruit/snacks for the students for the first week and discuss a snack rota for following weeks.

After the session

- Complete attendance form
- Document who 'consulted' if appropriate
- ?brief anonymised notes on students

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Student Prizes

- Monetary award
- Can count for additional points on future job applications
- Criteria
  - Excellent attendance
  - Excellent performance and engagement
  - Excellent patient and colleague feedback
  - Presented outstanding project work
  - Went above and beyond what is expected

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Feedback

Your feedback on the course / Students:

- Each week, there is a section on the attendance form to give **feedback on the session**
  - Feedback on content and attendance NOT student concerns
- Voluntary **WhatsApp group** for tutors - invite will be sent with final week 1 session plan
- At the end you may want to nominate a student for a prize.

Student feedback:

- At the end of the block, students can voluntarily give feedback about their tutor
- Please encourage them to complete the end of placement feedback form (this is how we get feedback to you)
- You may want to collect your own personal feedback

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Outside the Box

- Over 9 weeks explore a topic 'outside' classic medical curriculum.
  - **The creative practitioner –** artist
  - **Lifestyle challenge** – exercise, sleep, mediation
  - **Medical arts review–** film / books / poetry

- **Week 1 -** Student chooses topic
- **Week 3 –** Share topic with the group
- **Week 9 –** Students present results (7 mins & 8 mins Q&A)

"Loved hearing about what everyone did for projects. I felt my project helped both my mental health and will influence advice I will give to patients in my future practice"

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Outside the Box

GP5: Outside the Box Presentation (bris.ac.uk)

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Communication skills sessions

- Scenarios in week 3, 4, 5 played by student
- Allocate a student to 'play' the doctor a week before (keep rota)
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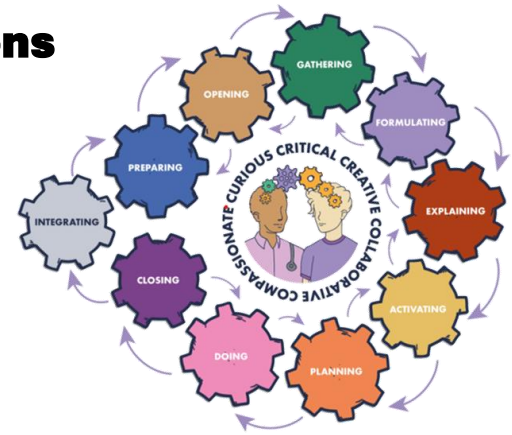

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Opening

"Please look at how *x* opens the consultation e.g. 3-point identity check, builds rapport, identifies the main reason for attendance"

Explaining

"Focus on howe *x* explains to the patient, taking into account their ICE-IE, does the patient understand"

Activating

"Please listen out if x enables the patient to consider their self-care and give examples"

Planning

"Does x develop a clear management plan"

Integrating

"Please integrate the consultation by writing notes as though you would in a real-life consultation"

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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.

Competence task	**Score** (Tick 'O')	0=not done; 1=some done poorly; 2=some done well; 3=most done well			Date:
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	

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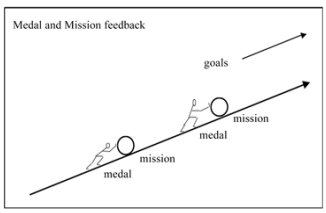
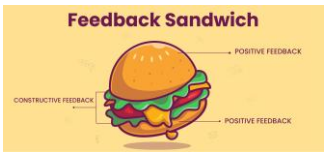
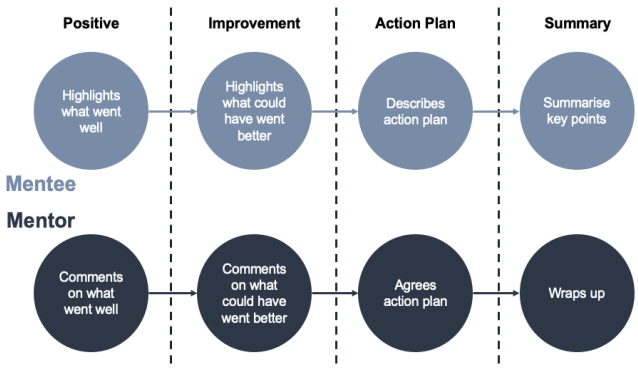
Feedback

Does anyone have any specific feedback style they use?







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Q & A

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CBT Update

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Aims

- Refresh key information relevant to CBT course
- Share feedback from 25/26
- Highlight changes from previous years
- Clarify any queries or concerns
- Share ideas with other tutors
- Create list of top-tips to share with new tutors

** We will be discussing Assessment, Student concerns and Outside the box in later sessions**

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Year 5 Teaching Dates

Block	Dates
A	29th October 2025 – 9th January 2026 (Vacation 20th Dec – 4th Jan inclusive)
B	12th January – 13th March 2026
C	23rd March – 5th June 2026 (Vacation 30th Mar – 10th Apr inclusive)
PSA Exams	Main Sitting: 29th January 2026 First Resit: 23rd April 2026
Foundation Allocations	26th February (priority placements 21st Jan)

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Core Elements of GP5

- 6 timetabled sessions in practice each week
  - 5 student-led surgeries
  - 1 joint surgery
  - allocated project time over lunch (minimum 2 hours per week)
- May be delivered over 3 or 4 days
- Out of Practice every Wednesday for Cluster Teaching

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	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	**Student-led Surgery** *09:00-12:15 including admin/patient follow up*	**Student-led Surgery** *09:00-12:15 including admin/patient follow up*	**Cluster Based Teaching (CBT)**	**Student-led Surgery** *09:00-12:15 including admin/patient follow up*	**Student-led Surgery** *09:00-12:15 including admin/patient follow up*
Lunch	**Break** *12:15-12:45* **Lunchtime Activity** *12:45-13:30*	**Lunchtime Activity** *12:15-13:00*		**Break** *12:15-12:45* **Lunchtime Activity** *12:45-13:30*	**Project** *12:15-13:00*
	Project *13:30-14:00*			**Project** *13:30-14:30*	
PM	**Student-led Surgery** *14:00-17:15 including admin/patient follow up*	**Private study**	**CBT Preparation** **Outside the Box Project**	**Joint Surgery** *14:30-17:00*	**Private study**

Example Timetable

4 day working week (6 scheduled sessions)

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GP5 Feedback 25/26

Rated 4.7 out of 5

Liked

- Feeling part of the team
- Independence and responsibility
- Student led surgeries with mix of cases and time for feedback
- Constructive feedback in joint surgery
- Flexibility of attachment

Disliked

- Commute
- Long lunch breaks
- Lack of supervision
- Lots of minor illness
- Observation
- Service provision

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CBT Feedback – rated 4.2/5

Students Like

- Meeting colleagues
- Complex case discussion
- Anecdotes/Relevance to F1

- Tutors Like
  - Getting to know their group
  - Support from University

"I just wanted to share how great an experience I have had with CBT. My tutor is really excellent and facilitates useful discussions. In terms of wellbeing, it's really helpful to have a point of contact throughout the whole placement. We have also had lots of occasions where things we discuss in CBT come up in clinic and we feel far more equipped to manage these."

Year 5 student

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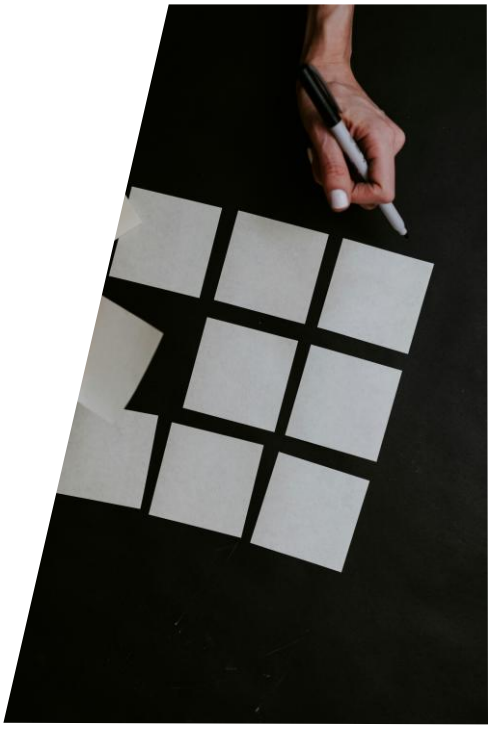
What could be improved?

