

## **WORKSHOP SUMMARY AND REPORT - Year 1 GP Teacher Workshop - September 18<sup>th</sup> 2012**

Dear GP Colleagues

Many thanks to those of you who attended the workshop, it was great to meet with you and share teaching experiences. For those of you who were unable to attend, this is a summary of the day, with details of changes to the course and assessments (**please read**) and other useful information for all year 1 teaching GPs in the form of shared tips and ideas.

With this report we are also sending an electronic copy of the GP tutor guide – there are a number of documents in the appendix that you can cut/amend and use as necessary in your teaching practice.

For GP tutors who were unable to attend the workshop, please contact Jacqui Gregory if you would like a hard copy of the book.

If you are new to teaching and did not attend the workshop, please do have a good look through the guide which should tell you everything you need to know to teach year 1 students in practice, and do get in touch if you have any queries. For any experienced year 1 teachers, the book details any updates/changes and again do get in touch as necessary. I also attach a copy of the student guide for your information.

Lucy Jenkins, 2012

### **Overview of the Workshop**

<b>Morning</b>		
<b>9.00 – 9.30</b>	<b>Coffee and registration</b>	Jacqui Gregory
9.30-10.00	Welcome and Update of MBChB in Bristol Review of the HBoM course (includes GP and WPC) and how we can integrate teaching	Lucy Jenkins
10.00 – 13.00	<u>WPC tutors</u> - Annual Review meeting, close at 13.00.	Trevor Thompson
10.00 – 11.20	<u>GP Tutors</u> 10.00 – 10.30 – review and update on course, feedback etc 10.30 – 11.20 – small group work – challenges and highlights, sharing tips, focus on teaching practical skills.....	Lucy Jenkins Jessica Buchan Harrison Carter
<b>11.20 – 11.45</b>	<b>Coffee</b>	
11.45 – 13.00	11.45 – 12.10 - Changes to assessments and session 8 Principles of self and peer assessment. How to give/teach feedback 12.10 – 13.00 – Small group work with role plays based on giving feedback	Lucy Jenkins Sarah Jahfar Harrison Carter
<b>13.00-14.00</b>	<b>Lunch</b>	
<b>Afternoon</b>		
14.00 – 14.30	‘Out of our heads’ An inspirational tour of Bristol Students work	Trevor Thompson
14.30 – 15.15	Clinical Epidemiology review Judging a qualitative study, local research into Healthy Start scheme – is it working? What is the GP role? Nutritional guidance in pregnant women and young children. How might we approach a topic like this with students (and integrate with other HBoM topics)	Tricia Jessiman
15.15 – 15.30/45	Final GP Teacher session to cover struggling students, support for students and GP teachers, student concern forms Sum up and feedback then close  Brief Blackboard demonstration for GPs who would like this	Lucy Jenkins

### **Summary of Issues covered during the day as below**

- Integration of Primary care with other teaching
- Update for Bristol University and Primary care Teaching
  - Honorary clinical teacher opportunities
  - Teaching awards
  - Academic mentor scheme.
  - University GP Primary care Society
- Review of Objectives for Primary care Teaching in Year 1
- Feedback from 2011-2012
- Course Overview
- Course changes
  - Introductory session
  - Assessment changes including Principles of feedback and why we are encouraging self/peer assessment
- How can we teach practical skills in year 1?
- How can we teach prescribing? Should we?
- General Year 1 Teaching Top tips from GP small group work, and things to avoid
- Outofourheads website
- Other issues; struggling students, half term, Blackboard
- Your feedback on the workshop

### **Integration of Primary care with other teaching**

We started by discussing the other topics learnt alongside the GP placement within the Human Basis of Medicine (HBoM) unit which comprises five elements:

- Society, Health and Medicine (Autumn)
- Clinical Epidemiology (Autumn)
- Primary Care (Autumn/Spring)
- Whole Person Care(Spring)
- Ethics and Law in Medicine (Spring)

Details of all these courses are in the tutor guide and details of the lectures with weeks on which they are held will be emailed when the course starts. We discussed ways to increase integration of these with our teaching to enable a Constructivist approach, continually adding to a basic scaffold of information, through experiential learning in GP or tutorials. We are also keen to enable a holistic approach and integrate within MCBOM\* too - aiming to overcome the separation in the students mind between form and function of the system concerned, its diseases, their diagnosis, therapy and social and preventive aspects.

\*MCBOM- Molecular and Cellular Basis of Medicine = scientific knowledge base in year 1- covers the basics of anatomy, physiology, biochemistry.

