UNIVERSITY OF BRISTOL
MEDICAL SCHOOL

Academic Unit of Primary Health Care

GP Teachers Workshop for 5th Year PPP Course

Engineers House, Clifton
17th May 2011

David Memel and Nita Maha

Introduction

This workshop was the first since the introduction of Primary Care teaching to the final year MB ChB programme, as part of the Preparing for Professional Practice (PPP) course. It was attended by forty GPs, nearly all of whom had taught the course in their practices between January and March 2011. The day was spent discussing the course, ways of teaching different aspects, and possible changes for next academic year.

We were very pleased to welcome Amelia Stockley, Academic Clinical Fellow in Palliative Care who was responsible for evaluating the whole PPP course, and Stephen Greenwood, Senior Teaching Fellow in Medical Education.

Programme

Morning		
9.00	**Coffee and registration**	
9.30	Introduction and Review of Year 5 PPP course Student and GP Teacher feedback on the PPP course	David Memel Amelia Stockley
10.30	Teaching Tips	Facilitators
11.15	**Coffee**	
11.45	Supervision and Mentoring	Steven Greenwood
12.45	Primary Care Seminars at the Academies	Sarah Jahfar
13.00	**Lunch**	
Afternoon		
14.00	What do we mean by 'multimorbidity' and how does this affect patient care?	David Memel
14.30	Small groups – exploring how to teach 'multimorbidity' and other PPP topics	Facilitators
15.30	**Tea**	
15.50	Pulling ideas together Planning for PPP 2012	Barbara Laue

Introduction to the placement

David Memel reminded people of the key features of the Primary Care PPP placements

- 2 week placement after the main final exams
- Integrated as part of a 12 week course based at local Academies preparing the students for their Foundation Year 1 jobs in August
- Students attend General Practices in pairs
- Teaching focussing particularly on five themes
    - Prescribing and Therapeutics
    - Advanced Consultation Skills
    - Communication between Primary and Secondary Care
    - Chronic Disease Management
    - Complex Patients with Multimorbidities
- Should be lots of opportunities for students to consult, including at a designated weekly medical student surgery
- Opportunities for students to find things out and report back to GPs

Student Evaluation of the Primary Care PPP block

Amelia Stockley

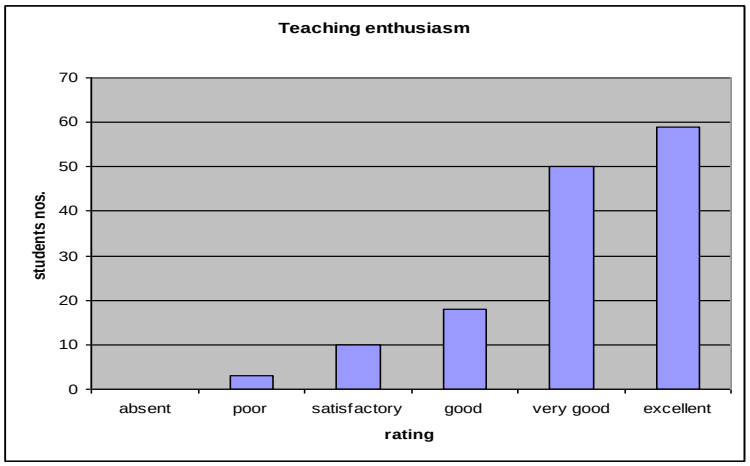
The evaluation process comprised a blackboard survey, the primary care component of which included 9 Likert scale questions and 1 free text response. There were also three focus group interviews involving 19 students in total.

220 students with 140 responses = **response rate of 64%.** The reduced response rate was partly due to timing of the evaluation process at the end of the PPP block, whilst students were waiting for exam results and also busy planning their electives.

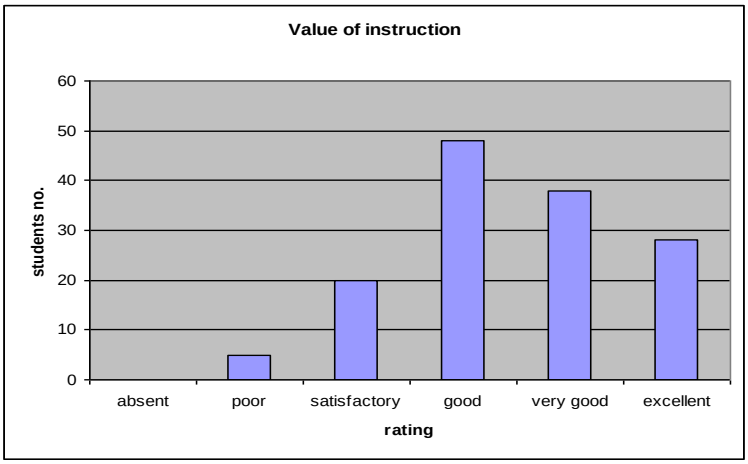
1. General impressions

Primary Care teaching was generally very well received. There were many good things said in the free text responses and also in the focus group interviews. The Likert ratings scale responses further support this observation.