- Order of Session
  - Investigations and complexity now later
  - Interpreter earlier
- Less role-plays
  - Removed 2 role-play
  - All can be done as case discussion
- New topics
  - Structure of NHS
  - Fitnotes
  - Migrant health
- Flexibility of session
- Students engaging with pre-learning



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Cluster Based Teaching Topics

Week	Topic	Changes	Handouts
1	Introduction	Duty Screen/Structure of GP. No communication skills	Structure of GP
2	Emergency Care	Capacity discussion: Case 5	Triage Exercise
3	End of Life Conversations	Working with palliative care lead to develop this	Blank RESPECT form
4	Being a Doctor		
5	Investigations and Results Breaking Bad News	New 'duty screen' of abnormal results. Reviewing BBN	
6	Using an interpreter	Only one scenario. Discussion on Fitnotes	Blank Fitnote
7	Managing Uncertainty and Complaints		
8	Medical Complexity, Discharge Summaries, and Migrant health	Removed referrals. New section on Migrant Health	Discharge Summaries
9	Outside the box project	New video of GP trainee sharing how to get best out of F1	

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Week 1

14.00-14.20 (9.00-9.20 am session) **Introductions**	**Getting to know each other** Ice-breaker Overview of CBT Group rules
14.20-14.30 (9.20-9.30) **Check-in**	**Check- in** Where are they for their placement? Any immediate concerns? A brief outline of the rest of the session.
14.30-15.00 (9.30-10.00) **Duty Screen/Resources**	**Cases/Resources: Duty Screen** Discuss case(s); differentials, management and resources.
15.00 -15.20 (9.45-10.15) **Structure of GP**	**Structure of GP** Acronym Mix and Match
15.20-15.30 (10.20-10.30) **Break**	Break
15.30-16.10 (10.10-11.10) **Common GP Cases/Resources**	**Cases/Resources: Student Clinic** Discuss case(s); differentials, management and resources. Share Appendix F resources
16.10-16.20 (11.10- 11.20) **Outside the Box**	**Outside the Box** Video introduction to outside the box Brainstorm different resources Share Appendix G resources
16.20-16.30 (11.20-11.30) **Reflection and Planning**	**Reflection and planning** Discuss next week's session and expected pre-session work. Make sure you have decided how you communicate with each other. **Feedback** on the session: • Students feedback on the session • Please complete attendance and feedback form online

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	Patient	Reception notes
1	Master R.S (10)	Rash, mum concerned
2	Miss E.C (28)	Wants emergency contraception
3	Mrs P.Q (25)	Itchy rash, wants advice.
4	Mrs A.C. (92)	Paramedic at scene would like a call back
5	Mr B.P (76)	Done BP at home and concerned 182/100

Duty Screen

Continue to Long Cases

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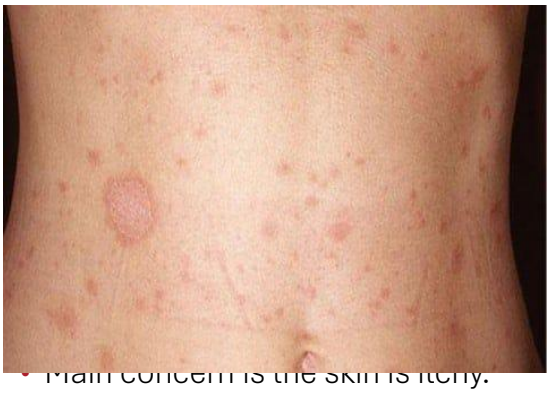
NEW RASH

MASTER R.S. 10 YEARS OLD

- PMH: Nil
- DH: Nil



- Main concern is the skin is itchy.

What do you think it is?

- Pityriasis-rosea
  - Disc / circular or oval lesions
  - Scaling on most lesion
  - Peripheral collarette scaling with central clearance
  - Mainly to trunk

Differentials:

- - Guttate Psoriasis (post strep infection)

What would you like to do?

- Derm Net guidance:

Treatment – Self-limiting so mainly focus on treating itch – topical emollients, could consider anti-histamine and medium dose steroid.

Back to Duty Screen

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Case 1
Lump on Arm

Case 2
Red Eyes

Case 3
Menopause

Case 4
Knee Pain

Skip All Cases

Cases

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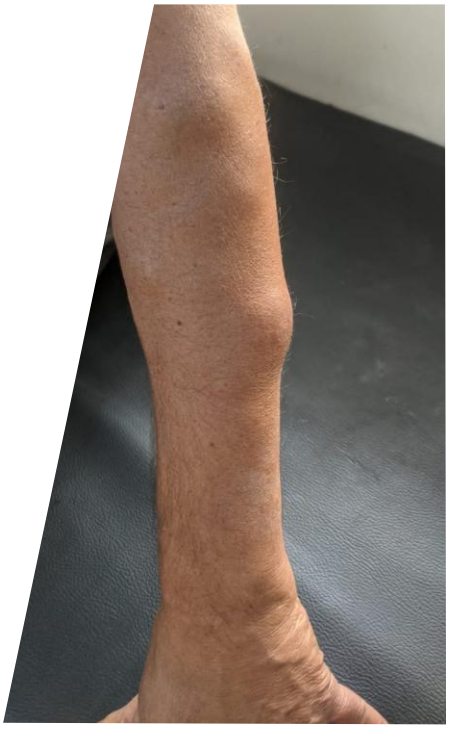
Case 1

50-year-old with Lump on his arm

- A 50 year old man presents to his GP with this lump under the skin on his forearm.
- He tells you it has been there for about 6 months.
- He is concerned, as his Auntie had a Sarcoma.



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What further information would you like?

HPC

- Grown slowly, noticed when washing in shower
- No pain, Able to do everything they normally would
- Not red or hot to touch /systemically well
- No trauma proceeded the lump
- No other lumps

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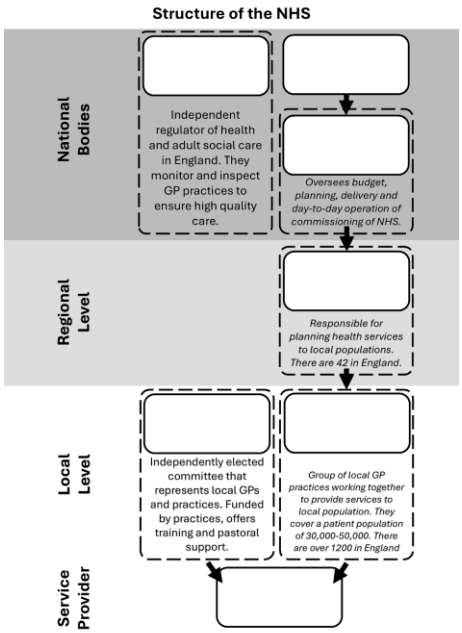
STRUCTURE OF NHS

- GP Practices
- LMC
- CQC
- ICB
- NHSE
- PCN
- Department of Health and Social Care



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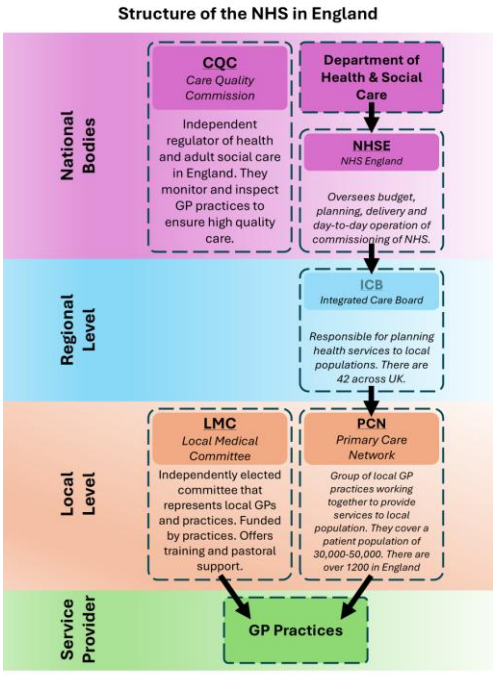

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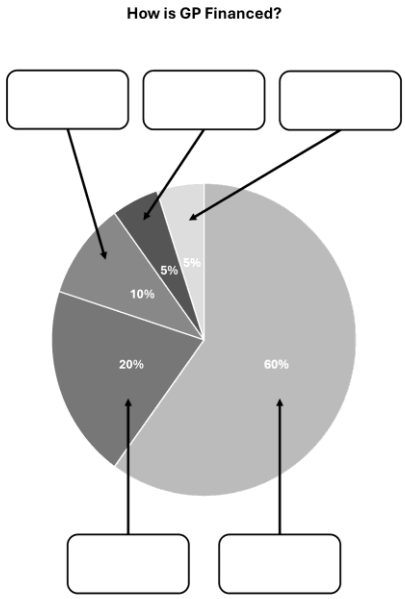
HOW IS GP FINANCED

- Teaching/Training/Research
- Global Sum
- QOF
- Other
- Enhanced services



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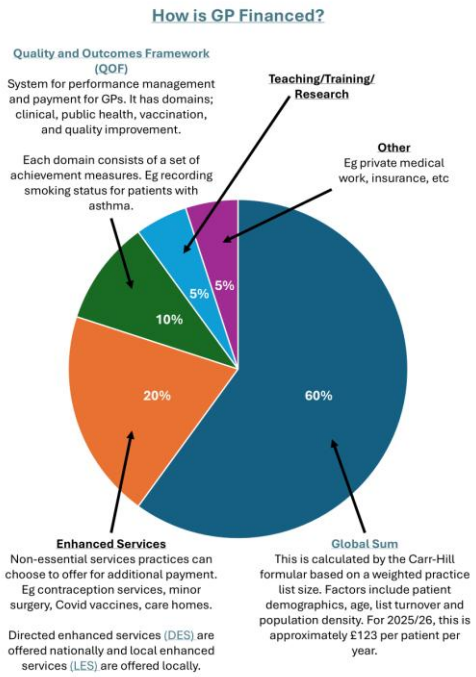

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Q & A

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Preparing for session

- Contacting students
- SSP
- Sharing ideas with other tutors – WhatsApp group

Creating a Good group dynamic

- Ice –breakers
- Ground rules – mobile phones
- 1:1 meetings
- Snack rota

Structure of session

- Top tips for individual sessions
- How to run case discussion/role play
- Keeping to time vs flexible
- Use of PowerPoint
- Collecting feedback

How to encourage students to do pre-learning/OTB

- They have 1 session a week for this and OTB
- Allocate specific roles

TOP TIPs

In small groups....

