Cluster Based Teaching Workshop 26/27

Veronica Boon, Lizzie Grove, Charlotte Chamberlain and Sam Walker

University of BRISTOL
Centre for Academic Primary Care

Meet the Team

Dr Veronica Boon

GP5 Academic Co Lead

Dr Lizzie Grove

GP5 Academic Co Lead

Prof Trevor Thompson

Head of Primary Care Teaching

Mrs Mel Butler

Primary Care Partnerships Manager

Mr Sam Walker

GP5 Admin

phc-teaching@bristol.ac.uk

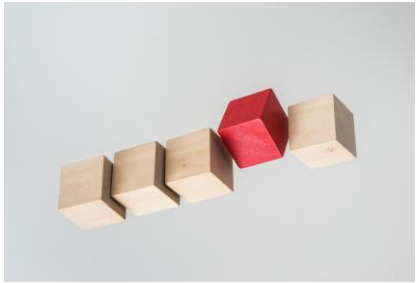
Order of the Day

08:45	**Coffee & Registration**		
09:10	Welcome		Veronica Boon Lizzie Grove
09:25	**New Tutors:** *Overview of course*	**Experienced Tutors:** *Updates and networking*	Veronica Boon Lizzie Grove
10:30	Top Tips		Lizzie Grove CBT Prize Winner
11:00	**Coffee & Refreshments**		
11:20	Small Group Facilitation Challenges		Veronica Boon
12:15	**New Tutors:** *Week 1 session plan*	**Experienced Tutors:** *End of life conversation*	Veronica Boon Lizzie Grove Charlotte Chamberlain
12:55	Close and Feedback		Veronica Boon
13:00	**Lunch**		

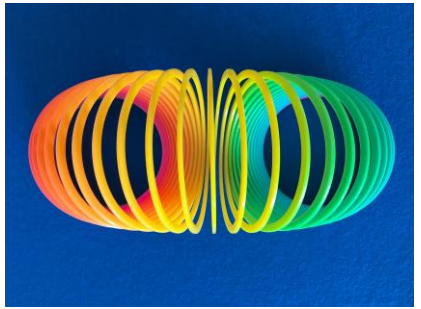
Ice-breaker - Line-Up

Sweet

Savoury



Structured teaching session



More free flow

Overview of GP5 & Cluster Based Teaching

Prior Experience

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

- Aims for today:
  - Overview of Year 5 course
  - Where CBT fits in
  - CBT nuts and bolts

Primary Care Teaching at UoB

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

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 (2x8 week blocks) Observe and consult
Year 4	4 students, every Wednesday/Monday 19 weeks More independence
Year 5	2 student, 9-week block

