

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

2015 Report

Workshop for Year 2&3 GP Teachers



Exploring the idea of Mindfulness

by *Indira Garaeva*

Read her reflections at

<http://www.outofourheads.net/oooh/handler.php?id=609>

More
Student creative work
at

<http://www.outofourheads.net/oooh/handler.php?p=homepage>

- ✚ Update Years 2&3
- ✚ Top Tips from Year 3 Teaching Prize Winner
- ✚ Best teaching practice for Years 2&3
- ✚ Mindfulness for students and GP Teachers
- ✚ Case based learning – an introduction
- ✚ Assessment, ranking and curriculum change

Barbara Laue
Liz Speedy
Small groups
Alice Malpass
Simon Atkinson
Andrew Blythe

Organiser **Barbara Laue**

Year 2&3 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
 Wednesday 7th October 2015



Morning			
9.00	Coffee and registration		Mel Butler
9.30	Welcome and Intro to the day Update		Barbara Laue
9.50	Top Tips from a Year 3 Teaching Prize winner		Liz Speedy
10.10	Best teaching practice Years 2&3	Mindfulness How can it help you and your students?	Small groups
11.25	Coffee		
11.50	Mindfulness How can it help you and your students?	Best teaching practice Years 2&3	Alice Malpass
13.10	Lunch		
Afternoon			
14.10	Case based learning		Simon Atkinson
15.30	Tea		
15.45	The new Bristol curriculum 2017 What shape Primary Care teaching in Years 2&3?		Andrew Blythe
16.20	Q&A, Review of the day, Evaluation		Barbara Laue
16.30	Home		

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Speakers

- Barbara Laue, GP lead for Years 2&3 and ICS (introduction to clinical skills)
- Jess Buchan, GP and Teaching Fellow, GP lead for Year 4
- Alice Malpass, Research Fellow, School of Social and Community Medicine
- Liz Speedy, GP Portishead Medical Group, Joint Year 3 Prize winner 2014-15
- Simon Atkinson, Senior Teaching Fellow and TLHP Programme lead
- Andrew Blythe, Director for assessment

Objectives

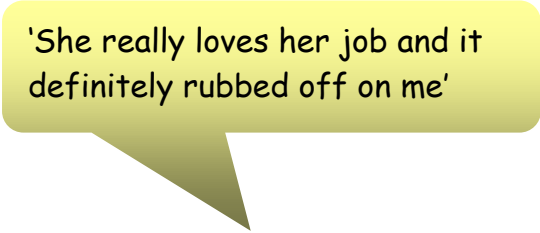
- Update on teaching in Years 2&3
- Exploring 'Best Teaching Practice' for Year 2&3 teaching with GP colleagues
- Mindfulness for you and your students
- Case based learning – the shape of things to come
- New Bristol curriculum for 2017 – What is happening?

Dear colleagues,

9.10.15

Many thanks to all of you who came to our Year 2&3 GP teacher workshop. We are circulating this report to all Year 2&3 GP Teachers to keep you informed and to share 'Best Teaching Practice' tips that came from the small group discussions.

A big thank you to all our speakers who covered topics from 'Mindfulness' to 'CBL-Case based learning'. Liz Speedy, a GP in Portishead and joint Year 3 Teaching Prize winner for 2014-15 shared her teaching tips. This included getting the students to make the noises of heart sounds and murmurs and sitting on a beach in Portishead and telling them why General Practice is still a fantastic job!



'She really loves her job and it definitely rubbed off on me'

Please do keep telling your students what is great about being a GP.

Please take a look at this report. The four small groups worked hard and came up with practical and imaginative suggestions for most aspects of teaching in Years 2&3.

We hope that you will find some useful information here for your own teaching and would be grateful if you could share this report with any colleagues involved in Year 2&3 teaching or perhaps interested in taking it up.

Best wishes from all of us in the Teaching Office

Barbara

Comparison of Year 2 and 3

	Year 2	Year 3
How many groups of students/GP/year?	2	2
How many sessions?	4 (8)	8 (4)
Days	fixed	flexible
Group size	4	4 (5)
	Same group x4 over 8 months Oct., Nov., Dec. March	Same group x4 over 3-4 months
	2 groups taught in one week	Teaching one group at a time

Comparison of Year 2 and 3

	Year 2	Year 3
Teaching task	Introduction to history and examination	Extended history and exam., diff. diagnosis, investigations, mx, Rx
Focus	Body system	Clinical area
How many patients/session	2-3	2-3
Formative assessment	Yes	Yes
Summative assessment	No	No

Primary Care team

- Year 1&cons. skills Alison Capey
- Year 2&3, workshops Kirsten Gill
- Years 4&5 **Melanie Butler**
- SSC and teaching support Jenny McGee