Specific ideas for better integrate (including tips from small group work)

- Be aware of what other courses involve
- Review details of lectures – will be emailed to GPs (be aware of lectures but don't force it)
- Ask students about other learning and relevant patients they may have seen/issues discussed in the last week
- Try to make links between subjects and share these with students
- Consider a specific tutorial/debate issue to cover one week
- Keep it spontaneous – integration may be dependent on clinical experience of that day
- Get students to do it! Ask them to think during surgeries and reflect after e.g. what physiological knowledge would I need to treat/assess this patient?

Some GPs expressed concern that focusing on other subjects is doing too much and may neglect learning communication skills and other unique learning opportunities within GP.

## **Update for Bristol University and Primary care Teaching**

Shared inbox [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)

Jessica Buchan has taken over Year 4, and I (Lucy Jenkins) has taken over Year 1.

GP teachers can apply for honorary clinical teacher status (year 1 teaching meets the 'substantial commitment' needed) – see link below for more details emails will be send round with application details in the Spring <http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/>

Teaching awards - Student nominations are invited to find the best GP teacher for each year, with awards presented in June.

Academic mentor scheme - started 2011-12. From 2013-14 students in all years will have an Academic Mentor? Mentors have 5 students and meet with them twice a year to review an eportfolio. If you are interested in participating in this role (unpaid) please contact [chris.cooper@bristol.ac.uk](mailto:chris.cooper@bristol.ac.uk)

University GP Primary care Society - New this year – run by students - to meet once per term. Aims to promote GP as a career option and provide networking opportunities for students. GP Tutors are welcome to attend. Events planned so far - Wed 21st November - Dr Terry Kemple giving a talk titled "General practice: frequently unasked questions" (St Michael's Lecture Theatre at 19:00). On Tues 4th December at 19:00, Dr Clare Gerada RCGP will be talking - location to be confirmed. They are also considering a 'career speed-dating' to enable students to speak with GPs with differing interests. If you would like to know more or get involved do contact: [zoe\\_bush.2011@my.bristol.ac.uk](mailto:zoe_bush.2011@my.bristol.ac.uk)

## **Review of Objectives for Primary care teaching in Year 1**

- Observe/practice consultation skills. Consider listening and verbal/non verbal communication
- Develop clinical skills e.g. Taking a temperature/HR/BP
- Integrate theoretical knowledge from HBoM learning to "real life" patients (Applied case).
- Interview a patient on a home visit and reflect on patient's narrative (Reflective Assignment)
- Be introduced to "professionalism"
- Practice self assessment, trial peer assessment, develop feedback skills

## **Feedback from 2011-2012**

**Students' feedback:** overall very positive especially:

- GPs welcoming and approachable
- Early patient contact invaluable
- Students love seeing "real life" medicine
- Learning clinical skills popular
- Students like opportunity to discuss cases/integrate with other HBoM learning
- Support with and frequent discussion around assignments also appreciated

**Minor negative feedback involved:**

- Paying for travel
- Spring term placements (pros and cons)
- Lack of constructive feedback (for some)
- Limited opportunity for home visits (for some)
- Limited practical skills teaching (for some)

**GP Tutor feedback** – again mostly positive, particularly regarding:

- Students' enthusiasm, enquiring nature, watching them develop
- Learning more about your patients
- Considering own Consultation skills
- Seeing the students' creative work
- Variety into day-to-day work
- Challenging attitudes about Primary care
- Updated restructured tutor guide good
- Clinical skills teaching guide helpful

Minor negative feedback regarding: (see below for discussion and update regarding these)

- Dates (sent late), session 1 in half term
- Difficulties integrating with other subjects
- Logistical issues and timing (managing consults/visits etc)
- Assessment: having to do grading AND giving qualitative feedback. Use of Blackboard. A lot of work for students.

### Course Overview

- Oct 18<sup>th</sup> Intro lecture
- Autumn Term GP dates: 23rd October – 11th December
- Spring dates: 17th January – 14th March (excl. 7th Feb.)
  
- Week 1: introductions
- Weeks 2-7: observing consultations and home visits, group discussions, other activities
- Week 7 assignment hand in
- Week 8 assignment marks, feedback and peer learning session

### Course changes

#### Introductory session – Oct 16<sup>th</sup> 2012

Lecture (Professor Chris Salisbury and Lucy Jenkins) followed by small group session to be facilitated by trained actors/facilitators who are experienced in Communication Skills teaching in other years. The reason for this was to shift the focus from the practical aspects of the placement to an early introduction to Communication Skills. Previous students had fed back that they initially felt anxious visiting patients at home and so a home visit role play has been introduced with other exercises focusing on active listening and open/closed questions.