Rate the GP teachers from your GP attachment for their enthusiasm for teaching…



Rate the value of the instruction and tutorials that you received from your GP teachers…



Poorly received: It is possible that some of the negative free text and focus group responses may have been generated by students who see themselves becoming hospital doctors, not GPs, or perhaps whose learning experiences were not optimal. Furthermore, for many students it seems that their expectation of the PPP block was of preparing for their F1 jobs.

'I am not sure how useful the GP placement was. It was a repeat of 4th year and we did not get any greater responsibility'

2. The students enjoyed being active participants rather than passive observers

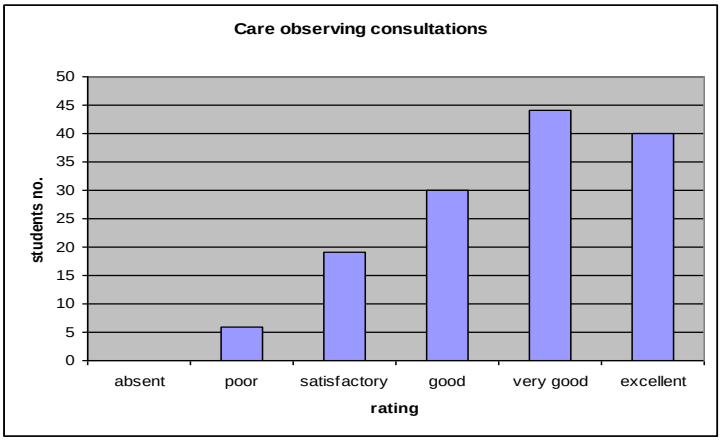
Observed consultations: *'The great thing about GP attachments was the opportunity to be observed doing our own consultations with feedback and discussion at the end.'*

Own clinics: *'Being able to get stuck in and seeing your own patients was by far the best learning'*

Two students too many: *'Because there were two students per practice, it was impossible to be given the same opportunities to consult individually as in fourth year. The placement therefore felt like quite a bit of a step back from fourth year'*

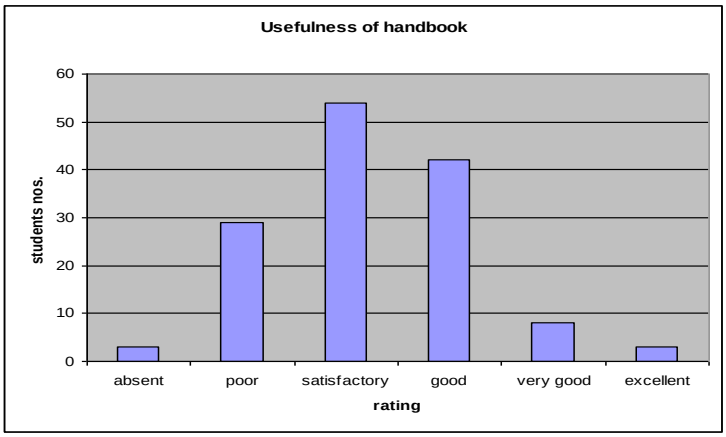
Rate the opportunities that you had to see patients on your own/ with fellow student…

Rate the time and care that your GP teachers took to observe you conduct consultations…



