

**November
2014**

**YEAR 4 COMP2
GP TEACHER
WORKSHOP
REPORT**

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Dear GP teacher,

Many thanks for coming to our GP teachers' workshop on Tuesday 4th November, 2014. Whether you are an experienced Year 4 teacher, or just starting out with a Year 4 student we hope you found it useful.

We started the morning with an overview and update of the university and the course and a review of the student feedback. We discussed placement planning and organisation and shared ideas in the top tips session. The mid-morning session focused on professionalism: how we can assess and teach it, how we can give feedback on it, and importantly how can identify problems. We also discussed identifying students who may be struggling with mental health problems and what support services are available for them.

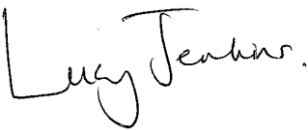
The afternoon started with a fascinating student presentation, and was followed by a session on assessment and how we can help our students in their preparation for it. We finished with some useful and thought provoking clinical updates, considering how we can teach complex and challenging topics.

Summaries and resources from each of these sessions are included in this report which we hope will further inform your teaching. The last few pages include some other useful information and a guide as to how you can add a supervisor to a student consultation on emis. A copy of the reflective template is included if you would like to complete this for CPD purposes.

We are aware of the multiple challenges of working in general practice at present and appreciate your ongoing time, efforts and hard work in teaching and supporting our Bristol students. Please do keep up your good work!

Do get in touch with us if you have any queries or concerns.

Best wishes



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COMP2 GP Teacher Workshop programme

Tuesday 4th November 2014, Engineers House, Clifton, Bristol
Programme

9am	Registration & coffee		Mel Butler
09.20 - 9.35	Introduction to the day		Lucy Jenkins
09.35 – 9.50	Update on the university and COMP2		Andrew Blythe
09.50 - 10.20	Review of primary care placement and student feedback Placement administration and planning		Lucy Jenkins Mel Butler
10.20 - 11.00	Small group work – top tips for year 4 teaching (focus on students’ roles in consultations and authentic tasks) Planning and top tips for new year 4 teachers		Andrew Blythe Barbara Laue Lucy Jenkins
11.00 - 11.20	Coffee		
11.20 – 11.55	Group A Teaching professionalism	Group B Attitudinal feedback	Megan Rowlands Kate Wooding Tim Davis
12.00 – 12.35	Attitudinal feedback	Teaching professionalism	
12.40 - 13.10	Identification and support of struggling students including mental health problems		Fiona Hayes
13.10 - 14.00	Lunch		
14.00 - 14.30	Year 4 student presentation ‘Primary care in special circumstances’		Antonia Northam Camilla Paget
14.30 - 14.55	Assessment and how we can help students prepare for it		Lucy Jenkins
14.55 - 15.15	Tea		
15.15 – 16.20	2 parallel sessions (30mins each) Sexual health – teaching update Challenging concepts in diabetes: using a chronic disease for teaching		Cindy Farmer Yealand Kalfayan
16.20 - 16.30	Summary, questions & feedback		Lucy Jenkins
16.30 – 17.30	Optional examiner training		Andrew Blythe

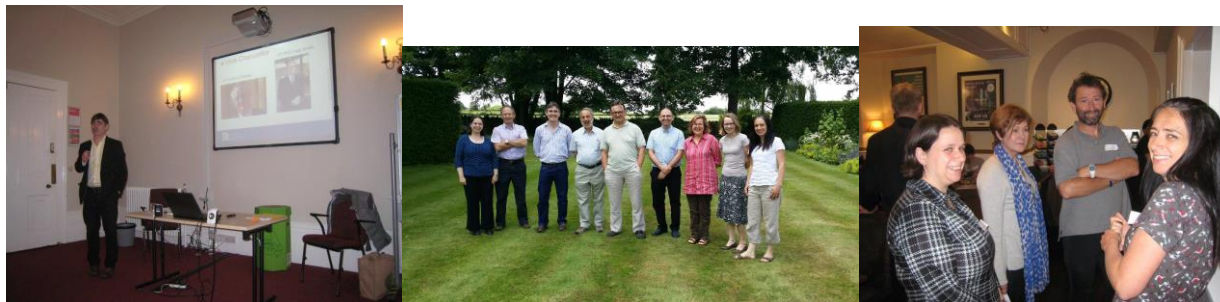
Workshop objectives

- Update on MBChB and COMP 2
- Sharing teaching experience and top tips with teaching colleagues and student perspective
- Assessing and teaching professionalism in our daily surgeries
- Giving feedback on attitudinal issues
- Identification and support of struggling students including fitness to practise issues.
- Assessment in year 4 and how to support student preparation for this
- Update on changes in the core problems in sexual health, in particular how we can teach these in practice
- Challenging concepts in diabetes: ideas for using a chronic disease for teaching
- Sharing teaching experience and good ideas with year 4 teaching colleagues
- OSCE examiner training - optional

Speakers

Melanie Butler	Teaching Administration Manager – Primary health care teaching
Dr Lucy Jenkins	GP and Teaching Fellow, GP lead for Year 4
Dr Andrew Blythe	GP, Senior Teaching Fellow, COMP 2 lead. Head of primary care teaching
Dr Barbara Laue	GP, Senior Teaching Fellow, GP lead for Years 2&3 and N Bristol Academy
Dr Megan Rowlands and Dr Kate Wooding	Severn deanery Leadership scholars
Dr Tim Davis	GP and teaching fellow
Dr Fiona Hayes	GP at Bristol University Student Health
Antonia Northam and Camilla Paget	4 th Year students
Dr Cindy Farmer	SAS Doctor, Bristol Sexual Health Services
Dr Yealand Kalfayan	GP and GP teacher with specialist interest in Diabetes

Current Primary Care teaching team (Oct. 2014)



Admin team

Melanie Butler	Teaching administration manager, Year 4&5, finance
Julia Carver	Year 3, workshops
Alison Capey	Years 1 and 2, consultation skills
Jenny McGee	SSCs, teaching support

Teaching leads

Andrew Blythe	Head of primary Care teaching, Unit lead for COMP2
Sarah Jahfar	Lead for Year 1
Barbara Laue	Lead for year 2&3, workshops, newsletter
Lucy Jenkins	Lead for Year 4
David Kessler	Lead for Year 5
Matt Ridd	Overall lead for consultation skills

GP academy leads

North Bristol	Barbara Laue
South Bristol	Claire Pugh
Bath	Melanie Blackman
Somerset	Taunton Charles Macadam
	Yeovil Andy Eaton
Swindon	Lindsay O'Kelly till Nov., then Kate Digby
Gloucester	John Salter
North Somerset	(Never had one, finance not available)

Contact details for all these people are in the GP teacher guide.