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ASSESSMENTS

55

Aims

- Understand Year 5 assessment requirements
- Understand how to complete assessments that may be requested
- Clarify any queries or concerns about assessments

56

Why do we have assessments in year 5?

- Excellent vehicle for giving high quality **feedback** to student.
- Give students a way of seeing if they are "on track".
- Help students to identify holes in knowledge and skills.
- Help students to become familiar with assessment tools that are used throughout their postgraduate training.

57

	Assistantship 1	Assistantship 2	Assistantship 3
Mini-CEX	2	2	1
Case-based Discussion (CbD)	2	2	1
Team Assessment of Behaviour (TAB)	November 2025 – Feb 2026		
Prescribing Safety Assessment (PSA)		**29 Jan 2026**	PSA re sit April
Entrustable Professional Activities (EPAs)	At least 28 (40% of the year total)	At least 56 (80% of the year total)	70 signed off by Early May
Clinical and Procedural Skills (CaPS) Logbook	40%	80%	Complete All by Early May

- Satisfactory Engagement
- 80% Attendance
- Long case in hospital assistantship

Assessments in Year 5

58

CBT tutor role in Assessment

Complete student attendance and engagement email after each session

- CBT is COMPULSORY: Only allowable absence is for Prescribing Exam.
- Flexible annual leave (FAL) days: Maximum 1 day if exceptional circumstances, 4 weeks notice, Not last week, should not destabilise group, email phc-teaching@bristol.ac.uk

Sign off EPAs if requested and appropriate

Complete Team Assessment of Behaviour (TAB) if requested

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Entrustable Professional Activities (EPAs)

- Entrustable Professional Activities (EPAs) are 'units of professional practice, defined as **tasks or responsibilities** that trainees are **entrusted to perform unsupervised** once they have attained sufficient specific **competence**'.

- Bristol Entrustable Professional Activities are mapped to the GMC outcomes for graduates.

60

EPAs

- 16 EPAs
- Each EPA to be signed off 5 times in year 5
- Up to 5 EPAs can be signed off on one form
- 1 EPA per patient contact
- Certain EPAs allocated to each CBT sessions
- Complete by early May – if not student meets with year leads
- If not completed cannot graduate

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1. Gather a history and perform mental state and physical exam
2. **Communicate** clearly, sensitively and effectively with patients
3. Prioritise a **differential diagnosis** following a clinical encounter
4. Recommend and **interpret common diagnostic screening tests**
5. **Prescribe** appropriately and safely
6. **Document** a clinical encounter in the patient record
7. Provide an **oral presentation** of a clinical encounter
8. Form clinical questions and retrieve **evidence to advance patient care**/ or population health
9. **Give or receive a patient handover** to transition care responsibly
10. **Communicate** clearly and effectively with colleagues
11. Collaborate with an **inter-professional team**
12. Recognize a **patient requiring urgent or emergency care**, initiate management
13. **Obtain informed consent** for tests and procedures
14. Contribute to a culture of **safety and improvement** and recognize and respond to system failures
15. Undertake appropriate **practical procedures**
16. Adhere to the GMC guidance on good medical practice

EPAs

62

EPA – Responding to request

1. Students prepare an EPA log in Portfolio: MyProgress (web or app)
   - They should complete date and provide information about situation
2. You can either:
   - Complete EPA log in person with student (web or app)
   - Ask student to send 'email for later' request and complete
3. Sign off – only 1 EPA / scenario
   - You sign off with GMC number/name and 'Finish'
   - EPA 11 to be signed off once only for whole of CBT

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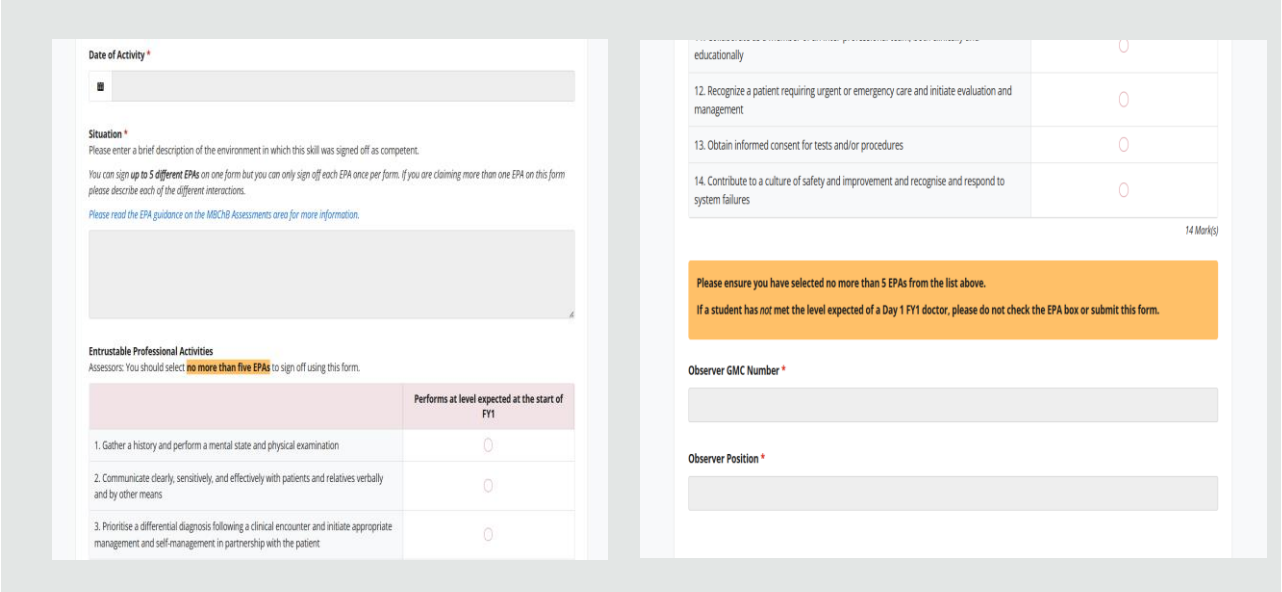
EPA Grading - Global Judgement

If 'not yet performing' then can keep on repeating the assessment until satisfactory 'level'

Not yet performing at level expected		Performs at level expected
Means **you do not feel confident that the student has reached a standard that will allow them to function as an FY1**. It is important that you select this grade if you think that the student demonstrated behaviour that could potentially compromise patient safety.		Means **you consider them to be procedurally competent and safe and** have demonstrated at least the **minimal** level of competence required for **commencement** of **FY1.**

64



Date of Activity *

Situation *
Please enter a brief description of the environment in which this skill was signed off as competent.

*You can sign **up to 5 different EPAs** on one form but you can only sign off each EPA once per form. If you are claiming more than one EPA on this form please describe each of the different interactions.*

Please read the EPA guidance on the MBChB Assessments area for more information.

Entrustable Professional Activities
Assessors: You should select no more than five EPAs to sign off using this form.

	Performs at level expected at the start of FY1
1. Gather a history and perform a mental state and physical examination	
2. Communicate clearly, sensitively, and effectively with patients and relatives verbally and by other means	
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	
educationally	
12. Recognize a patient requiring urgent or emergency care and initiate evaluation and management	
13. Obtain informed consent for tests and/or procedures	
14. Contribute to a culture of safety and improvement and recognise and respond to system failures	

14 Mark(s)

Please ensure you have selected no more than 5 EPAs from the list above.

If a student has *not* met the level expected of a Day 1 FY1 doctor, please do not check the EPA box or submit this form.