Assessment changes - Based on feedback from GP tutors and a review of the grading process

#### Problems to address

- Difficulties in standardising the grades
- The grades do not currently 'count'
- Grading 'creative' work is complex and subjective.
- Reflection and empathy difficult to quantify.
- Qualitative feedback lacking
- Peer review and feedback may be beneficial
- Students at this stage are often not experienced in giving/taking feedback

#### What is the change?

- Removal of grades
- More qualitative feedback – using previous descriptors
- Peer sharing and review of reflective piece

AIMS to: enhance assignments as a formative learning tool

- Increase collaborative and social learning
- help students develop feedback skills

#### Unchanged:

- Attendance at 8 sessions is compulsory
- Aims and objectives of the assignments
- Assessments compulsory with fixed deadline
- Summative – pass/fail
- Resit procedures in place
- Prize for the best piece of work

**As before: Week 7** – GP review and assesses work. Assessment to be based on descriptors (as used before, see in tutor and student guide) and qualitative feedback as below. Pass/fail to be submitted to Blackboard along with an uploaded feedback sheet as before with info as below. There will also be the opportunity to refer excellent students for a prize.

#### Qualitative feedback tool

- Three things that impressed me about your assignment
- Three things that would improve your assignment:
- Discussion points:

## **Week 8**

- Discuss: principles of feedback and why we are encouraging self/peer assessment
- Students to review each other's reflective pieces
- Each student to describe and reflect on/self assess their reflective work
- Group discussion and feedback led by GP
- GP to give each student individual feedback on both pieces using qualitative tool

### Later we will send the following:

- A word document for you to download and use for feedback to students on their work
- Full clear details of how to submit qualitative feedback to Blackboard
- Suggested schedule (similar to above) for week 8

In the workshop we discussed and practised why and how to give feedback, how we can help the students in doing this and a schedule for week 8. See below for what came out of the workshop (and see attached handout for more details regarding this)

### **Principles of feedback and why we are encouraging self/peer assessment** – from workshop

#### Feedback should be

- Constructive
- Specific
- Descriptive
- Objective, non judgmental
- Address behaviour not personality
- Normalise difficulties

#### Specific tips from exercise where we practised giving constructive feedback on poor work:

- 1 – feedback for work on subjects that they don't like/value - find out about/acknowledge other interests and try engage at those levels i.e. integrate with other subjects
- 2 - Struggling students: ask about other subjects/aspects of life – build confidence, identify other problems
- 3 - Teach students early that taking and giving feedback is an essential skill in Medicine

#### Why we are encouraging self/peer assessment:

- Learn from others' work
- Practice giving and taking feedback
- Enhance experiential and reflective learning from real patients
- Necessary skill for career – appraisals, professional monitoring etc
- Reinforce safe group environment

#### How can we do this?

- Explain reasons for peer feedback
- Discuss principles of good feedback within the group (consider trying examples first)
- Tutor to encourage/question/explore further/stimulate discussion
- Discuss managing negative feedback
- See framework for this in handout

Overall opinion on these changes: was positive, it was felt that the changes are reasonable and achievable. A practice exercise to assess a piece of work as well as give constructive feedback was fun and a useful tool to try out the new system and consider the challenges of giving feedback.

A poem was reviewed and there was discussion regarding the difficulties of assessing creative work; this is partly why the changes are being made. Also it was agreed that we must remember that the students are being assessed principally on their reflection in the reflective piece. It was commented that having the objectives for the work and the descriptors available was helpful; these are all in the book and these will be emailed through nearer the time.

Simplification and the removal of complex grading systems were favoured, as was encouragement of more useful and qualitative feedback.

Concerns were expressed that it may be difficult to give three areas for improvement for some work. Three is just a guide but we would encourage you to use the descriptors and be constructive where you can, and consider any areas for further discussion.

We appreciate that Blackboard is not that user friendly; hopefully the demo helped some of you. Very clear instructions will be sent through before hand and you are always welcome to get in touch with any queries.

There was a discussion regarding draft assessments, positives being that it is a good opportunity for students anxious/confused by the brief and for major problems to be identified. On the flipside, it was felt unfair if not offered to all students and some felt it may lead to the work being rushed with inadequate reflection. The conclusion was that a review of the subjects/concepts can be offered week 5/6 if the GP tutor wishes but this should not be a first marking and very detailed feedback at this stage may not be appropriate.

**Following a full review of the course we split into small groups and considered the following topics.** Please see the Tutor guide for more information regarding this, with ideas and feedback from the workshop as below:

### **How can we teach practical skills in year 1?**

Students really value early learning practical skills; for example, Harry, the student at the workshop commented that taking a pulse was a useful skill for his CVS practicals in the summer term and helped his understanding during his systems based teaching. There was some GP concern that these skills were of little relevance at this stage or that time spent on this may distract from learning communication skills or discussing other topics relevant to GP that were less well covered elsewhere. However it was agreed that GP is a relaxed environment and an opportunity to introduce the skills where time allows.

