



Year 4 GP Teachers' Workshop Report 2017

**17th October 2017
Engineers' House, Bristol**

**Dr Ciaran Conway
Year 4 Primary Care Lead**

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Introduction

I am very grateful to all the delegates who enthusiastically attended our year 4 workshop in October this year. We had a wide range of teachers both in terms of geographical distribution and teaching experience. The aims of the workshop were for it to be interesting, enjoyable and sociable with a focus on enhancing the educational community.

As you will see in the pages that follow, over all feedback for the day was exceptional with 100% of respondents rating the day as excellent or good.

I am grateful to our speakers who have all allowed us to share their slides (appendices i – viii) and to Mel Butler and Kirsten Gill for their administrative support throughout.

Best wishes

Dr Ciaran Conway

Year 4 GP Lead 2017-18
Bristol Medical School

Workshop programme

Morning		
09.00-9.30	Registration, Tea & Coffee	Melanie Butler
09.30-10.00	Welcome, Introduction to the day, Overview of Year 4 Primary Care Teaching	Ciaran Conway
10.00-10.50	Workshops – “ <i>Sharing Good Practice</i> ” (Groups 1,2,3,4)	Ciaran Conway Barbara Laue Jess Buchan Laurence Huntley
10.50-11.15	Break	
Teaching workshops		
Session A – “Prescribing and the PSA” Dr Rupert Payne <i>Consultant Senior Lecturer in Primary Health Care</i> Session B – “Metaphor and Language” Dr Ellayne Fowler <i>Co-director MSc in TLHP</i>		
11.15-12.00	<i>Groups 1 and 2 – Session A</i> <i>Groups 3 and 4 – Session B</i>	
12.00-12.45	<i>Groups 1 and 2 – Session B</i> <i>Groups 3 and 4 – Session A</i>	
12.45-13.45	Lunch	
13.45-14.15	Student Selected Components (SSCs) - “ <i>What they are and how they can help your practice</i> ”	Juliet Brown
14.15-15.15	Adapting your teaching to your student and feedback	Jess Buchan
15.15-15.30	Break	
15.30-16.00	New teachers informal Q&A session (Parallel Session)	Ciaran Conway Jess Buchan
15.30-16.00	Experienced teachers – introduction to MB21 (Parallel Session)	Barbara Laue
16:00-16.15	Feedback and Close	Ciaran Conway

Who attended?

From the University of Bristol

Facilitators

Dr Ciaran Conway	Year 4 Primary Care Lead
Dr Barbara Laue	Senior Teaching Fellow
Dr Jess Buchan	Clinical Teaching Fellow
Dr Laurence Huntley	Academy GP Lead for Somerset
Melanie Butler	Placement and Engagement Manager

Speakers

Dr Rupert Payne	Consultant Senior Lecturer in Primary Health Care
Dr Ellayne Fowler	Co-director MSc in TLHP
Dr Juliet Brown	Clinical Teaching Fellow

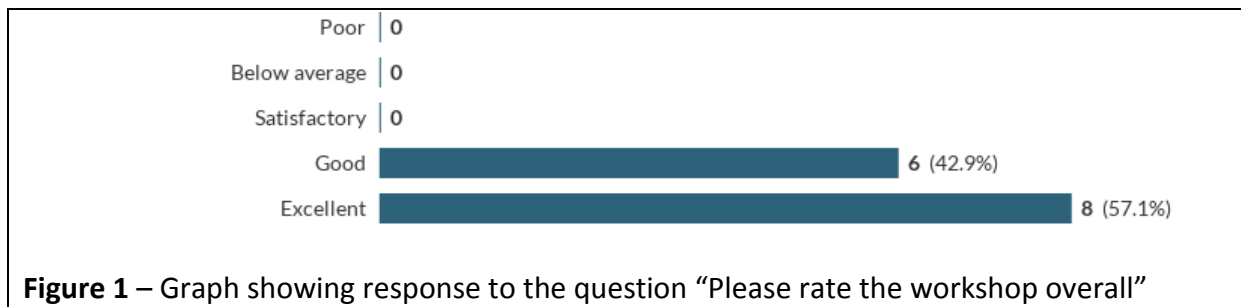
GP Teachers

There were approximately 40 GP teachers in attendance with representatives from all academies. The majority of attendees were GP Partners (approximately 75%). There was a wide range of teaching experience amongst the group

Overall Workshop Feedback

A Bristol Online Survey (BOS) was sent to all delegates on the day of the workshop. We received 14 replies (approximately 35% response rate).