- Year 1 Sarah Jahfar
- Year 2&3 Barbara Laue
- Year 4 Jess Buchan (Lucy Jenkins on mat. leave)
- Year 5 David Kessler
- WPC and Vertical Themes Trevor Thompson
- SSCs Veronica Boon

- Head of teaching Trevor Thompson

- 2 ACFs – Academic Clinical Fellows
 - Simon Thornton
 - James Seddon

GP teaching in the Academies and GP Leads

	N. Bristol	S. Bristol	N. Somerset	Bath	Glouc./ Chelten.	Somerset	Swindon
Year	Nick Halsey	Claire Pugh	TBA	Melanie Blackman	John Salter	Andy Eaton L. Huntley	Kate Digby
1							
2							
3							
4							
5							

Best teaching practice in Years 2&3

We had 4 small groups with a mix of new and established Year 2 and Year 3 GP teachers and a few GPs in training. Key topics generated and addressed by the groups were student history taking and examinations, varying teaching, 'fillers' to break things up or replace a patient who hasn't turned up and structuring the sessions.

Preparation/finding patients

- Coding patients as 'patients that are good for teaching'
 - In EMIS LV it was possible to create your own code. This isn't an option with EMIS web. One practice decided to use a medical code that is extremely unlikely to ever be used for real, i.e. 'shark bite'
- Keep a practice spreadsheet of suitable patients
 - Note when last invited (so that they are not over or under utilised)
 - Indicate patients with good stories, good signs, interesting results e.g. abnormal LFTs or fluctuating thyroid results
- Hospital letters are good source and can then contact patients without them feeling obliged (as they might do if seeing you in surgery)
- When you see a potential teaching case in surgery e.g. Sarcoidosis ask if they are happy to go on a future teaching list even if not due to have students for a while
- If stuck for patients, look at the morning telephone triage list, could pull out a patient with a chest infection who can then come in or be visited
- Nurses often good source of chronic disease patients
- District nurses will know housebound patients
 - Choosing someone with lots of living aids can be illuminating
- Phone patients personally and brief them on the purpose
- Don't invite patients too early as more likely to cancel/forget
 - Too late is stressful
 - 1-2 weeks is ideal
- Home visits work well and good to see people in context (but harder to examine)
- The group felt that we should avoid care homes as patients are often not cognitively able to give consent and is not as positive an experience as seeing people who live at home
- A patient with a good spot diagnosis/good clinical sign can be good for examination
 - For respiratory history you may have a patient with asthma but if not unwell may not have signs so you could spend time on the history
 - Get a patient with Cushing's from COPD to come in for the examination

Opening session

- Be informal
- Show the students around the practice, talk about facilities and how they help care for patients
- Find out about your students--who are they? Learn names
- The students may not know each other very well so intros are good for them too
- Difficult for students to tell you what they want to learn, so ask lots of questions
- Ask what covered that week and 3 things they've learnt. Is there anything that is puzzling them about their teaching that week?
- Discuss expectations and rules
 - Helping each other learn, contributing to supportive atmosphere
 - Confidentiality
 - Feedback - explain that you will give feedback formally but the informal happens all the time and they should keep notes

Plan for a break

- Remember however enthusiastic you are the students might not be keeping pace. Perhaps they need a mid session coffee break!
- Students like biscuits!
- Talk about what you like about GP
- Send email before session what you will be covering
 - Include an article to read or a PIL or online info

Helping students take the history

- Have a run through with you roleplaying the patient and the group asking questions forum style e.g. when they think of something/taking turns
- How long for the history? Time limit your students
- Try the stop/start technique to explore their knowledge
 - Probably best to warn them about that at the start so it is not unexpected
 - You may want to do this repeatedly or only if you think the student is going off track
 - "Ok. I am going to pause you there. You asked X --what were you thinking the patient might tell you?"
 - "Ok so what have you found out so far...what are you thinking might be going on here? What else do you want to find out?"
 - "I noticed that you asked x...What else might be important here?"
 - I noticed that the patient said x...what do you make of that?
- Student getting stuck
 - Ask them to summarise

- Get them to ask the group for help
- How to manage history taking with patients with a chronic condition?
 - Just do presenting complaint, key condition(s), relevant complications, risk factors
- Need to ask about lifestyle appropriately
- Practice review of symptoms and how to introduce this into the consultation. Need to signpost it 'I am going to ask you a few quick questions about...'
- Give printed list of medication the patient is taking so they don't struggle with the names

Making notes while taking the history

- We discussed if students should take notes. Some students feel lost if they can't write. It may be good practice for OSCES/ward work to try and summarise without writing it all down
- We felt that writing things down while taking the history slows things up and we could demonstrate this to the students.
 - Let them write things down for the first patient and ask them not to write things for the second patient and compare. 'What was the effect of writing', 'did they forget important information because they didn't write anything down?' 'Effect on confidence with either processes?