Observer GMC Number *

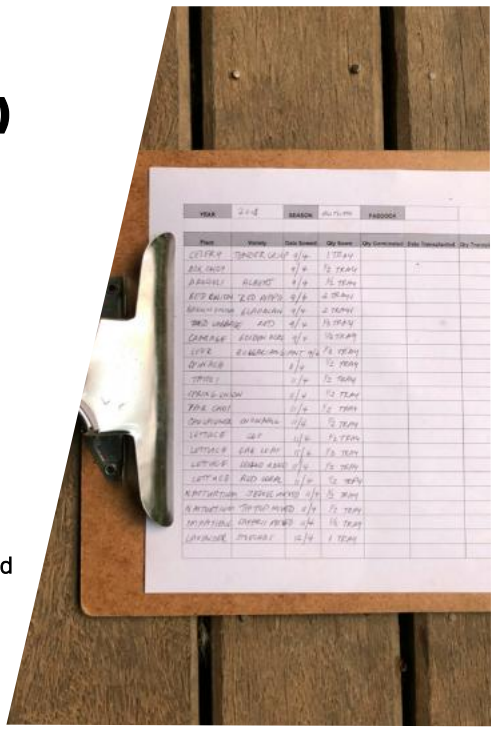
Observer Position *

EPA Form

65

Team Assessment of Behaviour (TAB)

- Multi-source feedback
  - 8 clinicians
  - 2 medical student peers
- Aims to assess **professional behaviour**
  - Opportunity to raise any area of concern
  - Provides students with **evidence and feedback**
  - **Not** designed to assess skill or knowledge.
- Students send email asking you to complete TAB
  - Follow link to short form for completion
  - Give **specific examples** of professional behaviour you **witnessed**
  - **Actionable feedback**
- Mentor releases and discusses TAB feedback with the student.
  - If major concerns – discussed at exam board.



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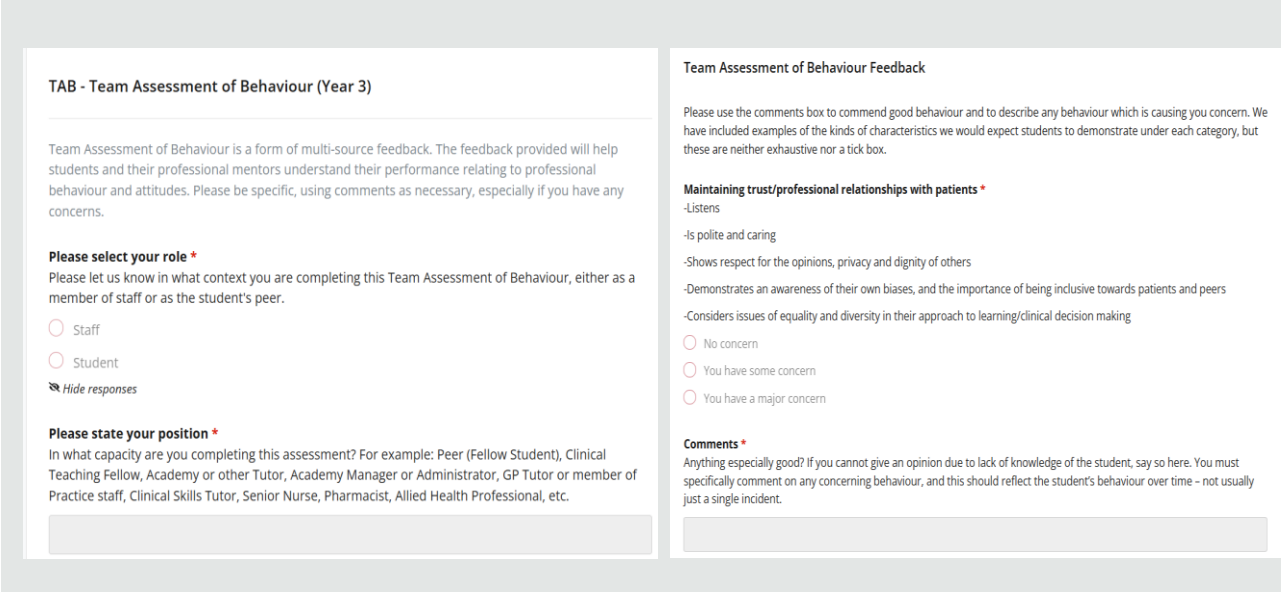

TAB - Team Assessment of Behaviour (Year 3)

Team Assessment of Behaviour is a form of multi-source feedback. The feedback provided will help students and their professional mentors understand their performance relating to professional behaviour and attitudes. Please be specific, using comments as necessary, especially if you have any concerns.

Please select your role *
Please let us know in what context you are completing this Team Assessment of Behaviour, either as a member of staff or as the student's peer.

- Staff
- Student

Hide responses

Please state your position *
In what capacity are you completing this assessment? For example: Peer (Fellow Student), Clinical Teaching Fellow, Academy or other Tutor, Academy Manager or Administrator, GP Tutor or member of Practice staff, Clinical Skills Tutor, Senior Nurse, Pharmacist, Allied Health Professional, etc.

Team Assessment of Behaviour Feedback

Please use the comments box to commend good behaviour and to describe any behaviour which is causing you concern. We have included examples of the kinds of characteristics we would expect students to demonstrate under each category, but these are neither exhaustive nor a tick box.

Maintaining trust/professional relationships with patients *
-Listens
-Is polite and caring
-Shows respect for the opinions, privacy and dignity of others
-Demonstrates an awareness of their own biases, and the importance of being inclusive towards patients and peers
-Considers issues of equality and diversity in their approach to learning/clinical decision making

- No concern
- You have some concern
- You have a major concern

Comments *
Anything especially good? If you cannot give an opinion due to lack of knowledge of the student, say so here. You must specifically comment on any concerning behaviour, and this should reflect the student's behaviour over time – not usually just a single incident.

TAB Form

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Student feedback and TAB review findings

- Strong request for **more actionable feedback**
- Review of 200 Anonymised TAB responses
- >90% was positive feedback
- Negative feedback was often defensive
- *I have seen over 400 students in the last few years and you are the….*
- 65% of positive feedback was not actionable
- *I 'have no concerns'*

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Feedback - specific witnessed actionable

- Attitude and/or behaviour/Maintaining trust/professional relationship with patients:
  - I have noticed that she sometimes ignores patients' requests when on the ward
  - NOT: She is really clever
- Verbal communication skills:
  - They use a lot of medical terminology when speaking to patients
  - NOT: They are good at talking to patients
- Team-working / working with colleagues:
  - He contributes actively to teamwork and group discussions
  - NOT: He is nice to other students, or He is not a team player
- Accessibility:
  - I've noticed that she is often late or absent from sessions
  - NOT: She is never around to help with the rest of the team

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Share Experience...

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We need you

Interviewing prospective medical students

We are keen for more GPs involvement

Fun /Interesting/Be part of the future of medicine

2.5 hrs on-line, multiple dates - December till Feb

Voluntary, If interested email med-interviewing@bristol.ac.uk

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Questions?

Email Phc-teaching@bristol.ac.uk

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Outside the Box

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Outside The Box – What Do Students Think?

Rated 4.2/5

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Lifestyle Challenge

- Counting Steps
- Cold water swimming
- Mindful eating
- Learning an instrument
- Pottery
- Practising gratitude

"Though at the start I was slightly sceptical… it is perhaps actually one of the highlights of this rotation. It is so easy to lose track of certain passions… and having had the extra motivation to pick up something… was useful. This taught me more than I would have predicted about work-life balance of medicine."

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Creative Practitioner

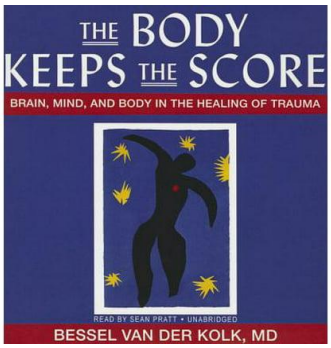
76

In-Depth Review

How Trauma Affects Health – Book Review

"I really enjoyed picking my own topic to discuss with the group. I have now developed a huge interest in trauma and health … it was nice to share this with my peers" ***[Student]***

" She had obviously researched the areas discussed in the book, ***an excellent project*** *that provided* ***lots of information for interacting with patients*** *with a trauma informed approach."* ***[Tutor]***



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TOP TIPS

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CBT Tutor Prize Winner

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CBT TIPS

Kirsty Murdoch

80

FACILITATOR VS TEACHER

81

Getting it wrong is OK

82

Permission to be creative

83

OUTSIDE THE BOX

84

Have fun!