100% of responders rated the overall workshop and excellent or good (figure 1).



Free text comments were invited in addition to the rating scale. Some examples include:

- *“Enjoyed it especially meeting other teachers and the leads for the day were excellent”*
- *“well organised and helpful”*
- *“Found the workshop a great refresher for me for my year 4 GP teaching, think will help my teaching and feedback skills with student”*

The excellent lunch available at Engineers' House was mentioned in four comments. The only negative comments were pertaining to parking which was mentioned once.

Session by Session Analysis

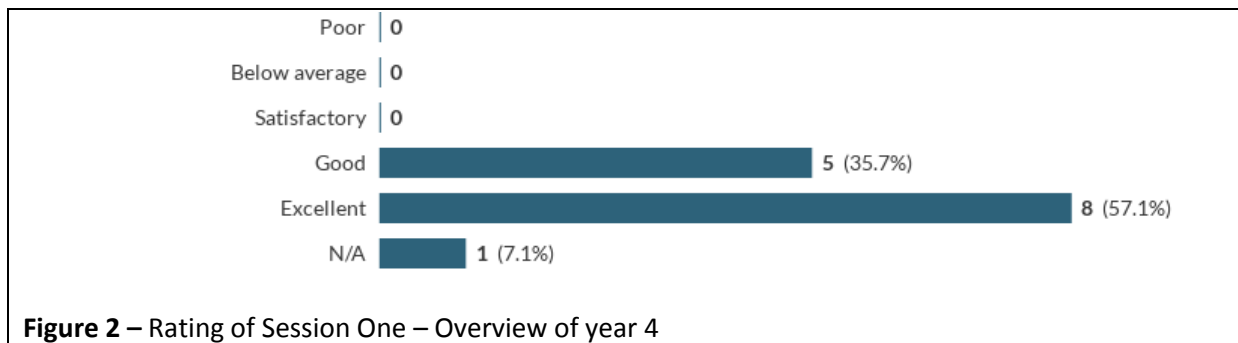
Session One – Overview of Year 4

Dr Ciaran Conway

This session was a half an hour overview of the outline for the workshop day and more generally an overview of the year four structure, teaching and examinations. The slides for this workshop can be found in appendix i.

Feedback for this session was generally excellent or good (Figure 2). One delegate felt unable to comment as they had arrived late. Free text comments for this session included:

- *“well organized and useful”*
- *“friendly and relaxed”*



Session Two – Sharing good practice workshop

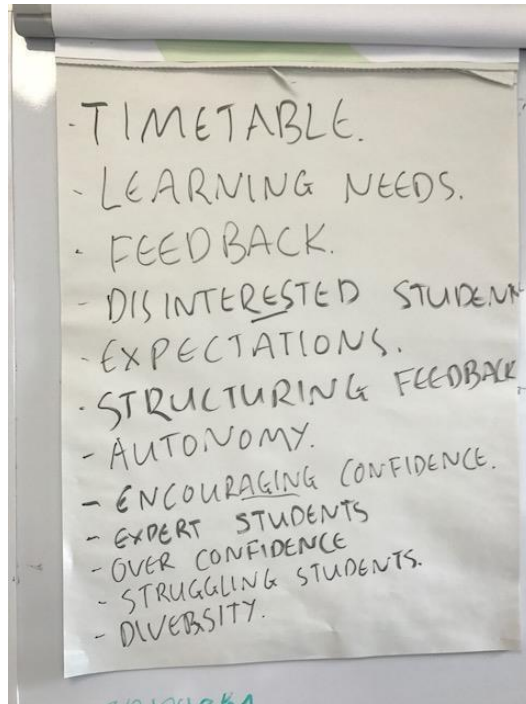
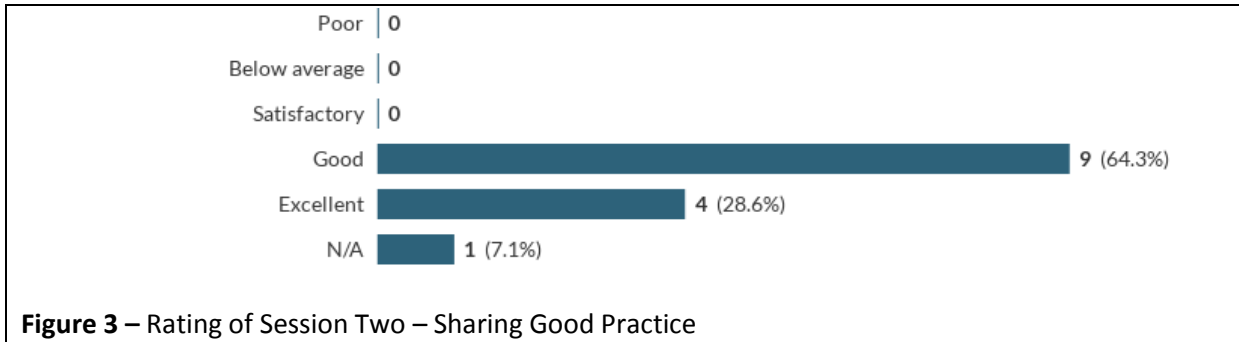
Drs Ciaran Conway, Barbara Laue, Jess Buchan, Laurence Huntley

In this session the delegates were divided into four groups of mixed experience. Over the 50 minutes of the session they were given a series of activities which involved small and large group working which encouraged them to devise solutions to common problems and challenges faced by fourth year teachers.

Picture one demonstrates the range of topics discussed in group 2. Attached as appendices ii, iii, iv and v are the facilitators notes from each session which includes problems discussed and solutions found.

The overall feedback from this session was positive (figure 3). Free text comments included:

- *“A very non-threatening and supportive atmosphere”*
- *“Good opportunity to discuss effective teaching practices for students”*
- *“Could have been little longer, always best session of the day”*



Picture one – List of challenges that group two discussed during their workshop

Some top tips from the workshop include:

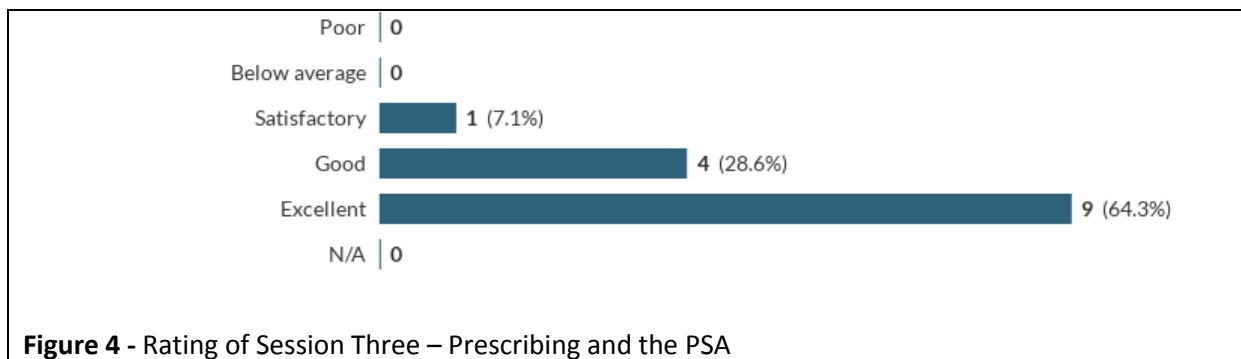
- Prior to the placement email a learning needs assessment based on 16 core topics (in handbook) to the student to complete before they start that way you will know which areas to focus on.
- Remember “Bedside not backside” - always getting students to work during a consultation—dipping urine, getting scales out, helping patients into room or onto examination couch
- For tutorials get the student to do the main preparation for the tutorial—this is how they learn, not didactic teaching.
- Remember that if patients book online, make sure the surgery is marked as having a student present. Also think about using the TV in the waiting room to display a slide about teaching medical students (UoB template coming soon!)
- There are lots of ways that students can spend time in the surgery when you are busy such as e-learning, tutorial preparation, audit/QIP.