Updates

New for the university in 2014-15

- New Vice Chancellor - Professor Hugh Brady
- The formation of a new Faculty of Medicine, Dentistry & Veterinary Medicine
- We have a new Dean - Professor Jonathan Sandy
- A new curriculum is in development to start in Sept 2017. This is being developed as part of a biomedical review and is currently work in progress. It is likely this will have stronger community focus.

New for year 4 and COMP2

- Jessica Buchan has moved to new Zealand – Lucy Jenkins is the new primary care element lead
- Andrew Blythe has taken over as the overall lead for COMP2
- Pathology has moved from year 4 to year 3.
- In the next academic year (2015-16), Psychiatry will be taught in year 4 instead of year 3
- All exams will be held at the end of the academic year (i.e. the January OSCE will no longer be held)

Review of year 4 and COMP2

COMP2 is one of 4 units that make up the fourth year at Bristol Medical School. Students also cover:

- COMP1 (Child Health, Public Health and Epidemiology)
- RHCN (Reproductive Healthcare and Care of the newborn: Obstetrics and Gynaecology)
- ACS (Applied Clinical Sciences—covering anaesthetics)

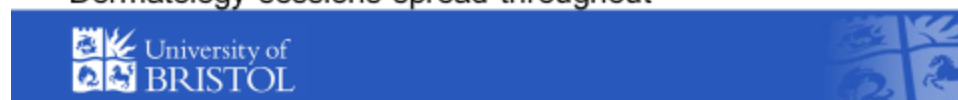
Each Unit is 9 weeks long.

Primary care is taught as part of the COMP2 unit (Community oriented medical practice 2). This unit also consists of Medicine for Older People and Dermatology; please see the example timetable below.

COMP 2 structure

Weeks	Mon	Tues	Wed	Thurs	Fri
1	Teaching (at university)	Teaching	GP	GP	GP
2	GP	GP	GP	GP	GP
3	GP	GP	GP	GP	GP
4	GP	GP	GP	GP	GP
5	GP	GP	MIOP	MIOP	MIOP
6	MIOP	MIOP	MIOP	MIOP	MIOP
7	MIOP	MIOP	MIOP	MIOP	MIOP
8	MIOP	MIOP	MIOP	MIOP	MIOP
9	MIOP	MIOP	Teaching	Teaching	Teaching

Dermatology sessions spread throughout



There is central teaching for 2 days at the start of the Unit and 3 days at the end. Students have lectures as well as getting a chance to practice consultation skills with actors and disabled patients. Each GP placement is 4 weeks long with Dermatology teaching scattered throughout the Unit. When students are not timetabled for a surgery or Dermatology teaching they should be studying Primary Care.

☀ Central primary care teaching

Week 1

Introduction lecture
Effective consultation skills workshop—covers migraine, UTI, STIs and emergency contraception, domestic violence and raised PSA

Week 9

Multi-morbidity
Cardiovascular risk
Domestic Violence
Minor Illness
Disability workshop
Pathways to unscheduled care



The **Aims and Objectives** of the primary care course are in the GP tutor guide. This is available at: <http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/four>

The Objectives are 16 core clinical topics that the students have to learn about. The students are given the curriculum as a list of possible scenarios that patients present with. We want the student to learn how patients present in Primary Care with the topic in question, how they should conduct a full consultation and manage that patient.

A desk top one page copy of the learning objectives and core problems was included in the workshop pack. If you would like a copy of this, please contact PHC (phc-teaching@bristol.ac.uk).

Prescribing is also a core aim of the 4th year Primary Care course. This is in light of the PSA (prescribing safety assessment) that all 5th medical students will have to pass in order to work as a foundation doctor.

Students do most of their learning on placement in Primary Care. To learn this effectively we hope that the students will spend their attachment with you first observing consultations, then taking part in consultations then seeing plenty of patients on their own, both observed by you and also seeing them first alone and then with you. In the top tips session, we discussed ways to facilitate this.

Teaching resources that students are advised to use:

- Study guide (and GP teacher guide)
- Textbooks
- Blackboard
- Websites
 - <http://cks.nice.org.uk>
 - <http://www.nhs.uk>
 - <http://www.patient.co.uk>
 - www.bmjlearning.com
 - www.gpnotebook.com

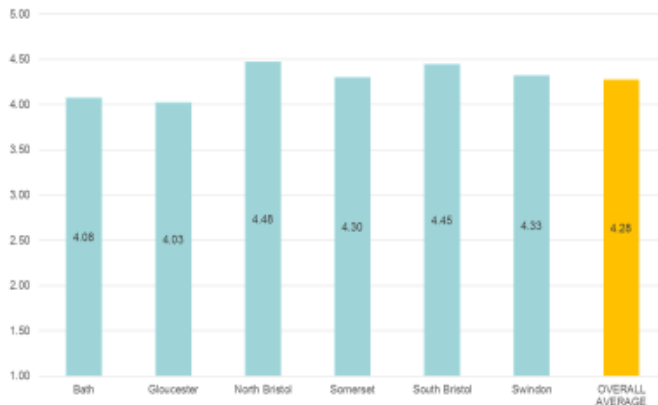
Blackboard – online learning environment - www.ole.bristol.ac.uk

- Guest Username: med021. Password: primcare
- Choose Year 4 COMP2 2014-15 course where you will find online tutorials, podcasts, current and past lectures, other learning resources. The tutorials have hyperlinks to other useful websites

Student feedback from 2013-14

We discussed the feedback which is generally excellent and is consistent across the academies. Students love the opportunity to be part of your surgery team and feel involved. They enjoy one to one teaching, especially when feedback is specific and helps build their confidence by giving a clear and achievable plan for what to learn and how to improve. Students say they want more consultation practice, and they appreciate when you have been able to timetable or deliver tutorials based on their learning need.

Rate the overall learning experience provided by your GP attachment



Student feedback

This is the only real opportunity to learn more about the structure of the NHS and understand how the majority of patients access healthcare

Excellent course, very useful for building on knowledge and confidence consulting; my favourite part of all my clinical placements so far. I want to be a GP now!