#doseofdailyawe

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TOP TIPS from tutors

- Don't worry about big session plan and following exactly each week – students like you to be flexible
- Students like it to be pacey – keep the learning moving
- Get them up and switching partners to keep them alert and interactive
- Snack Rota – check allergies
- Weekly feedback for you and adapt teaching based on it
- Establish group rules early on – emphasise value
  - 2.5 hours with a doctor – your time – make the most of it
  - Discuss phone/laptop use
- Spend time on check-in – offer 1:1 meetings and consider if student not engaging
- Breaking into pairs then feeding back to bring out quieter students
- Doing an OTB project with the students
- In interpreter session don't worry if it goes wrong – use this to talk about how it is difficult in real life
- Bring own stories; your ups and downs in medicines including finance/complaints – be vulnerable students engage with this
- Relate learning to clinical anecdotes
- Calling students 'colleagues'
- Honesty – it's ok not to know everything – share when you don't know and how you man.
- Discuss the nuance and the grey – not one right answer
- Be adaptable to the group – e.g. they might not role plays each week. Could role-play a bad doctor and dissect that, you could act as the doctor, and they feedback on you.
- Dose of daily awe – share something positive that has happened to you each week

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CBT Challenges and Concerns

Student engagement
CBT /GP tutor dynamics
CBT group dynamics
Attendance

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Student Engagement

- You have reduced the number of role plays as group state don't find helpful.
- One student has not volunteered for any role play and has not interacted much
- On week 7 interpreter session student due to do role play is absent
- You ask for volunteers no one does, you ask student who has not yet volunteered. They decline
- You ask them again explaining that you feel it is a worthwhile activity they refuse.
- You ask for other volunteers no one volunteers.

What would you do? Why?

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Student Engagement

- Short break - ask group to allocate role player in break
- Facilitator take the role
- Move on to other activities
- Allocate in advance where possible
- Follow up - privately afterwards or by email - I was surprised – are you ok? - opportunity to **check wellbeing** and give **feedback on engagement**
- Context - is there a wellbeing, knowledge or professionalism issue?
- Build rapport and set expectations early
- 1:1 meetings SSP pre-empt lack of confidence/lack of interest/life issues

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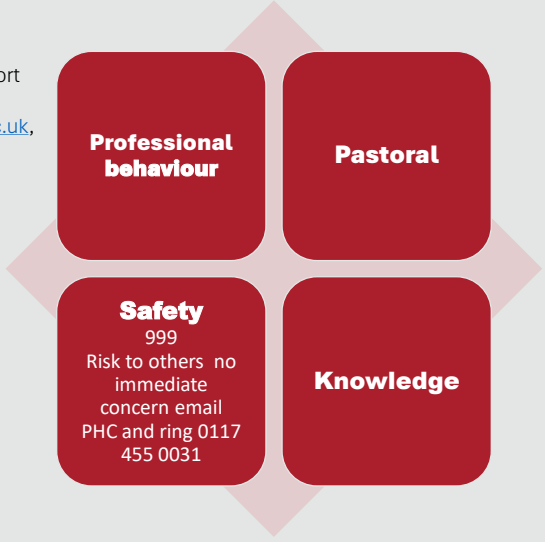
- Is this actually a pastoral issue?
- Discuss concerns with student and planned actions with student
- Consider student programme support request form
- Can Email phc-teaching@bristol.ac.uk, copy student into email



Common Areas of Concern

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Student support

- GP tutor
- Academy team
- CTF (clinical teaching fellow)
- Year lead/PHC team
- Professional mentor
- Senior tutor
- Programme director
- Wellbeing services
- Disability services
- Study support services
- Peers/Galenicals

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MBChB Programme Support Request Form

- To let medial school know about difficulties a student is having
- To let medical school know information the student wants passed on to other placements
- To ask for help from medical school to support the student and access other support services
- Senior tutors review form, contact referrer and let them know what they have done.
- There should be no surprises for student on form
- Avoids students feeling too many people know about difficulties
- Any doubts about student concerns and how to support them contact

phc-teaching@bristol.ac.uk checked daily

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Student Concerns – Key Messages

- You are an educator not a clinician
- You are a doctor but not their doctor
- Contact about concerns sooner rather later (email PHC or/and support request form)
- You do not have a duty of confidentiality
- There is lots of support available

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CBT Tutor & GP Supervisor Dynamic

in week 3 a pair of students complain to you that:

- *they are being used as free labour*
- *being expected to see more complicated patients than their peers*
- *do longer hours than their peers*
- *and are not having tutorials just having a joint clinic.*

What would you do?

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CBT Tutor & GP Supervisor Dynamic

- Framing - no same experience
- Expectations in student handbook
- Would students complain if they are allowed home early?
- Encourage students to problem solve, find ways to raise issues with practice
- Your role is to support students and enable learning to improve not manage placements
- If not resolved contact central team If week 3,6,9 the student can feedback on their feedback form.
- You or the student can email phc-teaching@bristol.ac.uk

we can talk to student then practice

sometimes send generic emails if student worried about us contacting practice

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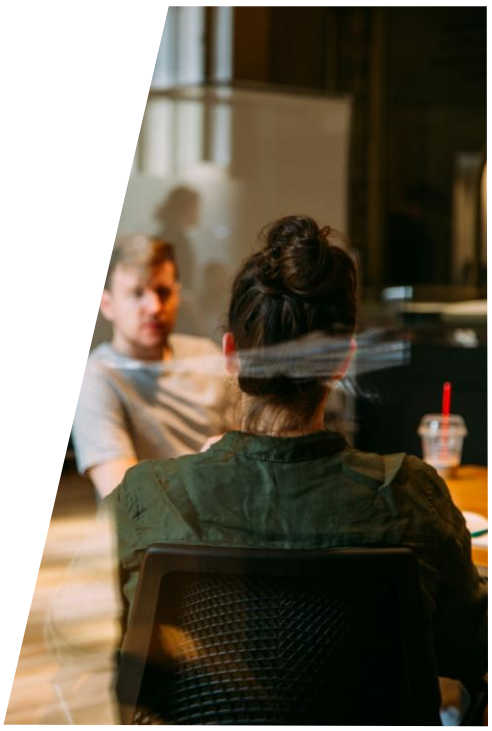
Group Dynamics

- In week 2 of the students last placement, you are struggling to engage the group in discussions.
- One student dominates the group.
- Students have various digital devices and appear distracted by these.
- One student swears during the session.
- Another student attends in torn jeans with midriff visible and a baseball cap.

How would you approach this?



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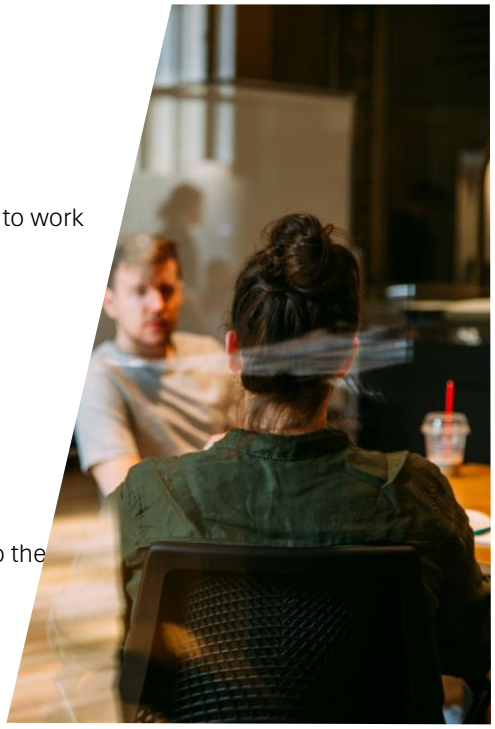
Group Dynamics – be prepared

Sell it – flexible/resource time and experienced doctor/Relevance to work life and F1/ Opportunity to share experiences and debrief

- Role model - enthusiasm
- Build rapport
- Set expectations/ground rules.
- Room set up/breaks
- Plan and be flexible
- Vary allocating or asking for volunteers
- Vary questioning open vs to individuals - round the room and to the room.
- Positive feedback to engagement
- Encourage input from all - verbal and nonverbal



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When group dynamics are challenging

- Opportunity to learn how to work with colleagues –
- Any professionalism or wellbeing issues? Email /student referral form/TAB
- Could raise with individual or group?
- What are the facts? What is the context?
- Digital devices maybe helpful to support learning or for well-being?
- A distraction or way of engaging? (searching subject/note taking/sugar level)
- Telephone Guidance - Switch off or silent /explain use/ask permission
- What do you wear for CBT? What is acceptable dress for CBT?

98

Attendance

- You have a small CBT group of 6 in final year block.
- In week 3 you are emailed 3 requests for leave in week 9.
- to present at a conference, a booked holiday and to take sibling to an appointment.
- You have already had one student absence for ill health, one attendance on-line requested and two students attending late or leaving early in the first 2 sessions.

How would you respond?

99

Attendance

- Non-attendance effects group dynamics
- Attendance is compulsory
- Online teaching should be avoided
- Students should follow procedure for reporting absence (professionalism)
- All non-attendance including attending late, leaving early, attending on-line whether agreed by central team or not should be reported on attendance form each week.

100

Challenges

What challenges have you had in CBT sessions?