The GP tutor guide has a copy of the techniques described in the students CAPS logbook. See below for further ideas regarding teaching skills:

- Get them familiar with equipment – e.g. oxygen sats monitor, manual/electronic sphyg, thermometer, urine dipsticks. You could also consider use of: ENT equipment, peak flow meter, assessing BMI. Practice basic use of stethoscope
- Break it up into bits and get them to put it together. Lay it all out on a table “what is it for? Have a go”. Make it fun!
- Get all students and tutor to measure same thing, write results down, share anonymously
- Teach on each other to be confident finding pulses then encourage students to practice during home visit – take pulse of patient, carer etc. They can practice on housemates too!
- A good opportunity to practice is if the student get back from home visit early and GP still consulting or if GP is driving some students to their visit
- Use details from CAPS logbook to ensure consistency
- Consider use of junior doctors e.g. ST1/2/3 – they can plan and run brief teaching sessions – this is good experience for them and the medical students like seeing a younger Doctor, hearing about their more recent experiences etc
- Use week 7 for practical skills

### **How can we teach prescribing? Should we?**

There is a new national prescribing exam that these students will sit in year 5, so we discussed whether prescribing should be introduced at this stage. It was acknowledged that most of the students will have little knowledge regarding this. As they have not yet studied Pharmacology or done any clinical Medicine, they are not expected to be familiar with any specific medications. Overall it was felt that introducing general concepts was appropriate – see suggested list below – emphasising the issues surrounding prescribing and the Dr-patient relationship e.g. what does the patient want? What does the Dr think the patient wants?

There was mixed feelings within the group as to whether introduction to the BNF (or indeed giving your student a copy of their own) was appropriate at this stage.

Possible prescribing issues to consider: compliance, dossett boxes. Safety – polypharmacy, side effects especially in chronic disease, risk of interactions. Effects of taking meds on patient’s lives, cost routine etc

Other considerations were to discuss broad categories relating to systems (BNF). Or to relate prescribing to lifestyle diseases e.g. high cholesterol, BP. It was suggested to include in discussions that when not to prescribe can sometimes be harder

#### **General Year 1 Teaching Top tips from GP small group work:**

- Week 1 - “Welcome to the medical profession”. Students to walk around the local area. Be prepared. Timetable for students if possible
- Krispy Kreme donuts at beginning and end. Take them out for a meal. Cake!
- Enthusiasm! Telling the students what a “valuable asset” they are in enlightening us about patients and that they are actually contributing
- Visits: Home visits within walking distance (easier and they can observe local area). Juicy visits first. Try to find young/unusual patients for home visits
- Ask students if special interests preferences for visits/themed teaching
- Pick a theme, yours or their choice i.e. Paediatrics and bring specific patients in
- Ask each time –why has this patient come? Why now?
- Ensure students aware of full brief for their assessments. Be enthusiastic, encouraging and reassuring about the creative piece
- Be aware of big differences in basic biological knowledge and vocabulary and life experience between students

#### **And things to avoid:**

Visits far away, complex directions

Chaotic unreliable patients

Poor time keeping

Getting too political

Trying to see too many patients in surgery – max 6

Week ½ being in half term

Assuming higher level of knowledge that year 1 have

#### **The afternoon consisted of a few slightly different things.**

An overview of the OutofOurheads website presented by one of its innovators Trevor Thompson- <http://www.outofourheads.net>. Do check it out if you get a chance. This is an online collection of Bristol University Medical student artwork, poetry, music and film, much of it done as part of the year 1 assignment. You can search by media or theme or condition. Whilst it was felt by the group that this would be useful to show students when considering creative options, some expressed concerns that the high quality of work may increase initial year 1 student anxiety about the piece. However, not only is the work a pleasure and interest to view but it was agreed that there is a lot for GPs and students alike to learn from the work. It is hoped it could be used as a tool to encourage reflection. For example, with year 1 students we could search under that condition e.g. multiple sclerosis and discuss the work that came up, how it enhanced understanding of the patient etc

A lecture with an epidemiological slant led to some lively discussion about the challenges with Vitamin D. Tricia Jessiman a Bristol University researcher stepped in late when someone else had to pull out and gave a review of research into Healthy Start vouchers and Vitamins including why uptake had not been optimal, and what the GP role within this might be. Tying it all together at the end gave an example of how an issue such as this could lead to discussion of all aspects of HBoM learning with our students.