Well structured, comprehensive, and intimate practice that led to a wholesome and thorough exposure to the world of general practice.

By sitting with several different clinics with doctors, nurses and HCAs I gained a good understanding of the breadth of primary care



“timetable for whole 4 weeks was useful”

“talking to others there is great variability - I had an educational useful time, others only had limited opportunity to practice own skills. Greater consistency across the board would be good”

“useful to clerk patient with the GP watching so they could critique my history and examinations skills”

“having very little medical knowledge in sexual health, obs, gynae and paed (first block) is difficult”

“overwhelming syllabus when the experience can be quite passive: to be confident needs practising consults every day”

“long days due to travelling”

“would have liked OSCE style practice”

Top Tips from small group discussions

Group Facilitators: Andrew Blythe, Barbara Laue, Lucy Jenkins

Most important tips for new teachers:

Everything you need to know is at:

<http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/four/>

Creating a timetable

Starting point is:

- What GPs are around on what days?
- What rooms are free?
- Dermatology teaching slots (fixed)

Then,

- Ask student if they have any particular requests
- Think in small chunks of teaching time (less than half a day).
- Can dip into other clinics/activities for 30-60 minutes, e.g., new diabetic appt, smoking cessation clinic, baby clinic, vaccination. This makes day more varied and gives teacher a break.

Placement structure

- 2 models
 - Students focused on one doctor
 - Students completely spread among many or all doctors
- The exact organisation depends on what is possible in the practice and student preferences
- Feedback shows that students like to have one doctor they spend more time with

One GP should lead and oversee the placement and be the key contact for the student – student should be with this GP for about half of the time. More than this may be too tiring for the GP teacher. Less than this and the risk is that nobody really gets to know the student.

How many appointments should you block off?

One practice normally books 5 patients per hour (i.e. 12 min appt). When a student is present this is cut to 4 patients an hour.

Another practice with 10 minute appointments blocks off every third appointment when a student is present.

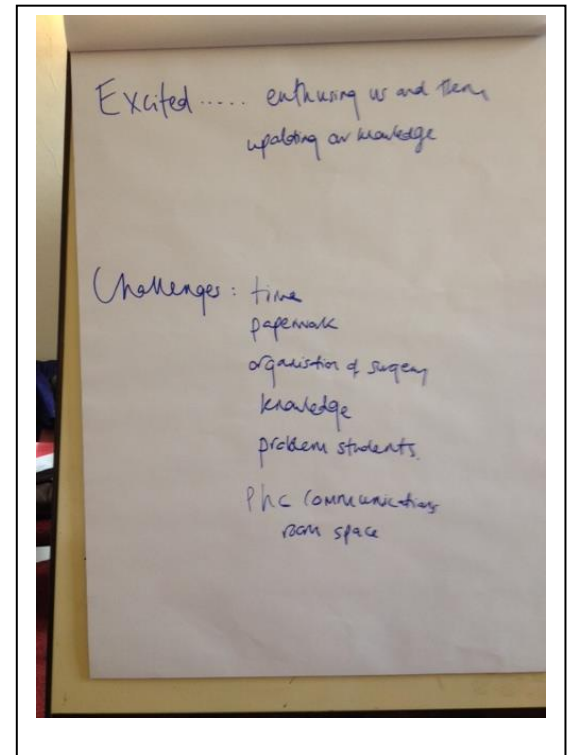
One practice has an open surgery every afternoon and usually assigns the student to this surgery. The general rule is that the number of patients seen should be reduced by a quarter. Payments are intended to cover a locum for this level of reduction in appointments

A different model is needed if the student is observing an urgent surgery.

Some practices book student-led clinics with half hour appointments. Other medical schools request this of their students.

Tips for running teaching surgeries

- Allow time
- Ask student to keep a list of questions



- Consider when to fit in questions from the student. Often this is difficult during the surgery
 - After the consultation
 - In coffee break
 - At the end of the surgery
 - During visits

Issues and tip for students' own consultations

- Pressure of time and consulting rooms

Need to take account of

- Different expectations with different students
- Different levels and breadth of experience at different stages of the academic year
- 2 models
 - **A** Block out time during your surgery so you have 15 minutes per consultation
 - This will provide a bit of time for the student to be observed consulting with a patient
 - **B** Book 3 patients for student to consult with
 - Discuss these consultations
 - Follow up with a preplanned tutorial
 - Could book specific patients for the student
 - Inform patient in advance that this is a student surgery

Tutorials

Some GPs have one hour tutorial every fortnight, others have half hour tutorial every week
All students need learning needs analysis at start and de-brief at end of attachment.

Some GPs do a teaching surgery followed by tutorial. One GP organises this on his half day

You could:

- Create teaching area on practice intranet
 - Teaching preparation
 - PowerPoint
 - Other resources
- Recycle registrar tutorial
- GP registrar could give tutorial

Learning with other health professionals

The guidelines from the University are that no more than 2 sessions out of the 30 should be with healthcare professionals who are not GPs. But, some practices use nurse practitioners much more than others. A practice which uses nurses to run a lot of its chronic disease clinics has found that the student feedback improved when it increased the amount of time spent with nurses in these clinics. We are aware that it may be appropriate and useful for students to spend more time with others but this should be balanced.

Further notes on other team members (OTMs)

- When students are patients they are sometimes less respectful of non-doctor team members but this has not been noticed in teaching
- Students can feel short changed if they spend a lot of time with OTMs. Need to look for a balance. There seemed to be a consensus of ¼ OTMs and ¾ GPs
- Students enjoy variety
 - Reception. Practice managements (brief experience may be helpful)
 - Pharmacist
 - Practice nurse
 - Phlebotomist

- DN
- HV
- MW
- BDP worker

Getting patient consent

Some teachers rely on getting verbal consent when they call a patient from the waiting room. Some GPs teach so often that their patients expect them to have a student – it is the norm.

The university advocates a multi-step process to gaining consent:

- Disseminate general information that you are a Teaching Practice and that many surgeries will have a student present (website, newsletter, information on the wall in the waiting room etc)
- Note at front desk so that when a patient books an appointment the receptionist should tell them that a student will be present
- On arrival, a note in reception or next to electronic check in or receptionist should tell them there is a student and give them a laminated information sheet (sample in GP teacher guide)
- Have notice in waiting room to inform patients that there may be a student present
- Have notice on waiting room monitor to say “Dr X has a medical student with her today”

Ideally, get student to sign confidentiality agreement at the start of the attachment

Authentic tasks that students can do:

- Phlebotomy
- Urine dips
- BP
- Swabs
- Filling in forms and labelling bottles
- Student to type consultation into the computer. Get to know system and also need to make decision what and how much to put (see page 25 regarding this)

Can students take time off?