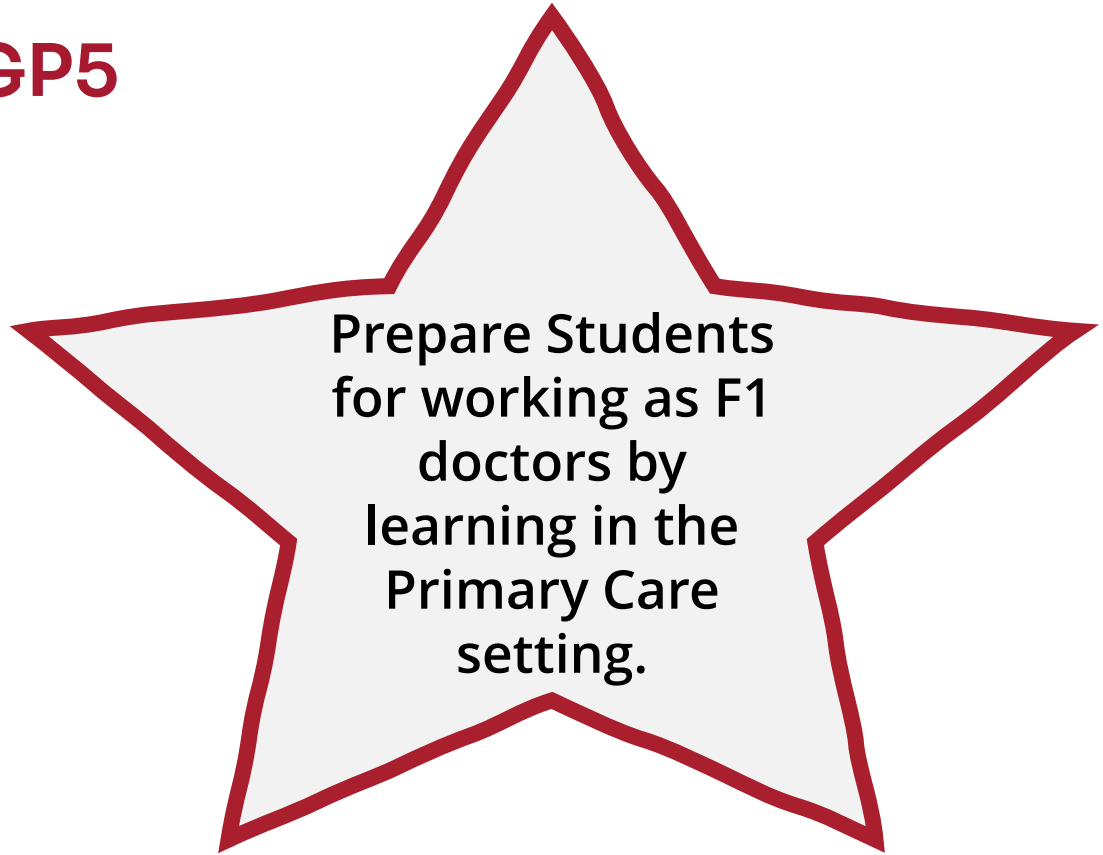
Example Layout of Year 5 Academic Year

Dates	Rotations/Teaching
Aug – Oct 2026	Student Elective Period
Stream A	Ward Based Care
Stream B	Acute and Critical Care
Stream C	Primary and Community Care

Example Layout of Year 5 Academic Year

Stream	Dates
A	3rd November 2026 – 15th January 2027 (Vacation 21st Dec – 1st Jan inclusive)
B	18th January – 19th March 2027
C	5th April – 4th June 2027
PSA Exams	Main Sitting: 28th January 2026 (TBC) First Resit: TBC
Foundation Allocations	February/March 2027

Aim of GP5


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

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

4 Day Timetable Example

	Monday	Tuesday	Wednesday Out of Practice	Thursday	Friday
Morning	**Student-led Surgery** 09:00-12:30	**Student-led Surgery** 09:00-12:30	**Cluster Based Teaching (CBT)**	**Student-led Surgery** 09:00-12:30	**Student-led Surgery** 09:00-12:30
Lunch	**Break** 12:30-13:00	**Lunchtime Activity** 12:30-13:00		**Break** 12:30-13:00	**Project Work** 12:30-13:00
	Lunchtime Activity 13:00-13:30			**Lunchtime Activity** 13:00-13:30	
	Project Work 13:30-14:00			**Project Work** 13:30-14:30	
Afternoon	**Student-led Surgery** 14:00-17:30	**Private Study**	**CBT Preparation** **Outside the Box Project**	**Joint Surgery** 14:30-17:00	**Private Study**

Feedback From 2025/26

- 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, 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

Q&A

Cluster Based Teaching

Key Details

Groups of 4-10 students

2.5 hours each Wednesday; AM/PM. Attendance compulsory

Face-to-face (Out of Area groups online via Teams)

"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

Aims of Cluster Based Teaching (4.4/5)

- 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
- Reflect on **General Practice as a specialty** and potential career option
- Further expand on non-clinical areas to develop as a **well-rounded practitioner**

Cluster Based Teaching Topics and Pre-Learning

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/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	Using an interpreter	Find out how interpreters are used in practice. Observe an interpreter consultation.
6	Investigations and Results Breaking Bad News	Review results and discuss management Find a case with an abnormal result to present to group
7	Managing Uncertainty and Complaints	Discuss with your tutor how they deal with uncertainty. Bring a case where you managed 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

Example Session Outline

Introductions 09:00-09:15 14:00-14:15	How is their placement going? Any immediate concerns? Case / Learning Point of the week – Each person contributes 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	**? Cake rota**
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**

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

How to Prepare

- Read Cluster Based **Teaching Guide**
- 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

Pastoral Support
Student Support Plans (SSPs)

- **Meet students 1:1 first week to identify issues**

- SSP's for varied needs and 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 students have an SSP, we will inform you via email

- **Please contact students in advance to see if they need any adjustments** or want to share any issues that may impact on the placement.