Revise the handbook

Rate the usefulness of the Year 5 Primary Care Handbook



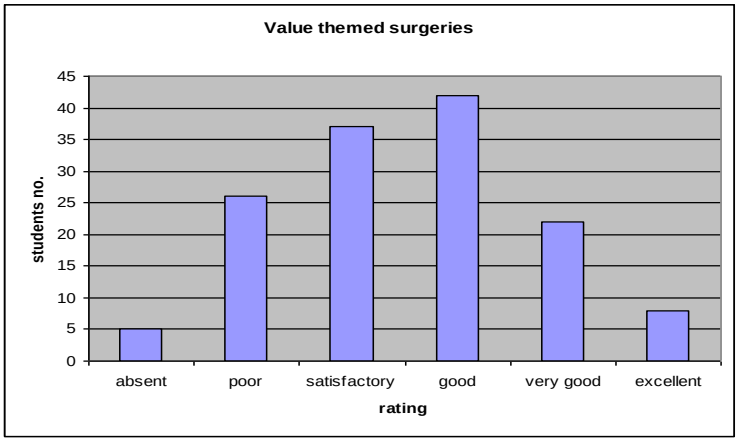
Many of the students found the handbook too prescriptive or restrictive. However, despite these negative comments in the free text and focus group interviews the handbook was considered to be satisfactory or good by the majority of students.

4. Consideration to the themed surgeries

'The 'themed' surgeries, were not realistic and placed restrictions on the attachment'

'I felt that the themed clinics were false and did not give an accurate representation of GP clinics. They were too difficult for the GPs to organise as the GPs are also trying to do their job and can't rearrange patients to fit a clinic.'

Rate the value of the themed surgeries that you had in General Practice…



5. Fewer specialist nurse led clinics

'Attending nurse led clinics was not very helpful as we had quite a passive role in them'

6. Unhappy with commute/lack of accommodation

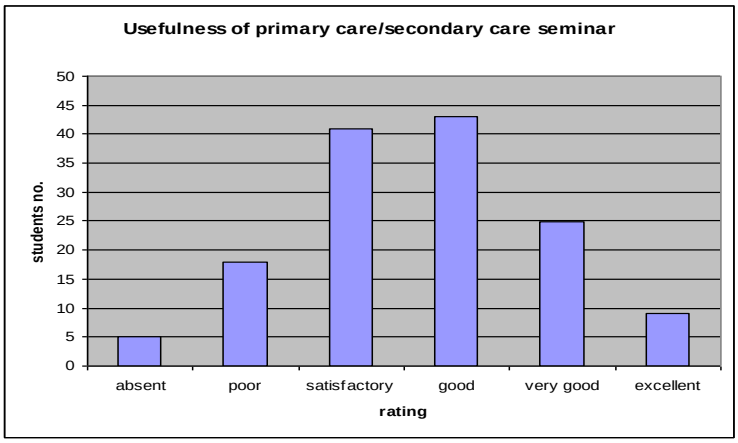
'GP placements should be based at the allocated academy'

7. Timing of the long cases detracted from learning

The final summative long case for the 5th year was towards the end of the PPP block. The students felt distracted by their need to practice long case clerking, which detracted from their learning experiences: *'the timing of the placement was poor, I had GP the two weeks before my final major long case, at which point, I would have much rather have been in clerking patients'*

8. The Primary care/secondary care interface seminar

Rate the usefulness of the primary / secondary care interface Academy Seminar

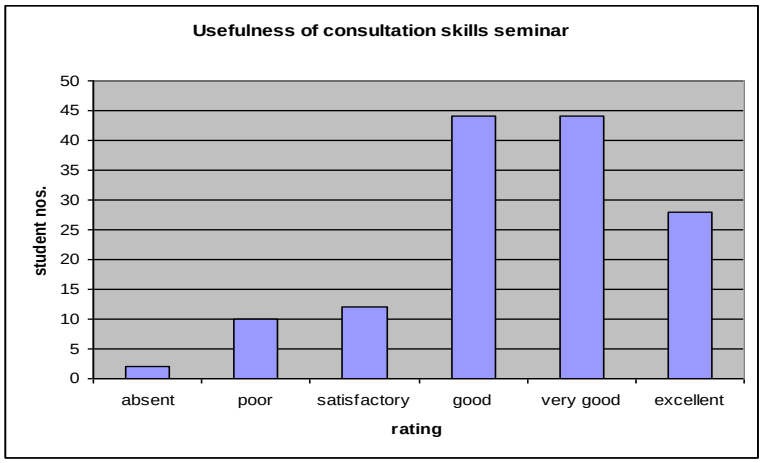


Received a mixed response: *'really important to revisit and appreciate admissions/discharges from point of view of F1/ primary-secondary care interface'* and '*useless and nothing hadn't heard before. GP just complained about hospitals for an hour!'*