Planned absence needs permission from the unit lead. There are clear rules on absence so if approached by your student for time off do check with phc-teaching@bristol.ac.uk. There is a specific concern form to complete if there are concerns about student attendance and absence.

The students have 30 (out of a possible 40) sessions to spend with you. This leaves 10 sessions for their pre-timetabled dermatology teaching (you should get a copy of this timetable 4-6 weeks before your student arrives) and private study time. However, the student does not choose when they have their private study time unless you are able to accommodate requests. Usually their study sessions are dictated by your schedule.

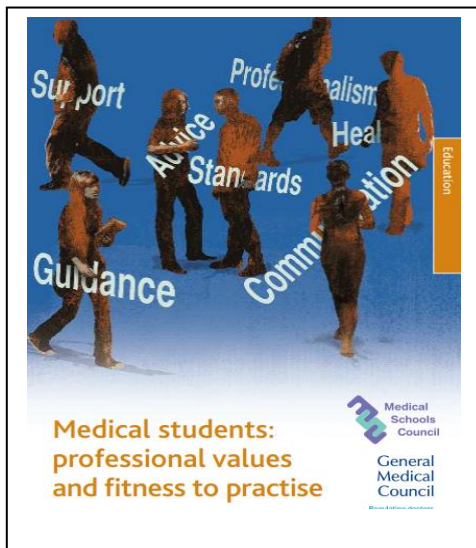
Keeping records about the students for feedback and future reference purposes

- Could create word document or spreadsheet
- Note name, year of study, any other specific identifiers, and column for observations, i.e. quiet in discussions, good at putting patient at ease etc.
- You could also include a column for actions you are planning, i.e. need to involve student x more in the group discussions, perhaps by getting them to talk in pairs and then each student reporting something, going round asking each student a question etc. (an aide memoir for your teaching)
- Consider taking and attaching a photo of the student

Ideas to involve the Whole Practice Team in Teaching

1. Discuss student teaching at practice meeting in advance of student's arrival
2. Enlist help of practice manager in planning the attachment – need to know rooms and staff available.
3. Start preparing timetable for student 4-5 weeks before start of placement. Circulate draft timetable to all doctors & nursing staff to seek their comments. Take into consideration when doctors are on holiday and be prepared to amend the timetable.
4. Try to allocate some teaching time to all doctors so that no-one feels excluded.
5. When creating the timetable don't just think in terms of sessions. One hour chunks can be very valuable (e.g. observing smoking cessation clinic, dressings, spirometry and new diabetes appointments) and can help to break up the day for student & teacher.
6. Brief the nursing team on what the student needs to know – particularly what the nurses might be able to teach and sign-off in the Consultation and Procedural Skills (CAPS) logbook.
7. Circulate the list of 16 core problems to all GPs just before the student arrives.
8. Explain purpose of student attachment to receptionists and make sure that they tell all the patients that the GP will be teaching a student.
9. Put up a notice in the common room welcoming the student.
10. Consider putting up a notice in the waiting room (on TV if you have one) informing the patients that there is a medical student in attendance.
11. On the first morning of the GP attachment spend an hour with the student introducing them to everyone & then conduct a learning needs analysis.
12. Share out the tutorials amongst the doctors.
13. If you have them, ask F2, ST2 and ST3 to contribute to teaching
14. Consider buying a dual telephone headset so that students can learn about telephone triage or put your phone on loudspeaker
15. At the end of the attachment collect feedback from everyone in the practice.

Teaching professionalism



We are currently developing further links with our postgraduate teaching colleagues and were delighted that Meg Rowlands and Kate Wooding were able to join us for the workshop. They are both currently working as GPST3s and Severn deanery leadership scholars.

Important points from their presentation: (slides can be provided if you wish)

- Professionalism is important
 - 2005 – GMC joined forces with Medical Students council to produce guidance for medical students
 - Expectations of medical students - have professional responsibilities as well as doctors
 - Students may be subject to a fitness to practice panel
 - Guidance on fitness to practice – any breach of this can compromise registration
 - **Behaviour outside the medical school may impact their fitness to practise**
 - It is part of the curriculum in most medical schools
- Needs to be more formally taught
- Year 4 primary care is an excellent opportunity for this

Teaching ideas...

- Ask students to define professionalism – could use post its
- Establish whether the student feels it is important and why
- Look at the GMC website – good medical practice
 - Guidelines
 - Medical Students Professional Values & Fitness to Practice section
 - Good Medical Practice in Action – worked case studies -<http://www.gmc-uk.org/gmpinaction/all-topics/index.asp>
- Use case based scenarios / adapt to role play
- Keep resources varied – multiple media options to help
- Watch professionalism video (?make your own) & analyse -
<http://www.youtube.com/watch?v=3OsA0z7j4WM>

Attitudinal feedback



As part of assessing and teaching professionalism, Tim Davis ran a session discussing how we can give feedback on attitudinal issues. This is often quite a challenge. In small groups we ran through three different scenarios. The resources from these and tips for managing each difficult student were included in the workshop pack and can be provided by PHC for others who would like copies. Below is a summary of case 2.

Scenario 2 – Jordan - The 2nd year student who seems shy and unassertive

Student role play – Jordan. You have come to the practice for the fourth and last session. This time you have to do a small verbal presentation to the other students, a few minutes only. You have each been given a particular part of the neuro examination to talk through for the others. There are 4 other students in your group.

It is quite a lively group and one student in particular seems to dominate. They all seem to know each other socially; you haven't been in a group with them before. You have always found it quite difficult to assert yourself in groups and prefer to keep quiet. You used to get teased and bullied at school and you have learned that it is best to melt into the background.

However, you did like the task and feel intrigued by neurology. It seems complex and important. You read a lot, tried out some of the exam on your friend and feel well prepared. Before the GP came into the room somebody asked you what you had done. You showed them your neat and concise summary and the other student said mockingly "Very nice" You feel a bit intimidated; you don't know how to take that comment.