What to Bring to Sessions

- 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

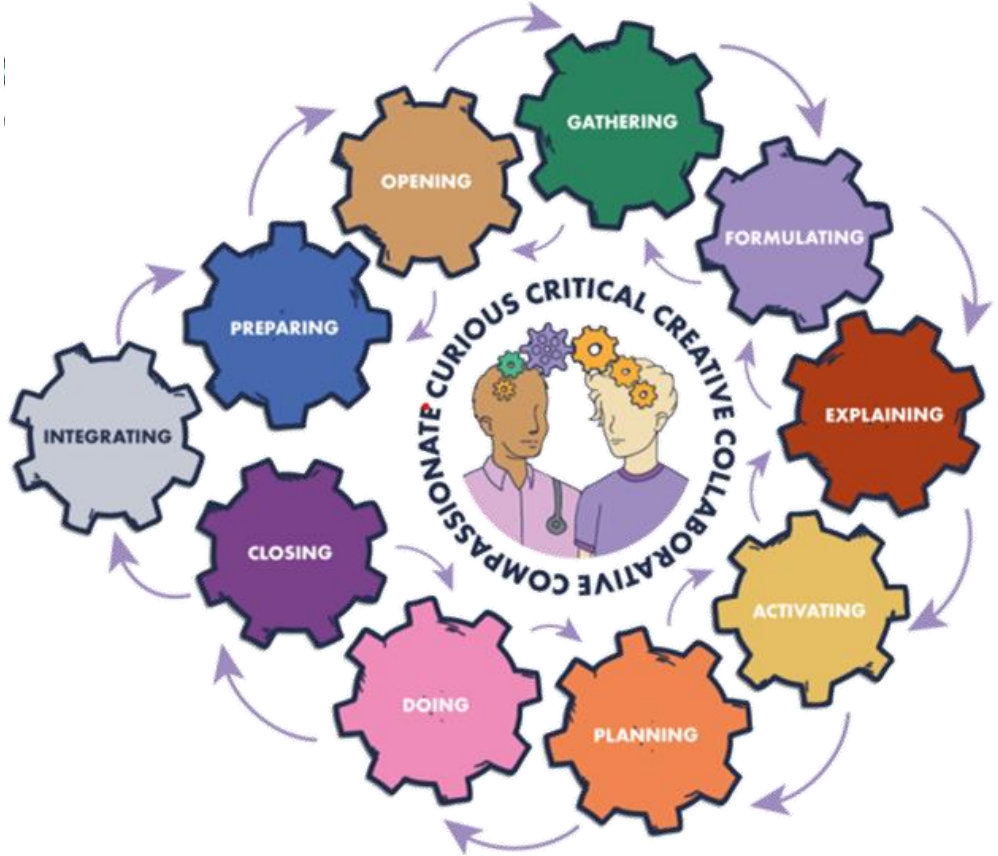
After the session

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

Consultation Skills

Communication Skills Sessions

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



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"

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	

Outside the Box

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

Outside the Box

"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"

- 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)

Assessment

Summative Assessment in Year 5

	Assistantship 1	Assistantship 2	Assistantship 3
Mini-CEX	2	2	1
Case-based Discussion (CbD)	2	2	1
Observed Long Case	During hospital assistantships		
Team Assessment of Behaviour (TAB)	Nov 2026 – Mar 2027		
Prescribing Safety Assessment (PSA)		28 Jan 2027	
Entrustable Professional Activties (EPAs)	At least 28 (40% of total)	At least 56 (80% of total)	70 signed off
Practical Skills and Procedures (PSPs)			Complete all
Assistantship Progress Review	One in each		

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

CBT Tutor Role in Assessment

Complete student attendance and engagement email after each session

- CBT is COMPULSORY: Only allowable absence is for Prescribing Exam.

- **Sign off EPAs** if requested and appropriate
- **Complete Team Assessment of Behaviour** (TAB) if requested

Entrustable Professional Attitudes (EPAs)

- **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.

Entrustable Professional Attitudes (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

EPAs

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

EPAs – Responding to a 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

EPA Grading – Global Judgement

Not yet performing 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 the student demonstrated behaviour that could compromise patient safety.
Performs at level expected
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.

EPA Form

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 *

TAB Form

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.