9. The Consultations skills seminar

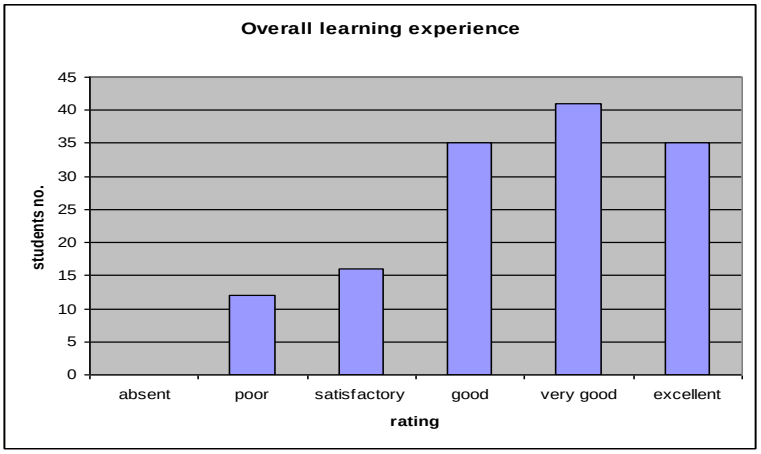
Students had a mixed response to this

Rate the usefulness of the consultation sills Academy Seminar



10. Discussion

Rate the overall learning experience provided by your GP attachment…



'Our placement was excellent and the direction and ideas in the GP handbook directed from Bristol should be revised'.

The students' focus is overwhelmingly that of practical preparation for F1 jobs in August and not the wider objective of 'preparing for professional practice'. In its broader sense the objective can be interpreted as providing the students with knowledge of accepted professional attributes and behaviours: to be accountable, altruistic, honest, and respectful, with expectations of excellence, duty and integrity. A balance between the students' hopes for the PPP block and the university's wider objectives should be considered in order to manage expectations and to improve satisfaction.

GP Teacher Evaluation of the Primary Care PPP block by David Memel

Lead GP Teachers for each block completed an online survey. Response rate was excellent (>90%), perhaps helped by the fact that payment for the teaching was activated by completing the survey. Answers were of a Yes/No format rather than a six point Lickert scale.

6. Did the administrative arrangements with the University Academic Unit of Primary Care and hospital Academies go well?			
Yes:		87.3%	89
No:		12.7%	13

Difficulties related to receiving the handbook relatively late, finding out when students had teaching at Academies, and the distraction of the exam long cases.

7. Did the various themed surgeries, and students finding out and reporting back to you, go well?			
Yes:		90.2%	92
No:		9.8%	10

Generally the GPs scored highly for this (though the Yes/No format perhaps restricted evaluation). Free comments were very varied, with some GPs really liking the themes and other not. Some GPs taught on the various themes throughout the two weeks, rather than in designated surgeries

8. Did the students have sufficient opportunities to consult patients alone, both opportunistically and in designated medical student surgeries?			
Yes:		97.1%	99
No:		2.9%	3

The GPs clearly felt that they were offering plenty of opportunities. They did not comment that having two students made this difficult, and several commented on the benefits of having two students.

9. How useful was the Year 5 Primary Care Handbook?			
Very useful:		56.9%	58
Fairly useful:		29.4%	30
Moderately useful:		10.8%	11
Of limited use?:		2.9%	3

Rather like the students, the GP teachers had a mixed response to the handbook. Many commented that it gave a useful basis, but was over inclusive, particularly with the designated tasks for students to complete during surgeries. One GP commented “It will be very useful now I've read it”

10. Overall, how useful educationally did you think the two week placement was for the students?			
Very useful:		65.7%	67
Fairly useful:		27.5%	28
Moderately useful:		3.9%	4
Of limited use:		2.9%	3

'Teaching Tips' from the new GP PPP Course – Small Groups

The morning small group sessions allowed GP teachers to share discussion about what worked successfully and suggestions for improvement.

The idea of themed surgeries was generally thought to be positive in allowing students to focus on important aspects of general practice. Student knowledge was thought to be excellent and basics did not need to be covered. The PPP course was therefore helpful in teaching students further skills such as managing clinical uncertainty, and building on existing skills such as giving explanations to patients about diagnoses and treatments etc. Students enjoyed seeing patients independently in medical student surgeries, and making decisions which they saw as useful in the transition from student to doctor.

Some GP teachers and students found the idea of 'themed surgeries' too restrictive in nature, going against the 'managing what walks through the door' ethos of general practice. GPs varied with how rigidly they stuck to the guidelines. Some found the handbook unhelpful and restrictive in nature.