GP Tutor notes

Jordan, a 2rd year medical student has come to the practice for the fourth and last session. This time you are teaching neuro examination and you have asked the students to each prepare a brief verbal summary regarding one aspect of the neuro examination. There are 4 students in your group.

Key observations

Jordan's presentation is well organised and thorough. He/she is willing to do whatever is asked. This student has been difficult to know because he/she doesn't participate in group discussions unless asked directly. He/she appears uncomfortable during some of the lively discussions you have had with your group of students. He/she does not offer help or suggestions to the other students.

Jordan's clinical skills are as good as the other students' and you have observed that he/she is more comfortable with the patients than the group. Clinical knowledge seems to be as good as that of the other students.

Observed role play for this scenario

Teacher talking	Process
How did it go?	Open questions
Tell me a bit more about what you learned?	
Your presentation was very good. It was accurate and thorough	Praise Feedback
How did you find your presentation?	Open question
I noticed that at times you seemed a bit shy, or maybe that is not the right word, maybe reserved.	Offering observation
The positive thing is that you have a lot of knowledge and good ideas. They are real strengths	Praise and feedback
Other students who are struggling a bit more would benefit from your knowledge.	Opening up a different perspective Widening the agenda
I would encourage you to share more	Suggestion
How do you feel in the group setting?	More delicate and more personal question asked at a point when defences are low as a result of much praise and positive feedback
Looking to the future, we often need to work in teams...	Linking to future work and skills needed for that work
Any thoughts how you might do that?	Facilitating problem solving by student
To finish off	Structuring the feedback session

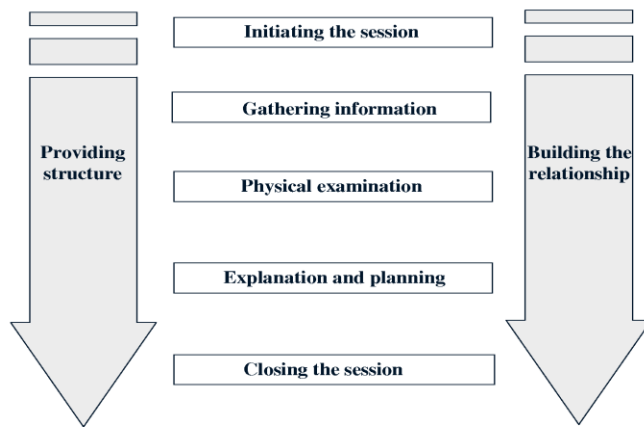
The slightly critical comments are well sandwiched between praise, positive feedback and positive suggestions

General feedback

Students also like and need to know how they are doing in consultations. Please see the following which may help:

Giving constructive feedback

- Ideally GPs and students should use the Calgary-Cambridge Guide to identify and record strengths and weaknesses. A summary of this is as below: a more detailed version can be found in both the GP teacher and student guides



Where possible, feedback should be 'SMART':
 S: specific, significant, stretching
 M: measurable, meaningful, motivational
 A: agreed upon, attainable, achievable, acceptable, action-oriented
 R: realistic
 T: time-based, timely, tangible, trackable

This serves several purposes:

- Students, and GPs become familiar with the Guide
- Students learn to assess their own and each other's performance
- Students learn to give useful feedback.

In terms of the process of how this information is given and received, there are two broad approaches (Pendleton's rules and ALOBA, see below). Whichever approach is used (and teachers may choose to mix and match), before beginning feedback ensure the student has a chance to "recover" and clarify any matters of fact first. Bristol students are used to this feedback as it is used in their central consultation skills sessions. We are lucky in Bristol to have an experienced group of simulated patients, who can uniquely offer the patient perspective.

Pendleton's rules provide a safe, if formulaic, way of delivering and discussing feedback:

- Ask the student to discuss strengths first. Even good students want to quickly move to discussing weaknesses. This should be restrained until later. What phrases worked, for example?
- Ask the student what they struggled with, or would like suggestions on how do have done something differently/better
- Ask for suggestions on how to the encounter could have be improved.

However, there are some acknowledged limitations to this approach and in later years, students and tutors are being encouraged to adopt an **Agenda-Led Outcome Based Analysis (ALOBA)** approach. ALOBA is a 'more mature' approach, whereby:

- The student is asked before the scenario what problems they have experienced before and what help they would like from the feedback
- After the consultation, the learner gets to comment first, which may lead them to review or refine their "learning agenda", and may focus immediately on problem areas rather than strengths
- To assist this process, the teacher describes what they saw (not provide solutions) so the student can reflect on what happened.
- Both teacher and student are involved in problem solving, allowing the student to go first, so that they are working to help themselves in the future.
- Rehearse suggestions: this takes the analysis and feedback to a deeper level of understanding by practising specific skills

Identifying and supporting struggling students

Dr Fiona Hayes is a GP at the Bristol Student Health service. Bristol is one of the few universities in the country to have a dedicated student health service. Fiona shared with us how she became aware of how many medical students seem to be suffering from mental health issues and how this could impact on fitness to practice issues. She has been working with the GMC on producing guidelines for this and her excellent presentation focused on how we can identify struggling students and what support services are available. The year 4 placement is fairly unique in that students have one to one encounters with the same person for a reasonably long period of time so this is important information for us to know. Read on for more useful tips regarding this:



Spotting poor mental health in students

- Students may be traumatised by being residential with a GP! (one GP teacher's experience)
- Your staff may be aware of and notice problems
- Might notice behaviours that could be or become problematic
 - Needing to be right all the time
 - Noticing obsessive tendencies, i.e. a student needing the plates to be in the same place all the time
- Students may be sharing personal problems
- Students may be isolated and under confident
- There may be underlying reasons for turning up late
 - Insomnia
 - Clubbing
 - Alarm not working (disorganised)
 - Disengaged
- Potential symptoms of underlying problems
 - for being rude
 - poor consultation skills
 - being fearful and anxious (may only just be holding it together for the placement)
- Look out for eating disorders
 - Very skinny
 - Eating habits
- Students with eating disorders
 - Don't tend to seek help
 - Are mainly female.
 - There is a dedicated service for eating disorders attached to student health in Bristol