Keeping all students active

- Try assigning tasks e.g. One taking history, one for back up, one for a 4 line summary of the case and one for feedback
- Print out the one page summary of tasks for CCG and give to the students
 - One to look for open and closed questions, one for 'cues', silences and how they are handled
- One to observe body language
- Or warn that they will ALL potential be asked to give a summary after their colleague has taken the history--this keeps them all awake

Helping students with examinations

- Some concern that we weren't as qualified in GP to teach examination in the way they learn for exams (take a look at the ICS year 2 handbook to clarify)
- Important for students to be shown what is normal, not all patients need to have signs
- You tube videos recommended as preparation e.g. watch McLeod videos
- We also have to recognise experience allows us some shortcuts (like driving) and we should highlight this for the students. For example, we have learnt to notice a patients colour as they walk in rather than spend time looking from the end of the bed
- Get a student to comment or the GP to comment as a student does it
- Ask why they are checking signs as they go. If they don't know what they are looking for stop and unpack

- Model examination, especially listening to apex beat with year 2...it is hard for them to ask to lift a woman's breast
- Ask them to say what they hear out loud rather than describe it e.g. Shhhhhh dub.
- If one hears a murmur don't say until everyone listened

Feedback and discussion

- Set up feedback giving at the start of the session
 - In group
 - Each student required to provide constructive feedback
 - Refer students to the info on 'feedback' in their handbooks
 - Discuss whether some feedback and discussion will happen with the patient present
 - Write things down to feedback later
- We discussed that unpacking the case after the patient has left can be easier but also doesn't allow them to go back and practice a question in a different way.

Examination and CAPS skills

- Students as models
 - Male students are often asked to be a model for heart and lung examination. The feedback from the academy sessions is that they don't really like that as they feel it impairs their learning experience
 - We felt that it is ok to ask students to practice pulse, BP and PFR, Otoscopy and Ophthalmoscopy on each other but not the more hands on examinations
- Link practical skills to being a diagnostician
- Keep and test the treatment room urines
 - What can you tell from this urine?
- Could show a video of examination skills prior to seeing the patient
- RS
 - Get the box of sample inhalers from the treatment room, hand one to each students and ask them to talk through them (experiential learning)
- CVS
 - Show them ECGs and go through
 - Make noises to imitate heart murmurs, Sing murmurs! Beat boxing
 - Draw murmurs. Draw the heart
 - Use a Mexican wave to show impulse generation through the heart and what a ventricular ectopic is and ventricular tachycardia
- Neuro
 - Use pipe cleaners for cranial nerves

- Consultation/communication skills
 - Ask them to think about how they'd explain something to a patient e.g. CKD--can refer to patient leaflets
- Knowledge
 - 5 causes of...
- WPC
 - Go for a walk esp. home visit
 - Send cards to patients that students have signed
 - Create 'thank you letter' template on EMIS web to be signed by students and sent to patients after the session

Understanding and taking care of your students

- Take them out and treat them to coffee and cake and ask they do that too when qualified
- Graduate entry students (A101) will start Year 2 with ICS (introduction to clinical skills). They won't have had any CVS science teaching prior to learning how to take a history and examine the CVS
- Students gain in confidence as they progress through the clinical weeks. They will be more used to talking with patients in neuro week compared to CVS week

Mental health teaching

- For mood assessment, model asking about mood
- Year 2 students have had an intro to 'mind and mood' in the intro week this year

What to teach in Pathology

- Broad teaching platform
- More emphasis on blood tests
- Practice urine dip and unpack results
- Students to generate list of tests and investigations appropriate to patient's presentation and condition
- Include neck and thyroid examination. Students generally haven't practiced this
- Could use SOB scenario and unpack – CVs, RS, GI, Renal, anxiety, Anaemia etc

Teaching with patients who have Diabetes

- Not so good for history taking that follows the traditional pattern of PC, H/PC, PH etc.
- Could focus on symptoms and difficulties the patient has now, complications, concerns, treatments and their effects and outcomes
- Find out how it was first diagnosed
- Find out all significant events, hospital admissions, emergencies etc
- Examination could focus on detailed foot examination

Organisation

- Ask the academy to liaise with students and arrange a time based on some options you give them
- Length of session
- 3 hours means being pushed for time
- Use 'break time' for a chat
- Some students are slow at contacting their GP and booking sessions. Plan for the Primary Care teaching office to send year 3 students a reminder email at the end of the first week in each of their academies
- If a GP session has been booked before a hospital based teaching session, the GP session has priority (and vice versa)