Others felt that the timetable was very full, leaving GP teachers feeling quite exhausted by the end of the two weeks. Having two students together had both advantages and disadvantages. Many students enjoyed having the opportunity to learn from each other, but often it could result in crowded consulting rooms, which was not always popular with patients. Also differing student abilities proved difficult to manage on occasion.

Some of the following 'tips' were recommended by GPs who attended the workshop:

- Medical student surgeries – different models were used. Some GPs sit in with the student whilst they consult. Others have one student consulting whilst the other one observes with time for feedback. Some surgeries used patients off 'urgent lists'. It is important to know the standard of the student, so observing the first consultation may be helpful. Don't forget that in the future you may be asked for a reference from your student so it may be helpful to keep a record of how your students are progressing.
- Calling students 'senior students' to differentiate them from year 4 students
- Tasks for students to complete during the prescribing session can be helpful – e.g. student visits patient at home to discuss medication, how they manage with it and how they feel about it. Student specific tasks such as rationalising patient medications and possibly stopping one or two medications. One pharmacist had the students make up a complicated script which they found hard but interesting. Looking through ordinary repeat scripts and students reviewing any drugs they are not familiar with was also a useful exercise.

More 'Teaching Tips' from small groups by Barbara Laue

The small group followed on from an overview of student feedback

Key messages from the feedback were

- They rated their GP teachers as enthusiastic
- Didn't like being in pairs
- Not so keen on handbook
- Themed surgeries felt 'false'
- Mixed response to consultation skills

General comments

We asked ourselves what the year 5 PPP course was adding that students hadn't got already from the year 4 GP attachment. We felt that year 5 was a good place for demonstrating and teaching 'clinical judgement', to examine the place in medical decision making when we run out of guidelines and rely on judgement and when and why to use **judgement** even when guidelines are available.

It was felt that it was a good idea for 5th year students to learn in Primary Care. Hospitals are a bit like a 'zoo' with problems and diseases compartmentalised and managed in isolation. GP is more akin to a wilderness, you can't be sure what might come through the door, a mouse or elephant or…This encourages students to be flexible in their thinking and learn to manage **uncertainty**.

There was general agreement that the students' **knowledge** was excellent and that basics didn't need to be covered. This left more time for actively applying knowledge. Something students seem to struggle with is giving simple explanations to patients about diagnoses, treatments, prognosis etc.

Student and GP PPP **learning agenda** can seem at odds. Students want to prepare for their F1 jobs and can be less enthusiastic about tasks and experiences that they perceive as less relevant towards that aim

Students' enthusiasm and engagement with GP PPP seems to vary depending on the stage they are at. Especially if the **long case** is looming they become less interested in tasks that aren't directly relevant to passing the long case.

Students struggle with 'learning to be a professional', more focussed on hands on practical tasks. They feel if they don't know by this stage how to be professional their teaching must have been lacking in earlier years. They feel that the place for teaching professionalism is before year 5.

Some of us felt that it was a good opportunity to examine professionalism as this is **'crunch time'** for the students who are almost doctors. PPP should offer opportunities to take responsibility for an action that directly affects patients and to reflect on the consequences of actions.

Students are in **transition** from student to doctor. They are not happy to do tasks that seem more 'studenty' like sitting in and being a passive observer. They want active **'authentic'**

tasks. By this we mean tasks that would have to be done by a health professional if they were not doing it.

We need to

- Allow the space for students to take direct responsibility for an action that affects patients. Confidence comes from doing the work
    - Ask them to make decisions
    - What are you going to give this patient with cellulitis?
    - What are you going to tell the patient?
    - How are you going to tell the patient that diagnosis?
    - Looking for and using guidelines

Being in pairs

- One GP reported that her students seemed to enjoy being in a pair. All felt that it is important that students learn from their peers as that is how we frequently learn. Also, teaching in Year 5 is not about spoon feeding students. It is up to students to take the initiative to ask to do something, ask questions, give feedback etc.
- There was a strong feeling that pairs were good. Students need to learn to be in a team, to ask other people for help and feedback.
- This is also an opportunity to help change students' perspective of nurses.