### **Other subjects covered:**

**Support for struggling students** - we discussed how to identify and support such students and identified sources of support – full contact details in handbooks. Since the workshop the student concerns forms have been further discussed within the University . The University is keen to simplify and centralise the process so that all concerns go the Academic Dean, but as year 1 students are not really attached to an academy, it is advised that concerns are discussed with the GP Lead and if necessary, the Pre-Clinical Dean (Dr Eugene Lloyd, Eugene.Lloyd@bristol.ac.uk). . We are currently designing a new protocol for this within the department – for students in all years in primary care – and will send this through within the next few weeks.

### **Half term**

I discussed this again with Dr Andrew Blythe, the Head of Academic primary care. Current central proposals are for the university to move towards a two semester system (as opposed to three terms). With this would likely come the opportunity to move the GP placement forward so avoiding an early session being during the half term break will hopefully be an option. Watch this space! In the meantime, we are happy if it is necessary for you to be flexible(within reason) with your 8 sessions (as long as they all happen and the students get adequate experience) and to use colleagues to cover when needed. Do discuss with us if any problems.

### **Blackboard** [www.ole@bristol.ac.uk](http://www.ole@bristol.ac.uk)

The course should be available to students by October 5<sup>th</sup> 2012. You have access via a guest log-in which is unchanged from before. Do take a look, hopefully it should be fairly straightforward.

Guest Username – med159. Password – creative

Course = MEDI10005: Year1 – HBOM-Introduction to Primary Care element

Once you are in, see the upper left hand options and look under Tutor info. There is a wealth of useful information here. See also the GP Tutor discussion forum – previously under used but an opportunity to discuss issues with colleagues and I will review it regularly. The lower left Control Panel is not visible to students. This is where you upload results: full instructions regarding uploading assessment details will be emailed during the course.

### **Your feedback on the workshop**

See full evaluation summary below. Most useful it seems was the opportunity to share tips with other GP teachers and the assessment/feedback session. The Outofourheads was popular especially due to the interest factor and inspiring nature of the students work. The EBM session was felt to be interesting but not of specific teaching relevance and there were commented that more HBOM integration with this might've been more useful.

We really are grateful for your feedback and will consider it all in future course and workshop planning, for year 1 and within the Academic Department of Primary care as a whole.

**YEAR 1 GP TEACHERS' WORKSHOP EVALUATION - Engineer's House, Clifton, Bristol  
Tuesday 18<sup>th</sup> September 2012**

**16 completed feedback forms (20 participants), most answered most questions, and some participants were only present for the morning session**

1-disagree 2- mostly disagree 3- don't know 4- mostly agree 5- agree

	1	2	3	4	5
I enjoyed the workshop				4	12
I have a clear idea of the plan for the 8 sessions in General Practice				4	12
I have ideas to take back to inform and improve my teaching				4	12
I feel able to better integrate my Primary care based teaching with other concurrent student learning in the HBoM module			3	5	7
<u>Regarding session on assessment changes and feedback:</u> I am confident with the new process for assessment I feel more confident with giving feedback to students			1	6	9
Afternoon: <u>OutOfOurHeads</u> - This session was interesting The website will be of use to me in my teaching			1	4	8
<u>EBM - qualitative research, nutritional guidance</u> This session was interesting This session will inform my practice as a GP This session will inform my teaching/HBoM Integration			4	7	2

What aspect of the workshop did you enjoy the most and find most useful?

Meeting/Advice from/discussion/interaction with other GP Tutors – 7 participants

Assessment and feedback session 7

Learning about Outofourheads website/thinking about creative work, seeing work already done 3

What aspect of the workshop did you find least useful?

EBM – interesting but limited teaching relevance 7

Introduction

If you wanted to attend further teaching workshops, what teaching topics would you be interested in?

Discussing Primary Care research

Curriculum changes

Creative component of curriculum

Clinical teaching e.g. how to teach COPD

Half day workshops so can attend more if teaching in more than one year

Practical skills on getting the most out of consultations for students

For year 1 – how about a session discussing patients seen in a surgery/links with other HBoM subjects

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

Clear email address and telephone numbers

Reminders of key dates e.g. when assignments are due

An update workshop like this after a course of teaching (may have more questions later)

Earlier notification of student details

Emails on lectures/teaching opportunities within the dept

**Do you log onto the Primary Care website?**

**Yes 7**

**No 8**

**Do you read the Primary Care Teaching Office newsletter?**

**Yes 12**

**No 3**

**What would you like to see in the newsletter?**

More succinct

Why not include a creative piece every issue – e.g. from Outofourheads