Keeping track of your students' performance

- Keep list of what skills they have practiced for sign off later as they usually forget their CAPS logbook
- Keep track of whether they have done history or examination
- Keep track of homework you have given them

Teaching 'fillers' and 'stand ins'

- Talk through your last surgery
- Look in your results inbox with them or script pile or letters
- Get a patient to bring in all their medicines (esp. if you want to do a medication review!)
- Look up a patient's results
- Ask them to come prepared
- Give small tasks, different one for each student and ask them to do 2 min. presentation to the group at the start of the session

Real life events as teaching points

- Good for them to see how you deal with a difficult situation it arises e.g. One doctor had an angry patient

Planning

- Write down reflective notes after each session, with month(s) long gaps between sessions it can be really hard to remember what the students were like and what homework you set and what you promised to cover next time! Can email a summary to students if appropriate or helpful.

Feedback scenarios

Could follow Pendleton rules (students feel safe with this)

- Clarification of facts
- Student goes first saying what was done well
- Group says what was done well
- Student says what they might do differently next time
- Group says what might be done differently next time
- Final word to the student, learning plan

Scenario 1 'cool'

This is a real scenario shared by one of you in one of the small groups

- A second year student is taking a history from an 80 year old female patient
- The student was asking the patient whether she is married. The patient replied that she was widowed for more than 10 years. The student proceeded to ask questions about the dead husband – what was his name, when did he die etc'
- He also followed up each reply from the patient by saying 'cool'. There were a lot of 'cools'.

What should we feedback to the student and how should we do this? In the group? With the patient? Individually after the session?

- Ask student to self-reflect and assess 'How did that go?' 'What went well?' 'What might they do differently next time? How did they acknowledge the patient's responses? Importance of asking detailed questions about the dead husband?
- Ask the group what they noticed. Give directions if no answers are forthcoming 'What went well? What would you have done? What did you notice about the language used? What was the patient's response? What did you notice about the patient's body language?
- Talk about acknowledging responses from the patient
 - Body language – nodding
 - Verbal acknowledgements 'Hmh...'
 - Reflecting back part or all of the sentences
 - Repeating a key word

Scenario 2 – Camilla

This was a fictional scenario based on a real student focusing on attitudinal problems

Camilla

She is half way through year 3 and has already done MDEMO (musculoskeletal and emergency med. /ophthalmology) and Pathology&Ethics. She is now 3 weeks into her Junior Med. and Surgery Unit and this is her first GP session in this Unit.

You are seeing a patient with Asthma. Two other students have done the history and examination. You have asked the group whether they have all already been taught how to do a peak flow. They all nod. You ask Camilla to check the patient's peak flow rate.

Camilla hands the tube to the patient and just asks him to blow into the tube. She hasn't asked the patient whether they have done it before, doesn't explain what the patient needs to do and seems to get a bit impatient when the patient looks bewildered. She repeats 'You just need to blow into that tube'. You took over at that point.

Key issues

- Poor **professional attitude**
- **Lack of knowledge** how to do a peak flow measurement and how to show the patient

Feedback

- Check students' knowledge re peak flow techniques and teaching patients, involve the whole group. 'Let's revisit peak flow measurements. Who can talk us through the technique? Who would like to start, one comment from each of you'
- 'Normalise' by saying that patients generally would not be familiar or proficient in special techniques like PF and that it is our role to teach them and ensure that patients use a correct technique
- Highlight this as a communication skill
- Help the student to identify the issues and invite student to self –evaluate
 - 'What is the first thing you would do in any consultation?'
- Teaching general principles
 - 'Always ask patients whether they have done it before'.
- Highlight importance of getting accurate results – explain meaning and impact of results
- Broaden it out and link it to Camilla's chosen career – as a pathologist she will need to communicate with a lot of different people – relatives, colleagues, technicians etc

Is there cause for concern? What should the GP Teacher do?

If the student's response to your feedback and suggestions and to subsequent feedback and suggestions from the GP Teacher was satisfactory, the student showed a change in their behaviour and improvement in their consultations and rapport with patients the student would not need to be referred. It would be good to help the student develop a personal learning plan for working on these issues.

If the student showed a poor response to the feedback and did not demonstrate a better attitude, the GP teacher should complete a student concern form (SCF).

The SCF would be sent to the Academy Dean and the director for student affairs. They would have an overview of feedback on that student and could then decide what action to take.

Teaching and learning resources

MDEMO

Dr. Tim Jenkinson MSK examination videos on doctors.net at

http://www.doctors.net.uk/eclient/dnuk/clinical_examination_series/

You need to get a log on for doctors.net