Themes and structure

- There was general agreement that 'the themes' provided useful structure but 'theming' surgeries seemed too prescriptive, or as a student said 'false'. Some of us felt that most consultations have elements of most or all of the themes in them, enough for teaching.
- In one surgery the GPs each take one 'theme' and teach the student about it with one GP in overall charge of the attachment, which worked well for that surgery. The benefit to the student is that they have contact with a variety of GPs, observe different styles and GPs are possibly happier if teaching to the theme they feel most comfortable with.
- Some surgeries developed tasks to go with specific themes, see 'prescribing'.
- If you are in charge of 5th year students in the practice it is helpful to give your colleagues a brief what they should be doing. This should be a general outline and not too prescriptive. One GP prepares brief written information for colleagues.
- Some felt that the handbook could be more specific about the number of consultations/surgeries the students should do by themselves. This would also be seen as a quality marker of the GP part of the course.

Prescribing

Specific task

- The GP finds a patient who has several screens of medications
- Student reads patient's notes, discusses issues with GP
- Student visits patient at home, discusses medication, how patient feels about it, how they manage that number of medications
- Student specific task is to come up with an idea to rationalise medication, possibly stopping one or two medications

Chronic disease mx

Specific task

- Somebody suggested that if you have just made a new or fairly recent diagnosis of a long-term condition you could ask the patient to attend a student surgery. This benefits the patient as more time is available and provides an authentic experience for the student.

Student surgeries

There were different models. It is a balance of time and money

- One GP sits in with one student consulting and the other student observing as well. She gives up her surgery to do this.
- Others have one student consulting with the other student observing and debriefing after the consultation, usually allowing 30 minutes per consultation. They are consulting in parallel with 2x10 min app. And 10 minutes for debrief.
- Some surgeries have 'urgent surgeries' and give patients off this list to their students
- Balance of 'free reign' v safety form patients
- Make it explicit that students can call for help any time
- Create student log in and make sure that students sign off each consultation to create an audit trail
- Identify under performance
- Keep a record how your students are doing as you may be asked for a reference at some point

Selecting patients

- Need to provide opportunity for patients to opt in or out
- Could select for a specific purpose
    - 'neglected', 'needy' patients
- Select from 'urgent' list – unknown quantity
- Timeliness of selection
- Tell patient it is a student surgery at booking
- Harder to let patients know with touch screens

Multimorbidities

- Chronic diseases are now mainly managed by practice nurses, nurse practitioners and clinical pharmacists in our practices. This means that we need to involve these health professionals more in teaching and also 'teach them how to teach, not just assume they know how to do it.
- Many saw home visits incl. visits to nursing homes as a good opportunity to learn about multimorbidity. Visits also lend themselves for long case practice with one student observing and feeding back to the other student.
- Patients in this category are more often older and more socially deprived.
- We also felt that it is rare now for patients to come with only one problem

Key points to teach

- Prioritising symptoms, creating focus
- Awareness of conflicting treatments –'toxic treatments' , i.e. steroids for Polymyalgia in patient with DM, need to increase antihypertensive in patient with falls
- Teaching about judgement in those situations that guidelines don't reach

Exploring feelings

- How is it for the patient?
- How is it for the doctor to care for this patient?

Liaison with MDT

Putting student on the spot, teaching through questioning

- How are you going to manage this DM, AF, COPD etc?
- How will you monitor this condition?
- Next FU?
- Please write the prescription for this patient
- Please write the referral letter for this patient

Home visits

- Use as long case practice
- Debrief after visit, reflect in holistic manner
- Draw out lessons
- Formulate learning plan

Consultation skills

- Students generally feel unenthusiastic when consultation skills are mentioned. Not clear why. We all agreed that it is more like a lifelong journey rather than something we tick as done on a learning list. Possibly students feel that they have done the Cambridge- Calgary consultation skills guide.
- We felt that this theme was best taught by identifying 'teachable moments', i.e. providing feedback on a student consultation highlighting good skills and those to develop further. Perhaps suggesting phrases that have worked for us. We may want to refer to the CCG at this point, after the practical experience, and highlight it as a framework/structure for thinking and improving our consultation skills.
- Students are generally good at establishing rapport and information gathering, less good at explaining, formulating and negotiating mx plans and safety netting. Could particularly focus on the second part of the consultation.
- We all know that consultation skills are easier to deploy with straightforward patients and that it is harder in other situations, for example somebody with schizophrenia etc. It is helpful in these situations to share with the student that you also find these consultations difficult.
- One GP reported that she had paired the F2 doctor with the student and that this had been a good learning experience for both.

Supervision, Mentoring and Coaching

Stephen Greenwood – Senior Teaching Fellow, TLHP Programme, University of Bristol

The aim of this session was to familiarise participants with the terms 'supervision, mentoring and coaching' and to relate this to Year 5 medical students.