Student Feedback and TAB Final 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'

Student concerns

1. Phc-teaching@bristol.ac.uk

2. Programme support request form
    - Financial, wellbeing, study support
    - Reviewed within a week by senior tutor
    - MBChB Programme support request form

Please inform the student prior.

Q&A

Cluster Based Teaching Update

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 small group facilitation skills and the end-of-life session later today**

Example Layout of Year 5 Academic Year

Stream	Dates
A	3rd November 2026 – 15th January 2027 (Vacation 21st Dec – 1st Jan inclusive)
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	Project Work 13:30-14:00			**Project Work** 13:30-14:30	
Afternoon	**Student-led Surgery** 14:00-17:30	**Private Study**	**CBT Preparation** **Outside the Box Project**	**Joint Surgery** 14:30-17:00	**Private Study**

Attendance

- No FAL
- Any absence needs to be approved by us
- Should not be arriving late or leaving early
- If not attending final week they need to send you their OTB presentation

Feedback From 2025/26

- 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 scenarios/topic choices

"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

Week 1 **Introduction to Cluster Based Teaching and Common Primary Care Consultations**

- Removed Menopause/Knee Pain cases
- New weight management case and ADHD quiz.
- More OTB examples for students

Week 2 **Emergency Care**

Week 3 **End of Life Conversations**

Week 4 **Being a Doctor**

- Replacing mini challenge scenarios with a handover scenario

Week 5 **Using an Interpreter and Migrant Health**

- New scenario related to Migrant Health
- ? Authentic actors

Week 6 **Investigations and Results and Fit Notes**

- Replaced BBN with fitnotes

Week 7 **Managing Uncertainty and Complaints**

Week 8 **Medical Complexity, Discharge Summaries**

Week 9 **Outside the Box**

Student concerns

1. Phc-teaching@bristol.ac.uk

2. Programme support request form
    - Financial, accommodation, wellbeing, study support..
    - Reviewed within a week by senior tutor
    - Student will see what is written on the form

MBChB Programme support request form

Q&A

Share Experience

Creating a good group dynamic

Specific content challenges

Creative Ideas

Creating a Good Group Dynamic

- Preparing for session
- Ice-breakers
- Group rules
- Phones/laptops
- 1:1's
- Communication
- ?Snack rota
- Academy/online issues

Creating a Good Group Dynamic – Top Tips

- Take tables away – set the room up in informal way
- No laptops/phone
- Spend time getting to know students
- Speed dating on first session – everyone including tutors spends a couple of minutes talking to everybody else
- Email students before first session and offer a 1:1 with all students
- Generally do at the end of the session
- Consider content warnings for certain sessions
  - End of life
  - Migrant health
  - Overdose scenario in week 2

Specific Session Challenges

- Getting students to do pre-learning/bring cases
- Outside the Box
- Structure of GP
- Triage exercise
- Running cases – week 1, urgent care, investigations and results
- Running Consultation skills – Angry patient, using an interpreter
- Using PowerPoints and handouts
- Collecting feedback
- Completing EPAs

Specific Session Challenges – Top Tips

- Allocate one pair each week to bring a case each
- Follow-up on cases in subsequent weeks
- Get students to run the powerpoint
- Bring your own tricky cases and share that you aren't sure how to manage and get students to work through this with you
- In the news – spend 5-10 mins each week discussing health in the news e.g chicken pox vaccine, supplements
- Do you own outside the box

Creative Ideas – How to Make it Fun!

- Games
- Daily awe
- Pair work/getting up and moving around

Q&A

Top Tips

CBT Tutor Prize Winner Feedback

Kirsty has been a calming and empathetic presence throughout our final placement of medical school. She has supported us through finding out what a jobs are going to be as well as difficult professionalism circumstances across the time she has been our tutor, and she has managed these and other emotions and queries with respect, care and support. These extra moments have really stood Kirstie above other tutors I have had in the past

Kirsty was really great at tailoring the session to suit our current needs and getting the most out of those present. It has been a privilege to be in her tutor group

CBT top tips from someone who got lucky

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Doctors in all but title

Ground rules?