- How did you manage them
- Anything you'd do differently in the future

101

Key Take Message

- Get to know your students, consider brief 1:1 to identify any issues early on
- Set expectations and ground rules
- You are their facilitator not their doctor or supervisor
- There is 2 weeks for 'remedial teaching' at the end of year 5
- If concerns discuss with us at phc-teaching@bristol.ac.uk - we can triangulate feedback

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Q & A

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CLUSTER BASED TEACHING
WEEK 1
Introduction to Cluster Based Teaching and Common Primary Care Consultations

104

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Aims

- Work through the week 1 session plan
- Share ideas for ice-breakers/groups rules
- Discuss facilitating a case discussion
- Discuss doing a consultation skills scenario
- Clarify any questions or concerns about delivering a CBT session

105

Introductions 09:00-09:20 14:00-14:20	Ice-breaker Overview of CBT Group rules
Check-In 09:20-09:30 14:20-14:30	Where are they for their placement? Any immediate concerns? A brief outline of the rest of the session.
Duty Screen/Resources 09:30-10:00 14:30-15:00	Discuss case(s); differentials, management and resources.
Structure of GP 10:00-10:15 15:00-15:15	Acronym Mix and Match
Break 10:15-10:25 15:15-15:25	
Common GP Cases/Resources 10:25-11:10 15:25-16:10	Discuss case(s); differentials, management and resources. Share Appendix D resources
Outside the Box 11:10-11:20 16:10-16:20	Video introduction to outside the box Brainstorm different resources Share Appendix B resources
Reflection and Planning 11:20-11:30 16:20-16:30	Discuss next week's session and expected pre-session work. Make sure you have decided how you communicate with each other. **Feedback** on the session: • Students feedback on the session • Please complete attendance and feedback form online

CBT Week 1

Introduction to Cluster Based Teaching and Common Primary Care Consultations

106

Week 1 Aims

- Understand the aims of Cluster Based Teaching and get to know your group
- Increase understanding of the basic structure and organisation of General Practice
- Increase confidence in clinical reasoning to support diagnosing and managing common GP presentations.
- Awareness of useful resources for doctors and patients.

107

EPAs Linked to Week 1

- EPA 3: Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient. If leads discussion on differentials and appropriate management in consultation or cases.
- EPA 5: Prescribe appropriately and safely. If leads scenario and suggests appropriate prescription, using guidelines/BNF as necessary.
- EPA 11: Collaborate as a member of an inter-professional team, both clinically and educationally: Only one sign-off for the whole of CBT.

Please note only 1 EPA can be signed off for each individual case/activity.

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Ice Breakers

109

Overview of CBT

- You will be their tutor for the next nine weeks and this will be their group.
- It is an opportunity for them to meet with colleagues to share experiences and learning from GP placement.
- It is a safe space to discuss any concerns and reflect on patient cases they have seen.
- Each week will have a topic to discuss and there will be opportunities to practice advanced consulting skills.
- **There will be pre-session work prior to each session which it is expected they will do. The session plans are available on Blackboard at least 1 week before**. They have a session of private study each week that is allocated for doing this and their outside the box project.
- They can decide as a group how they want to run these sessions; they can follow the suggested plan each week or they can devise their own topics and present/explore guidelines, discuss journal articles or topical issues with the support of an experienced GP.
- The more they contribute and prepare for the sessions, the more they will get out of them.

110

Suggested group Rules

- Preparation
- Presence
- Purpose
- Professionalism
- Participation

- Safe space to make mistakes
- Group confidentialty and support

- ?discuss mobile phones

111

Check-in

- How is their placement going?
  - Any concerns?
- Any other worries/concerns e.g exams
- Highlight primary care handbook on Blackboard
- Highlight weekly session plan and expectations of pre-learning
- Anything specific they want to cover today?

112

	Patient	Reception notes
1	Master R.S (10)	Rash, mum concerned
2	Miss E.C (28)	Wants emergency contraception
3	Mrs P.Q (25)	Itchy rash, wants advice.
4	Mrs A.C. (92)	Paramedic at scene would like a call back
5	Mr B.P (76)	Done BP at home and concerned 182/100

Duty Screen

Continue to Long Cases

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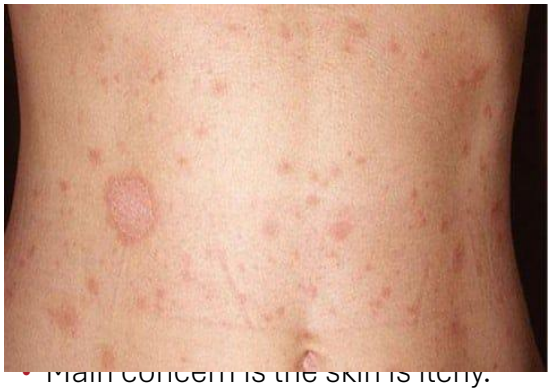
NEW RASH

MASTER R.S. 10 YEARS OLD

- PMH: Nil
- DH: Nil



- Main concern is the skin is itchy.

What do you think it is?

- Pityriasis-rosea
- Disc / circular or oval lesions
- Scaling on most lesion
- Peripheral collarette scaling with central clearance
- Mainly to trunk

Differentials:

- - Guttate Psoriasis (post strep infection)

What would you like to do?

- Derm Net guidance:

Treatment – Self-limiting so mainly focus on treating itch – topical emollients, could consider anti-histamine and medium dose steroid.

Back to Duty Screen

114

Pre-Learning

- Prior to the session, we have asked the students to
  - Find out more about their practice demographics
  - Watch a video on the structure of GP

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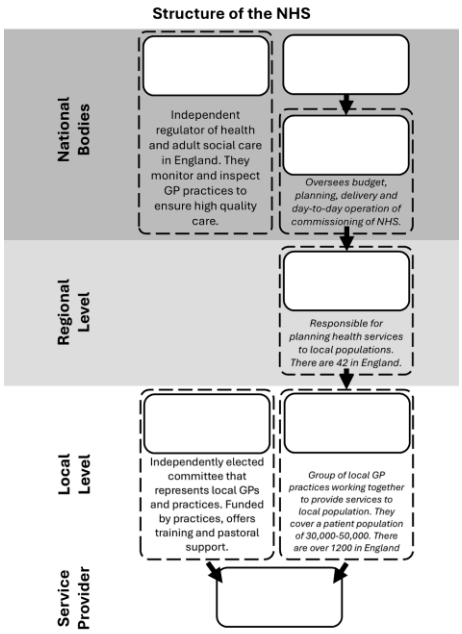
STRUCTURE OF NHS

- GP Practices
- LMC
- CQC
- ICB
- NHSE
- PCN
- Department of Health and Social Care



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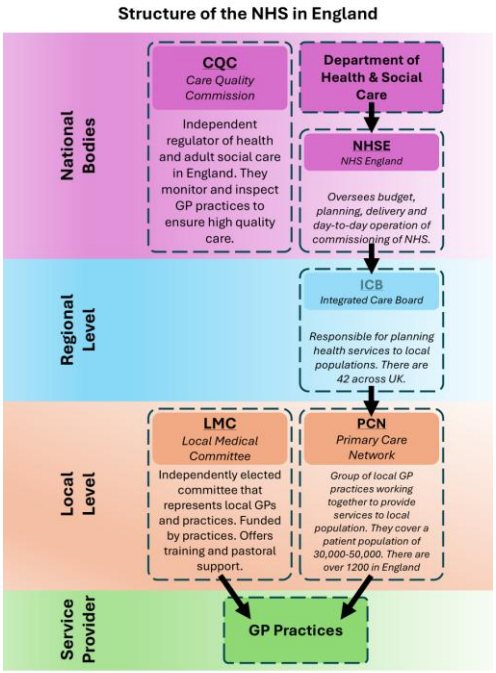

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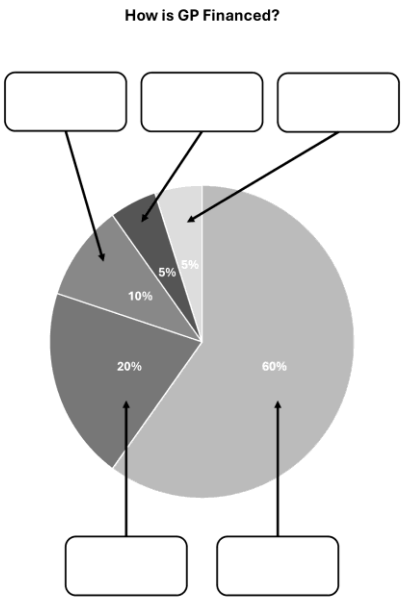
HOW IS GP FINANCED