Session Three – Prescribing and the PSA

Dr Rupert Payne

This session was delivered by consultant senior lecturer Dr Rupert Payne who spoke about the prescribing safety assessment (PSA) and how GPs can teach prescribing in primary care. The slides from this lecture are available in appendix vi. Figure 4 outlines the feedback rating for this session and free text comments included:

- “Well-presented and informative”
- “Very interesting [I] will be on the free practise website”
- “Really clear presentation on PSA, I wasn't previously aware of the set up for this exam and found Dr Payne's talk really useful”



Session Four – Metaphor and Language

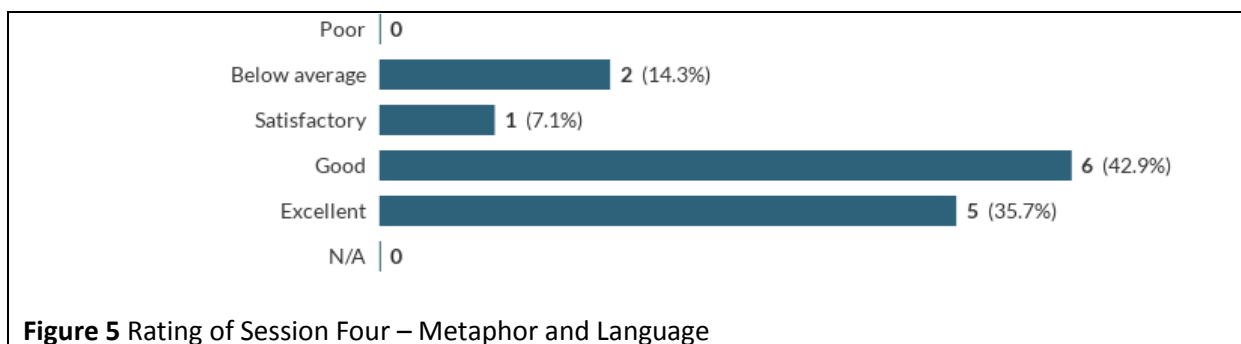
Dr Ellayne Fowler

Dr Ellayne Fowler who is a linguist by training gave a talk on how language can be used and misused in consultations and in teaching. Picture 2 demonstrates Ellayne in full flow.



The free text comments for this session are outlined below and the ratings are available in Figure 5. The slides from this session are available in appendix vii.

- *"A very accomplished speaker and an interesting subject-food for thought!"*
- *"Very interesting, made me think a lot about what I and patients say."*
- *"Really interesting talk and discussion on use of metaphor in GP consultation, has given me food for thought on how I describe illness /disease to patients"*

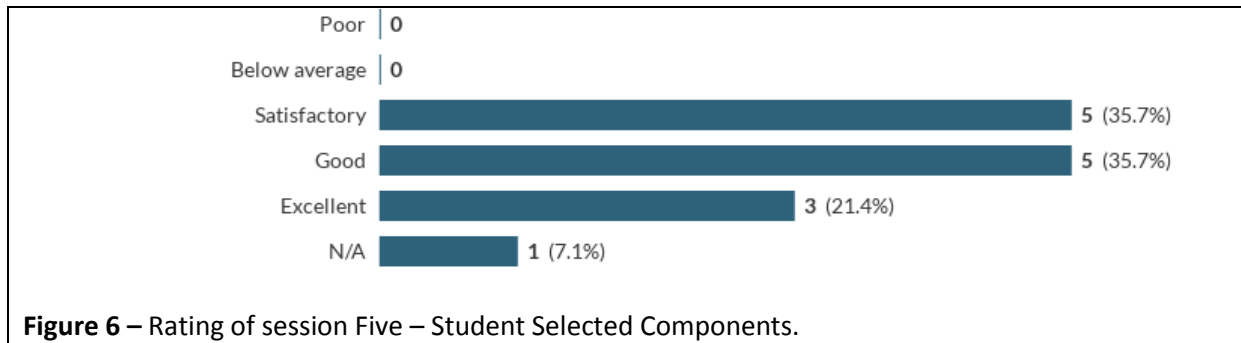


Session Five – Student Selected Components Dr Juliet Brown

The aim of this session was to introduce the concept of Student Selected Components (SSCs) to our GP teachers and to outline what opportunities were available. Free text comments included:

- *“Very encouraging I would like to get involved. I think it was a lot clearer about our involvement but will need to think about whether to take on another commitment”*
- *“comprehensive explanation”*

The ratings for this session are outlined in Figure 6 and the slides in appendix viii.