What is coaching?

'A process that enables learning and development to occur and thus performance to improve. To be successful as a Coach requires a knowledge and understanding of process as well as the variety of styles, skills and techniques that are appropriate to the context in which the coaching takes place.' (Eric Parsloe, The Manager as Coach and Mentor (1999))

What is mentoring?

'Off line help by one person to another in making significant transitions in knowledge, work or thinking'

Clutterbuck, D & Megginson, D, Mentoring, Executives and Directors (1999:3)

What is a Clinical Supervisor?

A professional practitioner who provides an interactive professional partnership, where there is shared responsibility for stimulating critical reflection, reviewing and assessing personal performance, as well as providing support and emotional refreshment'

Morton-Cooper & Palmer (2000:189)

What is educational supervision?

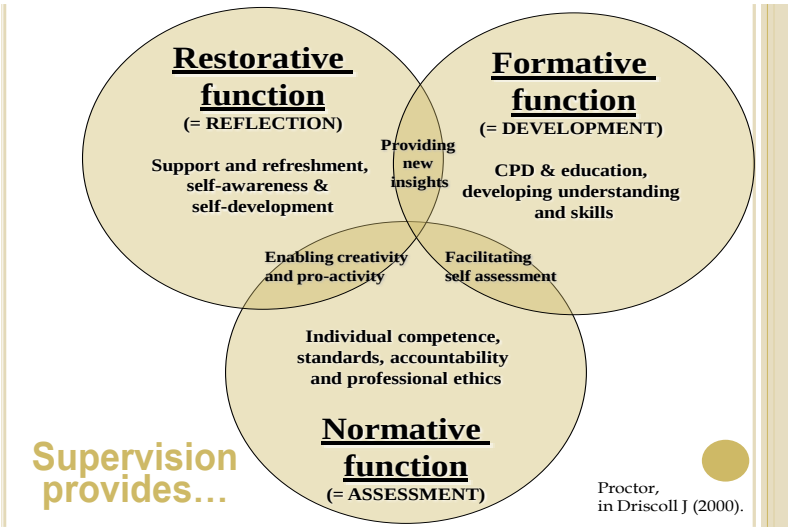
'The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of providing safe and appropriate patient care '

Kilminster et al (2007:2) on http://www.faculty.londondeanery.ac.uk

These definitions are useful for both GPs and students to be clear about their roles.

In undergraduate placements the GPs role is mostly as a 'supervisor' overseeing the training of the student. This is due to the limited amount of time that students have on placement. It would prove more difficult to achieve a 'mentorship' role as seen between GP registrars and their trainers.

A model relevant to supervision is shown below:



Supervision involves the three domains – 'normative function, formative function, and restorative function'. *Normative function* involves competence, standards and professionalism. *Formative function* refers to development and involves developing understanding and skills. This could be through student self assessment. *Restorative function* involves students being taught to cope with the emotional aspects of the job and having self awareness. The three domains combine together, resulting in effective supervision.

When supervising year 5 students it is useful to consider the above model. In the workshop the GPs spent time exploring issues to consider before the student placement, during the session and after the session. See below for some aspects that were discussed:

Before the Session	During the Session	After the Session
Select correct / suitable patients	Make certain students recognise the importance of calling for help if they are unsure	Ensure that there has been a safe, agreed management plan
Obtain consent from patients	Ensure students can log on to the computer correctly and record their findings	Consider feedback from the patient
Remember to give information to reception staff about student placements and their presence in surgeries	Recognise underperforming students	Any learning needs – PUNs and DENs What are the student's thoughts?

To summarise, in reality there may be overlap between the roles of supervisor, coach and mentor. The overall aim is to provide useful placements that students will benefit from. This can be aided by considering the above principles.

Primary Care Seminars at the Academies

Sarah Jahfar GP Academy Lead, South Bristol gave a short presentation on the two seminars run by all the GP leads at the various academies during the PPP course.

The **Primary – secondary care interface seminars** were generally held during the students' 2 week GP attachment or student assistantship and the aims were:

- To improve understanding of interface between GPs and hospital doctors in relation to admission and discharge
- To understand factors underlying decision to admit a patient to hospital
- To ensure discharge is well-planned and well-managed
- Be aware of what constitutes an adequate (and high quality) discharge letter
- Understand alternatives to direct discharge home
- To further relationships between junior hospital doctors and GPs.
- Understand processes when a patient dies in hospital

The seminar was organised by the GP lead, but with a consultant and an F1 doctor present, so that the students were able to experience the Primary – secondary care interface from all sides.