- Teaching/Training/Research
- Global Sum
- QOF
- Other
- Enhanced services



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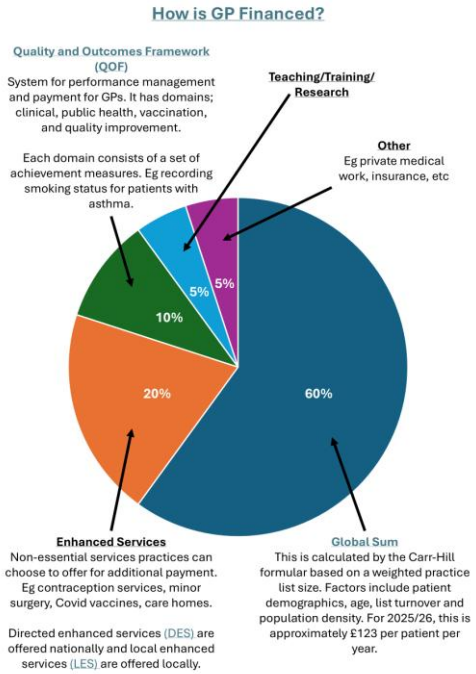

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Cases and Resources

- Encourage students to bring cases each week
  - Allocated vs ad-hoc
  - Could use to sign off CBD
- As this is first week, we have pre-prepared some typical primary care cases based on real patients
- Focus on diagnosis and management
- Signpost to useful resources

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Common Cases / Atypical Surgery

9am (appointment)	50 year old man with lump on arm, see Appendix A
	10 minute catch-up
9.40am (appointment)	36-year-old man. Red eyes, See Appendix B
	10 minute catch up
10.20 am (telephone)	47-year-old women. Would like test for menopause, See Appendix C
	10 minute catch up
11 am (appointment)	67-year-old man, knee pain, see Appendix D

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Cases

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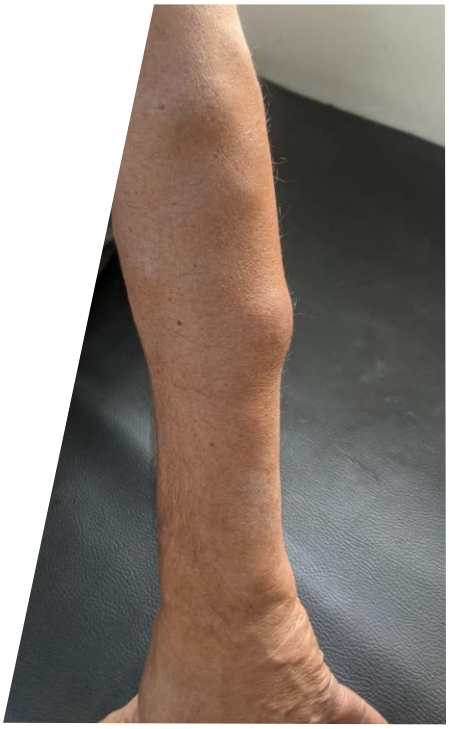
Case 1

50-year-old with Lump on his arm

- A 50 year old man presents to his GP with this lump under the skin on his forearm.
- He tells you it has been there for about 6 months.
- He is concerned, as his Auntie had a Sarcoma.



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What further information would you like?

HPC

- Grown slowly, noticed when washing in shower
- No pain, Able to do everything they normally would
- Not red or hot to touch /systemically well
- No trauma proceeded the lump
- No other lumps

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What further information would you like?

PMH/DH/ FHx

- Normally fit and well
- Not on any regular medications
- Maternal Auntie Sarcoma on right leg, had surgery 1 year ago.

Examination finding

- Temp 36.1
- 20mm x 15mm soft, smooth and very slightly mobile lump.
- Normal temperature and no erythema or skin-coloured changes over the top.

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What are the differential diagnoses?

- Lipoma: A lipoma is a very common benign slow-growing tumour of mature adipocytes (fat cells), which grows under the skin in the subcutaneous tissue.
- Epidermoid cyst: this is a benign cyst from the Ectodermal tissue. They can be painless or painful when touched. More common in hair bearing areas. May have a punctum
- Abscess: localised collection of pus under the skins surface – often due to a bacterial infection. They can be hot to touch, red and painful.
- Angiolipomas: account for about 10% of all lipomatous lesions. They are morphologically similar to lipomas but can be intermittently painful or tender. They differ histologically by having excessive degrees of capillary proliferation
- Dercum's disease: a rare syndrome characterised by deposits of tender adipose tissue, ecchymoses and obesity, typically in middle aged women
- Cutaneous sarcomas: there are many different types of sarcoma. Deep-seated lesions are likely to grow much more quickly than lipomas, become painful and may be associated with a bruise-like skin discoloration.

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From the history and clinical examination, the GP felt this was a Lipoma. What next?

- At the time of presentation, the patient had no symptoms and so he was advised there was no clinical reason for treatment. He could seek private options if he wanted to.
- There was no diagnostic uncertainty in this case, the patient was however extremely anxious due to his family history, so an Ultrasound scan was performed. The ultrasound scan supported diagnosis of Lipoma.
- In the majority of cases the GP would reassure the patient and ask them to monitor for any changes- rapid growth, discoloration of the skin over the area, tethering and any pain.

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Lipoma

- May occur anywhere on the body, commonly are found on the trunk and upper extremities.
- Typically affect patients between 40 and 60 years old
- More common in patients with hyperlipidaemia, type 2 diabetes mellitus, and obesity
- Both sexes are equally affected
- Solitary, Painless (unless compressing a nerve), soft or rubbery
- May move under your skin slightly if you touch them
- 1 to >10 cm in diameter, Grow slowly
- No changes to the overlying epidermis/ not tethered the lesion

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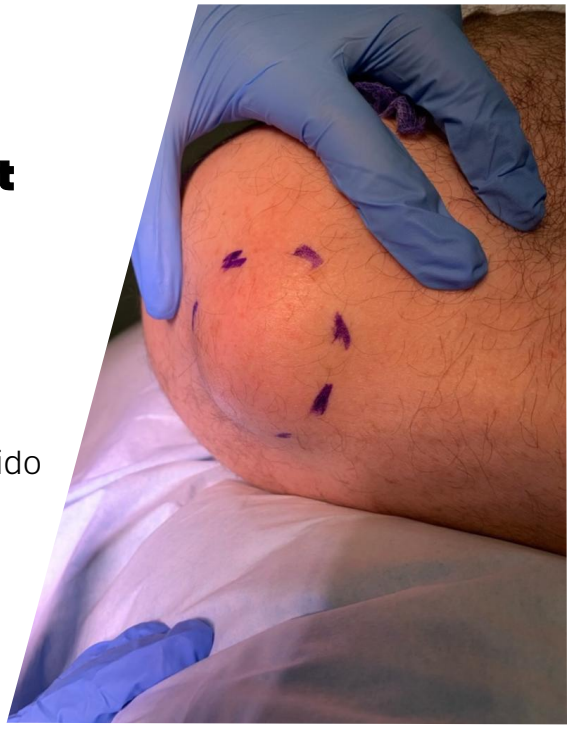
Lipoma Diagnoses/Treatment

- Please note in BNSSG testosterone is an amber drug so needs to be initiated by secondary care.
- Gynae advice and guidance
- Trial of vaginal oestrogen – can improve libido and sexual function.
- Refer to specialist menopause clinic



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What happened next?

- The patient represented a few years later complaining of a tingling sensation down his forearm and into his wrist.
- His lipoma had grown slowly over the last 3 years.
- It now measures 30mm by 20mm.
- He was a music teacher and found that playing instruments was making his symptoms worse and during tennis and golf, which he liked to play in his spare time.
- He asked if the Lipoma could now be removed on the NHS? as it was causing symptoms.

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What should the GP advise the patient?

- In most areas Lipomas cannot be routinely removed on the NHS and will likely need an individual funding request or need to meet criteria.
- An individual funding request application can be made by the clinician treating a patient. If the application meets the criteria for an IFR, it will then be considered by an independent panel who have not been involved in the patient's treatment.
- The Panel is made up of doctors, nurses, public health experts, pharmacists, NHS England representatives and lay members and is led by a lay independent Chair.
- All Panel members regularly receive training to enable them to assess individual funding requests fairly and thoroughly.
- Treatments agreed through the IFR process must be funded from the same budget available for other established treatments. Decisions usually takes 30 working days from receiving an application.

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Types of individual funding requests

- Criteria Based Access (CBA) - these policies do not require prior approval, but referrals must meet criteria, and this must be clear in any referral.
- Prior Approval (PA) - these policies require that prior approval is obtained. A prior approval form specific to each policy is available on EMIS (resource publisher) and should be completed together with supporting evidence. A referral can be submitted simultaneously, and if PA criteria are met then the referral will be forwarded as requested.
- Exceptional Funding - these policies cover areas where there is no funding available except in exceptional circumstances. There are no specific forms for these policies and the generic form should be used (available as a templated in EMIS).