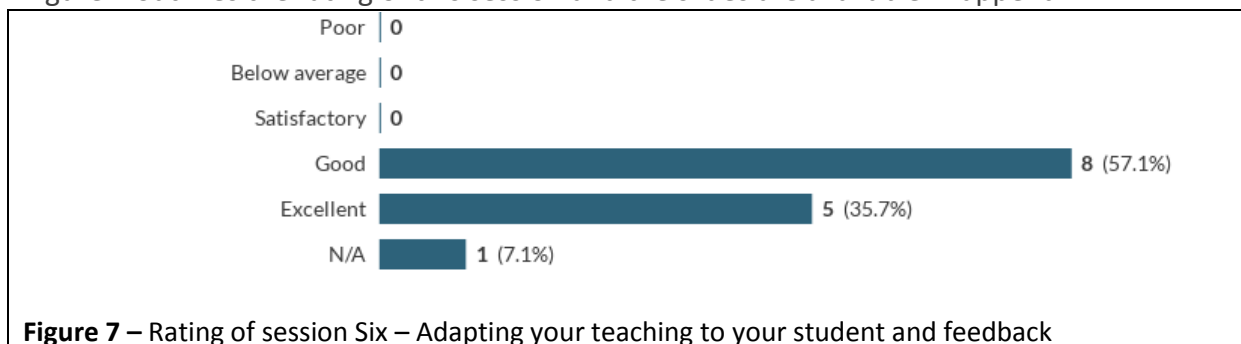


Session Six – Adapting your Teaching to your student and feedback Dr Jess Buchan

This session included a mixture of whole group work and role plays in 3’s to examine more closely how feedback can be adapted to circumstance and to individual students. Models of feedback were discussed and trialed. The feedback comments included:

- *“Well presented and interesting”*
- *“Good discussion on how to give effective feedback”*

Figure 7 outlines the rating of this session and the slides are available in appendix ix.



Session Seven – Informal Q&A Session Dr Ciaran Conway, Dr Jess Buchan and Mel Butler

This session was aimed at teachers who were new to teaching in order to allow a general discussion about any issues or questions. The logistics of structuring the placement, payment, dermatology teaching requirements, assessment requirements and CAPS logbook were all discussed.

Attendees commented in the feedback that:

- *“A good session, very interactive and easy to ask questions”*

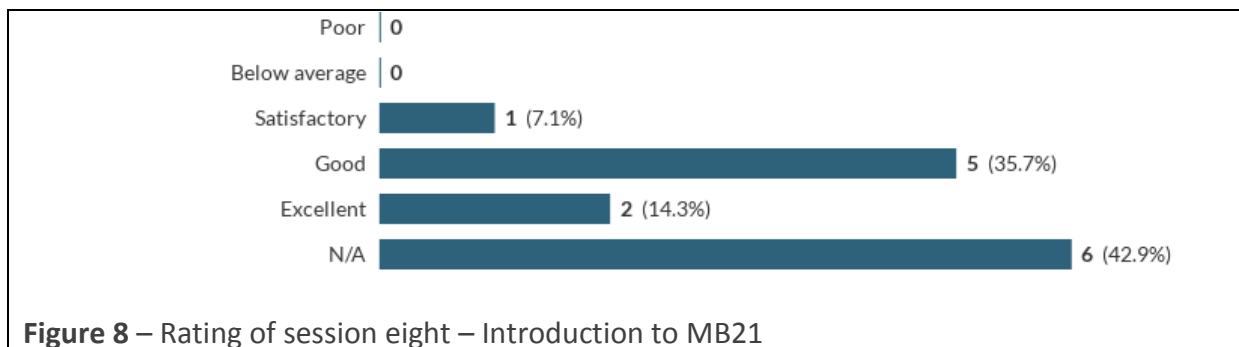
Only four of the respondents had attended the session with ratings of excellent (1), good (2) and satisfactory (1).