Their experiences

Their immediate and longer term goals

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Checking in

Making the most of the start of the session

Sharing your own ‘bucket’

Navigating uncertainty and mistakes

Your own cases

Talking through problems, not necessarily solutions

Sharing difficult experiences

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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**

Less Lecture, More Lightbulb...

the art of small group facilitation

What We Will Cover

- Reflect on qualities of an effective small group facilitator
- Discuss common challenges in small group facilitation
- Practice and evaluate facilitation strategies

In pairs…

Discuss a small group teaching experience that went well or was challenging?

1) What made it work well/not so well?

2) What did you learn from that to do differently in future?

What makes a good facilitator?

- Creates a safe learning environment
- Enables everyone to contribute equally
- Ask open questions
- Explores reasoning: probe evidence, alternatives
- Address's unsafe assumptions
- Links learning to practice/interests
- Checks understanding and summarises key learning
- Encourages reflection
- Keeps discussion focussed and session running to time

Quiet/Non-Engaged Group

- You are facilitating a case discussion. You present the case and ask what other information the students would like to know....
- Nobody answers, most students are avoiding your gaze, some are smirking/looking awkward, some are looking bored/disinterested
- How would you manage this?

Managing the Quiet/Non-Engaged Group

- Establish a supportive learning environment
  - Set expectations that you want everyone to contribute and ask if anyone is more of a reflective learning and may find that difficult
- Ask open questions
- Sit with silence – don't be tempted to answer questions yourself!
  - Rephrase/scaffold the question if needed
- Respond positively to contribution/incorrect answers/uncertainty
  - Not one perfect answer/ there may be several reasonable answers here
- Explore reasoning rather than giving answers
  - What makes you think that?
  - What else could this be? What must we not miss?
  - What are we still unsure about? What might make this explanation less likely
  - What do you think matters most to the patient?
- Encourage participation
  - Ask students to discuss in pairs first and feedback
  - Round robin discussions
  - Invite quieter students to offer thoughts
  - Write down ideas then share
  - Get students to get up and moving around /take a break if they look tired
- Reflect student questions back to group – what do you think? Where could we find this information
- Summarise leaning and relevance to practice
  - Share anecdotes from your own practice

Dominant/Negative student

- One member of the group is always the first to answer questions
- They have made it very clear they do not want to be a GP
- They can be quite flippant/negative with their answers. When you were asking how to support a patient with weight loss, they said 'tell them to stop eating cakes'
- The rest of the group are becoming increasingly quiet
- How would you manage this?

Managing the Dominant Student

- Acknowledge contribution then redirect
  - *Thank you x, I would be interested to hear some thoughts from the rest of the group*
  - *Thank you, lets pause there so that everyone can have a chance to share their thoughts*
  - *That's one view point, does anyone else have a different thought?*
- Relate importance of speaking up and challenging seniors by relating to human factors – **Just A Routine Operation**
- Pair work then get each pair to respond
- Round robin
- Write down answers
- Speak to student 1:1 if continues

IN GROUPS OF 4…

- Allocate someone to be the tutor
- The rest of the group need to decide which type of group they are going to be
  - Quiet/disengaged group
  - Dominant tutor
  - Pick your own..
- Reflect on what worked well/what could be done differently as a group

Check-list

- ✓ Establish a supportive learning environment
- ✓ Ask open questions
- ✓ Explore reasoning rather than giving answers
- ✓ Engage all students equally
- ✓ Link learning to clinical practice
- ✓ Address any unsafe assumptions
- ✓ Summarise learning and encouraged reflection

Q&A

Key Take Messages

- Create a supportive learning environment
  - Get to know your students
  - Give them time to get to know each other
  - Set expectations and ground rules
- Ask open questions and probe reasoning
- Silence is information not failure!
- Use pair discussions and round robin to help engage the group equally
- Summarise learning and relate learning to clinical practice/interests
- If student concerns discuss 1:1 to see if anything else going on
- We are here to support you - **phc-teaching@bristol.ac.uk**

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
- Time allocated for clinical discussion after

Summary

- Read session plan!
- Check IT working
- Remember it is only a guide – you do not need to cover everything
- Follow students' interests
- Encourage students to bring cases each week
- Bring your 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

Q&A

We need you!!!
(esp. If you teaching in practice)

GP teaching monitoring visit
15th Dec
- Join online
- 30mins in morning

phc-teaching@bristol.ac.uk

Thank you

Veronica Boon, Lizzie Grove, Charlotte Chamberlain and Sam Walker

We value your feedback

University of BRISTOL
Centre for Academic Primary Care