The second seminar was the **Advanced Consultation Skills Seminar.** This was held at any time between Jan and March.

We ran it according to the training organised by the University and had one actor, one GP tutor, 8 students and 4 scenarios, with the actors rotating through the groups. This built on consultation skills training that students have in Years 2-4 with a similar format, but using more complex scenarios.

We covered 4 advanced consultation scenarios: **Telephone Consultation, Consultation with Patient & Relative** (3-party consultation), **Multiple Medical Problems** and **The Angry Patient.**

It was generally very well received by the students. They liked the small group sizes and the fact that everyone had a go. They loved having a break and chocolate biscuits and liked the facilitation and feedback. They felt less intimidated than previous sessions, were more prepared to appraise each other at this stage in their training and found the scenarios interesting and complex.

Multimorbidity and How Does This Affect Patient Care

David Memel introduced this theme. With an increasingly elderly population, the reality is that a lot of patients are complex with several chronic diseases. Yet the way that medical care is organised both in primary and secondary care, and the way that we teach our medical students, assumes that we can concentrate on one disease at a time. The complexity may extend beyond their physical diseases to psychological and social aspects

He gave an example of a patient he had seen several times in the last few weeks complaining of feeling "tired all the time". The front page on the computer of his current medical problems included two different cancers, COPD, angina, hypothyroidism, and ulcerative colitis. He was on lots of medication, and had a very anxious wife. How do we as GPs tackle such a scenario, and how should we teach the students?

Discussion amongst the GP teachers varied and included

- Try to look at one possible cause at a time
- Take a "holistic" approach looking at the whole patient
- Concentrate on finding other "alarm bell" symptoms
- With so many things wrong with him, the GP in unlikely to be able to cure the symptom, and should concentrate on palliative care

Themes and Feedback –Small Groups

The afternoon small group session allowed GPs to discuss the different 'themes' for the 2 week year 5 course.

Multimorbidity

Generally it was thought to be a useful theme. Some GPs thought it was quite similar to the year 4 COMP2 case study. It was thought to be better using a slant emphasising the 'general medicine' key issues and having less emphasis on the psychosocial aspects. Home visits and / or nursing homes were often ideal places for students to learn. The role of nursing staff e.g. district nurses or practice nurses was variable – some students felt very passive, and there was general discussion on how nursing staff could be supported in learning how to teach medical students.

Primary / Secondary Care Communication Theme

This was a relevant theme. Students enjoyed having an active role, for example discussing good / poor GP referral letters and discharge summaries. Some GPs had students look at outpatient clinic letters. Services such as the GP support unit at the BRI were discussed.

Suggestions from the workshop included showing students the RCGP 'perfect' referral letter and asking them to write one on a patient they see. Teaching students about GP referral management so they can understand the steps involved in referring patients was useful. Emphasising the necessity of good communication (particularly end of life communication) was an important aspect.

Advanced Consultation Skills

Consultation skills are a ‘lifelong’ journey. GP teachers suggested that this was best taught by identifying ‘teachable moments’ – looking at a student’s consultation and highlighting good skills and those that could be developed further. One GP paired the F2 doctor with the medical student which worked well for both.

Chronic Disease Management

This theme could be renamed ‘Long term condition management’. It was generally thought to be a useful theme as students do not receive much exposure to this in hospital, although others felt students had already had sufficient experience in the Year 4 course. Students enjoy being active in their learning – for example helping in the diabetes clinic, and completing information on the computer.

Prescribing

This is often found to be a weakness amongst students, with gaps in knowledge apparent. Students seemed to benefit from spending a half day with a local community pharmacist. Another strategy was for students to sit with a GP in front of a computer processing the repeat prescriptions, encouraging the students to make active decisions themselves. Some GPs had a specific ‘themed surgery’ whilst others covered material opportunistically through several surgeries.

Overall Summary

Generally the first running of the year 5 GP PPP course appears to have been successful. GPs found students to be much more confident than in year 4, and they could also see a difference in them by the end of the placement. The themes were useful to provide structure for the two weeks and cover important topics, but there could be more flexibility in the ways that they were covered. Students generally enjoy an active approach to learning, and are very focussed on practical issues relating to being a F1 doctor. However the course should also cover longer term aspects of Professional Practice. Ideas were shared on ways to improve the teaching by GPs in the practice.