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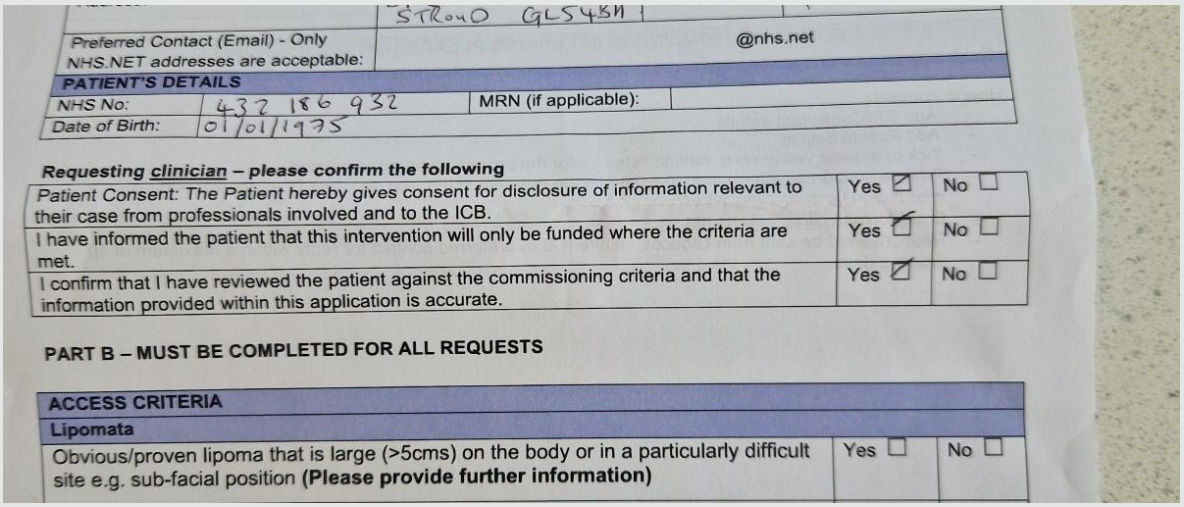

Preferred Contact (Email) - Only NHS.NET addresses are acceptable:	@nhs.net

PATIENT'S DETAILS

NHS No:	432 186 932	MRN (if applicable):	
Date of Birth:	01/01/1975		

Requesting clinician – please confirm the following

Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the ICB.	Yes ☑	No ☐
I have informed the patient that this intervention will only be funded where the criteria are met.	Yes ☑	No ☐
I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate.	Yes ☑	No ☐

PART B – MUST BE COMPLETED FOR ALL REQUESTS

ACCESS CRITERIA		
Lipomata		
Obvious/proven lipoma that is large (>5cms) on the body or in a particularly difficult site e.g. sub-facial position **(Please provide further information)**	Yes ☐	No ☐

Prior Approval Form For Lipoma Removal

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Outside the Box

- Play intro video
- Get students to express thoughts and share idea
- Share resources list
- Set goal to choose topic and share by session 3.

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Reflection & Planning

Reflection
- Signpost to student reflection tasks

Feedback
- Key learning point
- What worked well
- What could have been better

Planning
- Discuss session plan for week 2 – is there anything they would like to cover?
- Highlight pre-session work
- Encourage to bring interesting cases to discuss
- Discuss how you want to communicate
- Consider a snack rota

Complete attendance and feedback form

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Consultation skills sessions

- Week 5: Breaking bad news
- Student will play patient for this session
- Ask a student to volunteer to be 'student doctor'
  - Each student should have at least 1 go at being doctor during the 9-week block - keep a record
- All students should contribute to feedback – allocate roles

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Breaking Bad News Scenario

- You are an F2 in primary care.
- Your next patient is Simon/Sarah McKendrick, aged 65

- Simon/Sarah has COPD. They still smoke but say they have cut down to 2-5 a day. During a recent exacerbation, they had an episode of haemoptysis. They were treated by you with antibiotics and steroids. You requested a chest x-ray. The result shows a mass around the right main bronchus and possible associated lymph nodes. The radiologist has recommended an urgent CT scan and referral to a respiratory physician for suspected malignancy.
- Their history list includes COPD, Hypertension, Osteoarthrtitis, otitis media, fungal nail infection and low mood.

- Review them clinically to establish whether they have recovered from the exacerbation
- Explain the results of the CXR and what happens next
- Discuss the possibility of malignancy

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Communication skills scenario and feedback

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Feedback

- Ask student doctor what went well, what they think can be improved
- Ask other students and actor to feedback
- Use specific phrases
- Brainstorm different ways of approaching the situation
  - Re-run parts of consultation if necessary
- Summarise key things they did well and a couple of things to work on
- Focus on consultation skills initially
- Use scenario to highlight key differences between remote and face-face consultations and how to manage an angry patient – see tutor notes
- Time allocated for clinical discussion after

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Summary

- Read session plan!
- Check IT working
- Remember it is only a guide – you do not need to cover everything
- Follow students' interests
- Bring own cases
- Complete the attendance form on the day of the session
- Contact us at phc-teaching@Bristol.ac.uk with any questions or concerns

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Questions?

Email Phc-teaching@bristol.ac.uk

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University of BRISTOL
Centre for Academic Primary Care

MIGRANT HEALTH

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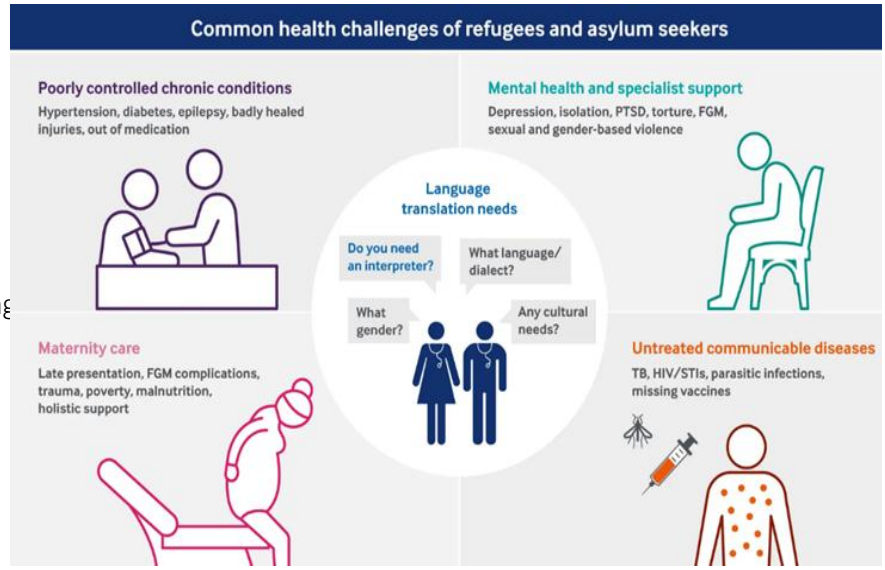
Healthcare for asylum seekers and refugees

Task 1

- Brainstorm common health problems affecting refugees and asylum seekers in the UK?



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- A 26 year old Syrian man attends to see a GP. He is seen with an Arabic telephone interpreter. He is very distressed, makes little eye contact, at times he can seem angry. We learn that he is currently homeless, and very often street sleeping. He struggles to remember details of his experiences and does not want to talk about it – but is able to tell us that he had a head injury last year when he was rough sleeping, and he was hit over the head with an implement whilst sleeping in the park. He lost consciousness when this happened and did not seek healthcare at the time. He has no current sources of income. We learn from his support worker that he had a very traumatic journey to the UK aged 16. He has not been registered with a GP for many years, and this is the first time that he has attended.

What is the GP's role here?

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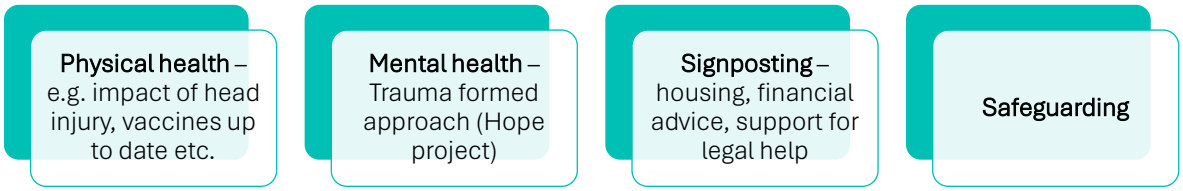
Role of the GP



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What might have been the barriers to him accessing healthcare? How can we help him overcome them?

- Not understanding the UK healthcare system
- Language barriers
- Mistrust of institutions/ previous experiences (hostile environment)
- NHS staff not understanding entitlements to care- NB everyone is entitled to primary care.
- Problems registering with a GP (e.g. misunderstanding of needing I.D. - safe-surgeries)
- Worries about cost (NHS low income scheme helpful HC2 form)

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Patients not passports

- https://patientsnotpassports.co.uk/nhs-charging-toolkit/exemptions

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Q & A

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https://forms.office.com/e/q4bkfNygQV

We Value Your Feedback

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