Support for students

- Emma Teakle (TK) student advisor
 - Sends all students an email x1 per year and invites them for a 15 min. interview
 - She acts mainly as a signpost to services
 - Booklet for students with MH issues by ET
 - She and Eugene Lloyd/Nigel Rawlinson support struggling students
- Student counselling (this is not available if students suspend studies)
- Disabled student support
- Multifaith chaplaincy
- Mindfulness based therapy courses
 - 8 weeks
 - Led by Alice Malpass
 - For students with low level problems
 - ET can refer students
 - Students learn long-term transferable skills
- From this year all students have the chance to join a Balint group during their Junior Medicine and Surgery Unit
- Academic mentor
 - The mentor report includes questions about general well-being, pastoral issues

Fitness to practice issues

- Tailor support to help the majority. This might help to identify students with more serious problems.
- Probity issues, for example self [prescribing
- Medical school has a fitness to practice committee and a fitness to practice investigator

Future plan

- To organise a health and well-being day for all medical students. Please send suggestions for activities to andrew.blythe@bristol.ac.uk

New medical student exercise prescription leaflet

<http://www.fsem.ac.uk/training-education/exercise-prescription-booklet.aspx>

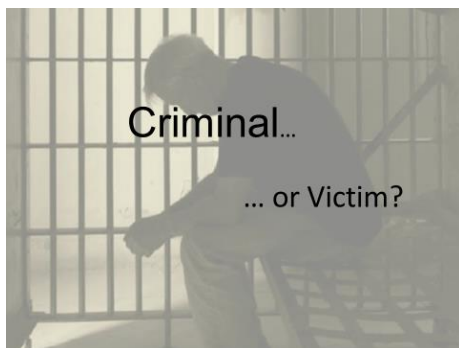
This is a teaching resource produced by a Bath GP trainee. It is aimed at medical students, particularly those in Primary Care placements. It is in a downloadable electronic format and is for free distribution to medical students, tutors and anyone else interested in reading or using it.

Student SSC presentation

Antonia Northam and Camilla Paget



Two of our current year 4 students presented their year 3 SSC (selected student component). They opted to study and experience 'Primary care in special circumstances' and spent an eye opening, challenging and thought provoking time in a women's prison. As well as learning more about the health problems, needs and healthcare provision of this group, they considered the fundamental question of whether these patients were primarily criminal or victims, and how health services and society can best help them. It was a privilege to hear their personal experiences and reflections; they both gave confident and clear presentations and tolerated the IT glitches with admirable calm.



Shocking Facts

- 75,000 drug users enter prison every year
- 70% of adolescents with substance misuse had a history of trauma exposure.
- 55% of prisoners are drug users
- Drug related crime approx. £12.9 million
- Average stay only 21 days (In HMP Eastwood Park)
- Rife drug problem in prison

SOMETHING HAS TO CHANGE

Opportunity to host students for medication management audit.

This year primary care is hosting a number of student selected components SSC for our year 3 and 4 students over 4 weeks in July 2015. If you are not already involved and would like to take part there is an opportunity to host students for individual audits of practice or a wider medication management review. For more information please contact Tim.davis@bristol.ac.uk lead for primary care SSCs

Assessment and how we can help our students prepare for it

The aim of this session was for GP teachers to be aware of the various methods that our students are assessed by in year 4 and therefore be able to help and support their students in their preparation. We did some sample questions and most of us passed!!

Written Exam (MCQ/EMQ) – 40%
OSCE - 50% of total assessment
Clerking Portfolio – 10% of total assessment

We discussed the **OSCE**- Objective structured clinical examination

Aim: you should be able to conduct a complete consultation in any one of the 16 core problems for Primary Care element of COMP2.

Assesses:

- Professionalism
- Knowledge
- Clinical skills and examination
- Communication skills and attitudes (professionalism)

Format:

- 4 primary care stations – with ‘patients’
- 10min cycle, 8 mins to perform a full consultation
- 20 marks per station: 4 marks for fluency
- Core clinical topics, one disability and one breaking bad news station
- 2 minutes of feedback at each station at the end
- Students perceive that is it a valid and fair exam

This academic year (2014-15), all exams are at the end of the year.

The OSCE will be held over two days

- Tuesday June 9th in Bristol
- Wednesday June 10th in Bath, Cheltenham and Taunton.

Some of you will have already trained as examiners and participated in these exams before. If you have not already done so, then current GP teachers are welcome to attend examiner training which is being held in various academies over the next few months. Please contact PHC if you would like more information regarding this. Andrew Blythe ran an optional examiner training session at the end of the workshop which was well received.

Assessment in the OSCE:

- Examiners have clear specific marking guidance to give a mark/20
- And assign an overall impression – see global descriptors hand-out
- Borderline regression equation uses these to calculate the pass mark for each station
- The sum of these pass marks with equal the pass mark for the whole exam
- Students must pass at least 6 stations

Why students may do badly

- Poor knowledge/unsafe practice
- Nerves
- Poor structure
- Failure to focus history
- Forgetting to ask about ICE

- Running out of time
- Trying to predict the station too early
- Failure to safety net adequately

And how we can help them during their year 4 placements:

- Enable them to practice! Observe them consulting and give constructive feedback
- Encourage them to formulate management plans and finish the consultation
- Time them
- Encourage them to use Cambridge-Calgary (see page17)
- Role play scenarios
- Consider the global descriptors (copy in workshop pack)
- Encourage and observe clinical and practical skills

The written exam (Monday 29th June 2015)

- 2.5 hours - 100 questions
- Section 1 - 50 MCQs - 20 each for PC and MfOP and 10 for Dermatology
- Section 2 – 10 themed EMQs each with 5 components - 4 each for PC and MfOP and 2 for Dermatology
- Equal waiting for MCQs and EMQs.
- No negative marking

MCQs - best of 5 options, alphabetical order, one correct 'best' answer

EMQs – designed to assess applied knowledge in the form of clinical reasoning. Each question is based on a theme and outlines 5 case presentations. For each presentation students must select the correct response from a list of 10 possible options

- Pass mark set in advance using the Angoff method (each question is individually standard set by a panel of 'experts' based on a level of minimum competence expected of a year 4 undergraduate)
- Pass mark that is unique to the particular questions that have been set; tailored to the level of difficulty of the exam.

