

2/2013

Primary Health Care
<http://www.bristol.ac.uk/primaryhealthcare/>



Teaching Newsletter

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Changes in Year 2 for 2013-14

The University year is changing from Trimesters to Semesters. This shortens the academic year. To compensate for the lost science weeks the clinical weeks in Year 2 will be changed. At present the year is divided in half and students have their clinical systems based teaching either in week A or week B. This is paired with SSC time (student selected component). Up to now Year 2 GP teachers could opt to teach in week 1 or 2 or both.

From 2013-14 onwards all students will have their clinical teaching, including their GP session, in the same week. In addition there will be a new 4 week block at the end of Year 2. It will be called LITHE—Learning In The Hospital Environment. So far there is no GP teaching in this. The Teaching Office and the GP academy leads will be contacting Year 2 GP teachers in the near future with more information. We realise that it will be a huge challenge to fit all GP sessions into one clinical week.

We will be exploring these changes and what they mean for GP teaching at the Year 2&3 GP teacher workshop. Dr. Nicky Cohen, who is overseeing the Year 2 changes to the clinical weeks, will be there to answer our questions. Please come and share your ideas and concerns.

Year 2&3 GP Teacher Workshop 17th April

Engineers' House, Clifton, Bristol

Dr. Nicky Cohen, the Deputy Programme Director and new Year 2 Lead for Clinical Skills, will be joining us for the day to answer your questions regarding the curriculum and timetable changes for Year 2 from 2013-14 onwards.

The four **Clinical Teaching Fellows** from **North Bristol** will be exploring 'student transitions'. How do students morph from school leavers into Year 1 medical students, how do they transition from preclinical lecture based teaching to learning effectively in the clinical environment? How can we adjust our teaching styles and techniques to facilitate these developments?

We will be taking an in depth look at **planning teaching** and **learning needs analysis**. There will also be plenty of opportunities to share good teaching examples and **top tips**.

To book your place email:

phc-teaching@bristol.ac.uk

Don't miss this exciting day!



Medical school newsletter for staff and students

The February edition has a summary of the academic mentor scheme and support systems for medical students:

<http://www.bristol.ac.uk/medical-school/staffstudents/student/newsletter/>

Prescribing skills assessment

From the academic year 13-14 onwards medical students in the UK will have to pass a national prescribing skills assessment (PSA). The following website provides examples for practice:

www.prepareforthe psa.com



PTO for Part 2 of Sarah Jahfar's top teaching tips, tried and tested in her practice.

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Top Tips for Teaching from Wellspring Surgery Part 2 by Sarah Jahfar

GP lead for the South Bristol Academy



Wellspring Surgery, Barton Hill, Bristol

Clinical skills teaching

For year 2 and 3 teaching we are spending 15 minutes or so on a clinical skill per session – BP, ECG, peak flow, urine testing. The students like to have their CAPS log book signed off and it is very useful to have up one's sleeve if a patient cancels at the last minute. The midwife has "lent me" pregnant ladies' urine and I used orange squash for the glucose test (which worryingly showed positive for blood also!).

Group teaching

This a challenge and we find that asking students to summarise histories and examinations helps on many levels – one student is taking the history but I warn the others that at any point I will be asking them to present the findings so far to me. This keeps them listening and also gives valuable presentation practice. Students take it in turns to be first to take history or examine, but we make sure all the students examine the signs if there are any.

What to do with the less engaged student?

We try to hook them in by pointing out what a rich resource GP is for all the skills they need to pass finals. We offer them long case practice in the Nursing Home or in patients' homes (they can go in pairs and observe each other). We try to give them tasks that are really useful to them, to the patient and to us, such as a thorough patient review, medication reviews or an audit. We have even gone as far as setting up a group SSC in integrative medicine in which students are taught and then go to the Nursing Home to apply their knowledge – one of the skills was massage and the residents loved it!

Benefits of becoming an OSCE examiner

We have found that becoming an OSCE examiner really helps to inform teaching, as we have a better idea of what is expected of the students. The University hold training workshops for these.

And what to do when we are too busy or have gaps in their timetable?

The students are "adult learners" but we have found that directing them towards the increasing numbers of Blackboard tutorials www.ole.bris.ac.uk, the national prescribing website <http://www.npc.co.uk>, GP Notebook or www.patient.co.uk is very useful and can easily form the basis of a tutorial for the year 4 or year 5 students.

If you missed Part 1 of Sarah's tips, you can find them in our Jan 2013 newsletter at:
<http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/newsletter>