Helping students prepare for written exam:

- Early learning needs analysis with regular reviews
- Targeted tutorials
- Ask them questions
- Get them reading between consultations (study guide, Oxford handbook, BNF)
- Give them homework!
- Go through sample questions together
- Design some of your own or get them to write some

The clerking portfolio

During their Medicine for Older People attachment, students need to clerk and follow up five to ten cases based around some of the core problems in Medicine for Older People. This was previously formative but is now summative and contributes 10% to the overall COMP2 mark. Marking done at the academy level and there is an opportunity to obtain feedback prior to marking. Whilst not necessarily popular with the students, teachers have seen improvements and better attendance on the wards!

Sexual health update

Cindy Farmer gave an excellent presentation updating us on various issues in contraception with particular focus on emergency contraception which is one of the core problems we teach in year 4.

By popular demand, her slides have been circulated with the workshop report. If you have not received these and would like a copy, then please contact PHC.

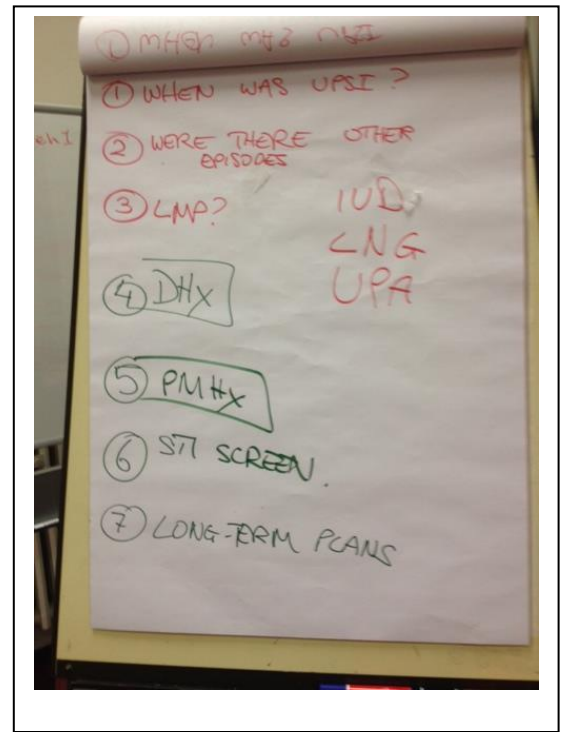


Table 1 Methods of Emergency Contraception available in UK

Method	Products	Class	Recommended dose / use	Indications	Mode of action
Copper intrauterine device (Cu-IUD)	Various types licensed for contraception (only Gynefix® licensed for EC)	Intrauterine contraceptive method	IUD retained until pregnancy excluded (e.g. onset of period) or for licensed duration of IUD (5-10 yrs)	Within the first 5 days (120 hours) following first UPSI in a cycle or within 5 days from the earliest estimated date of ovulation	Prevention of fertilisation via effects on sperm and ovum. Can have an anti-implantation effect
Levonorgestrel	Levonelle One Step® (P) Levonelle 1500® (POM)	Progestogen hormone	1.5mg single oral dose	Licensed for use within 72 hours of UPSI or contraceptive failure. Possibly effective up to 96 hours after UPSI	Delay of ovulation.
Ulipristal acetate	ellaOne® (POM)	Progesterone receptor modulator	30mg single oral dose	Licensed for use within 120 hours of UPSI or contraceptive failure	Delay of ovulation. Endometrial effect has not been proven or excluded

Key to abbreviations: EC Emergency contraception; P Pharmacy medicine; POM Prescription only medicine; UPSI unprotected sexual intercourse

Using chronic disease for teaching

Yealand Kalfayan is a local GP and GP teacher with a specialist interest in diabetes. His excellent presentation focused on the use of a chronic disease such as diabetes to teach concepts and problems that students can really only learn from patients and clinical experience. It gave some brilliant insight into different methods of teaching especially those things that students cannot get from guidelines or textbooks. Blue sky thinking for teaching!

A summary of ideas from this is as below:

- Teach concepts and principles rather than facts
- Use teaching aids
 - Anecdotes
 - Analogies
 - Graphs

Anecdote

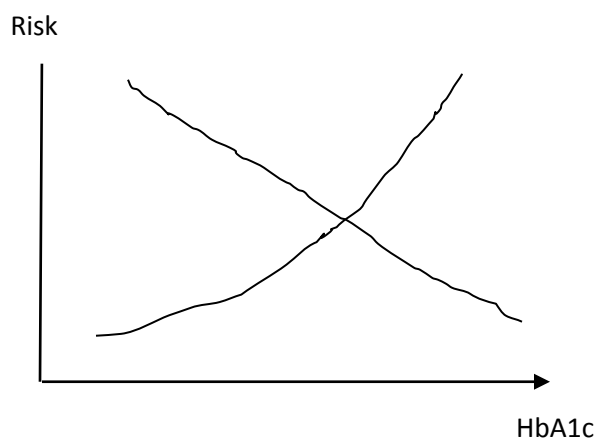
- 'A hopeless case of brittle DM' eventually it came to light that the patient's eyesight was too poor to draw up correct amount of Insulin
- Lesson learned
 - Value teamwork – another member of the team noticed it
 - Ask the right questions
 - Do the basics well
 - Think
 - Value regular contact and be open to 'noticing'

Analogy

- Using the metaphor of a tap, basin and outflow to explain the effects of CH in the diet and exercise
- Principle: starving does not solve the problem

Graph

You can use a graph to illustrate the balance between tight control and hypoglycaemia risk. In some situations, perhaps in a patient with a very regular and predictable lifestyle tight control will have less risk of hypoglycaemia. In somebody with an irregular lifestyle you may need to accept less tight control to prevent hypoglycaemia.



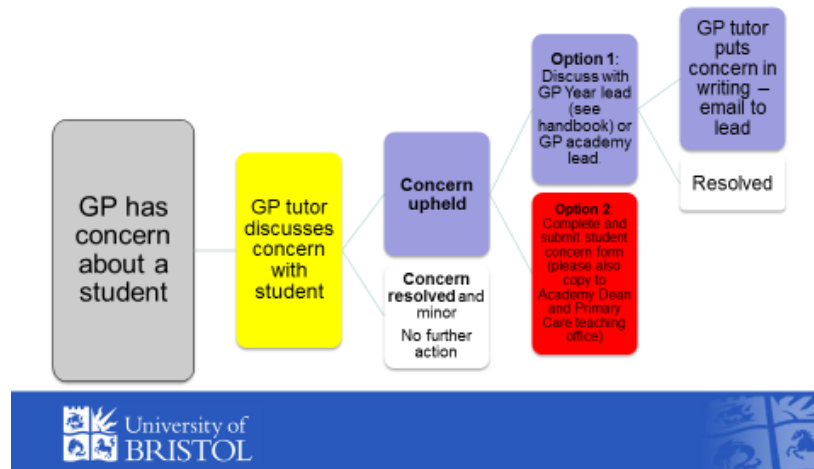
Lessons

- Listen to your patient
- Systematic checks have their value
- Nothing is routine, **'beware routine'**
- Nerve cells depend absolutely on sugar

Student concern forms

Below is a quick reminder of how you can address any concerns

✦ Flow chart for communicating concern



There is a separate form for concerns regarding absence. A full guide to the student concern form and a copy of the form is in the back of the GP teacher guide. Do discuss with your GP academy lead or us in primary care if you have any queries regarding this.

Useful resources for GP teachers

- Year/academy leads and administrators.
- Primary Care website

<http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/>

- GP Teacher guidebooks
- GP Teacher workshops and past reports

<http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/workshops/>

- Newsletter

<http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/newsletter/>

- Blackboard

Further teaching opportunities

Please contact PHC if you would like more information about any of these:

- Teach in other years
- Become a core practice
- Separate sessions e.g. Consultation skills, Disability
- Examining in OSCEs
- FitToTeach
- Academic Mentoring
- Honorary teacher scheme

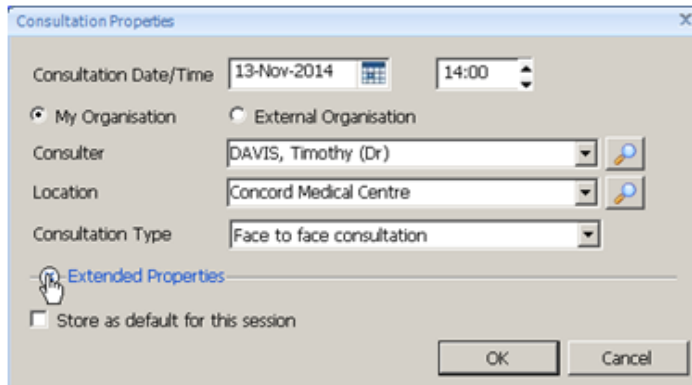
How to add a supervisor to consultations in EMIS web

By Tim Davis, locum Teaching Fellow, Primary Care

With students running their own surgeries it is important to have accurate records including who was supervising them. When creating a new consultation it is easy to add this within Emis web by following 4 steps:

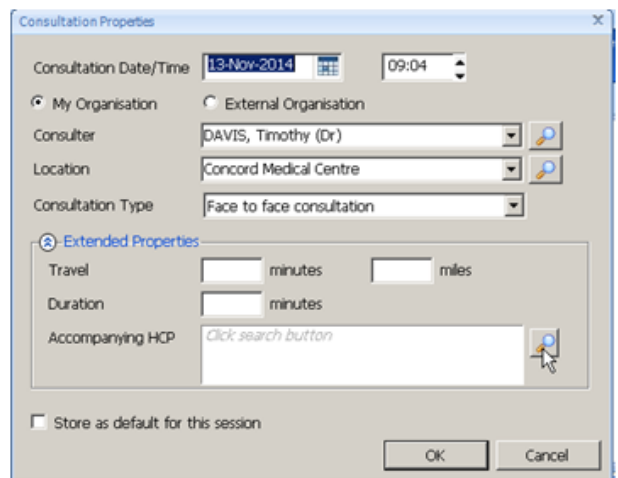
Step 1

When you create a new consultation set your student as the consuler, then click on extended properties.



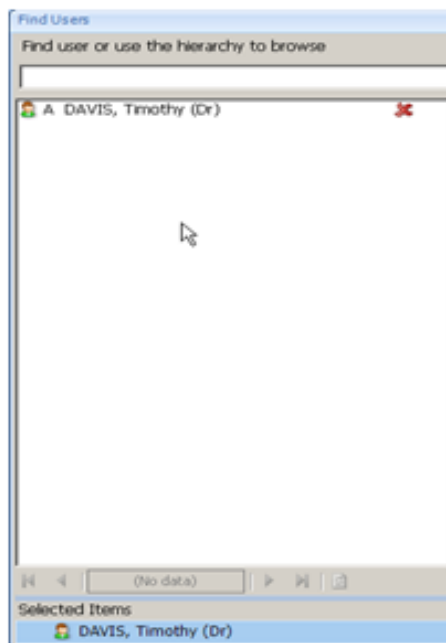
Step 2

Click the search button next to the Accompanying HCP (health care professional)



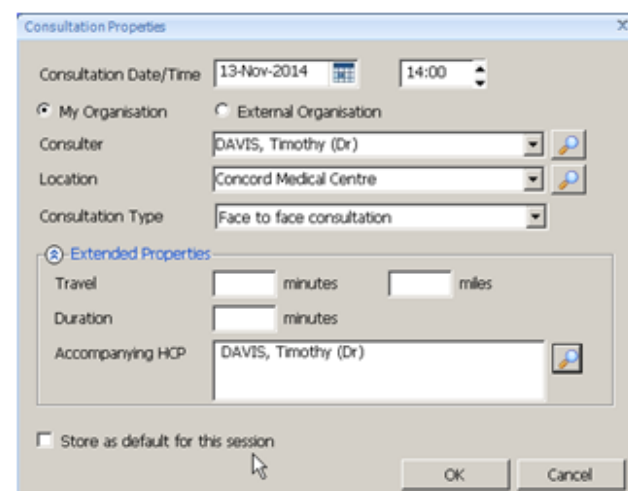
Step 3

Search for yourself and double click to select, then click ok



Step 4

Your final dialogue box should show your student as consuler and yourself as accompanying HCP. This will be logged in the consultation history and can be audited with population manager.



This is also useful for recording chaperones during consultations or having other colleagues such as registrars during joint surgeries.

Reflective template

Year 4 GP Teacher Workshop	
Date/Venue/Hours	04.11.2014, Engineers' House, Clifton, Bristol 5.5 hours
Reflection and Feedback	
<ul style="list-style-type: none"> ▪ What have I learned? ▪ What did I enjoy? 	
Forward Planning	
How I plan to use the learning and ideas from this workshop as a GP teacher and in my GP work	
How can I share the ideas from today with my colleagues?	
Key points to remember	
Name, date, signature	