Session Eight – Introduction to MB21

Dr Barbara Laue

This session was aimed at teachers who were more experienced. The aim was to explain the plans for the expansion in primary care teaching within the MB21 curriculum and to receive feedback from the GP teachers on their thoughts of how this might work in their practices. The slides for this talk are available in appendix ix. Feedback is available in figure 8 and free text comments are below:

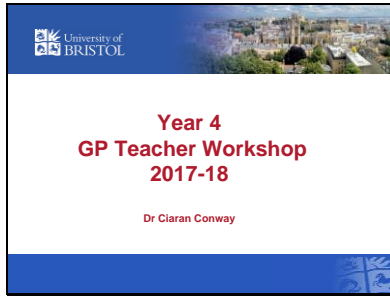
- *“Dr Lau's talk gave good information on the MB21 new format. I am slightly apprehensive about how much more sessions we will have med students for, but hopefully will be adequately funded and supported for GPs”*
- *“I have a much clearer idea what is expected as overview of several years not just 4 & 5, but I am daunted by the time input, I realise I am just about managing in general practice and it might turn me away, need lengthy discussion with partners”*



Appendices i-ix

Appendix i

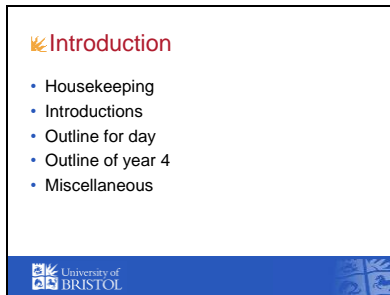
Slide 1



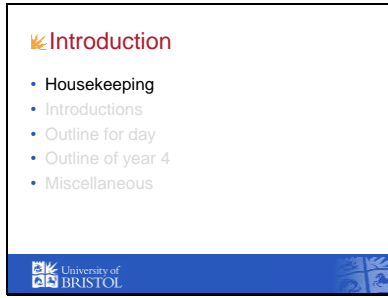
Slide 2



Slide 3



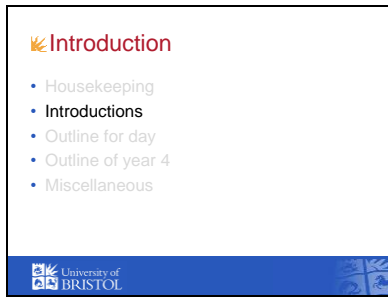
Slide 4



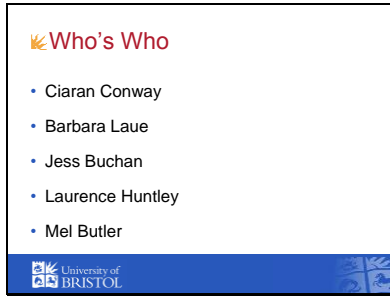
Slide 5



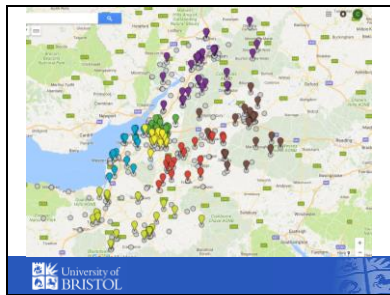
Slide 6



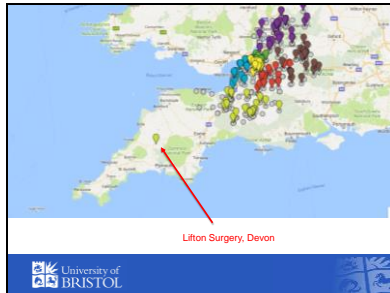
Slide 7



Slide 8




Slide 9



Slide 10

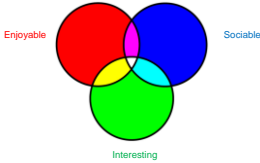

Introduction

- Housekeeping
- Introductions
- **Outline for day**
- Outline of year 4
- Miscellaneous



Slide 11

Aim's for today

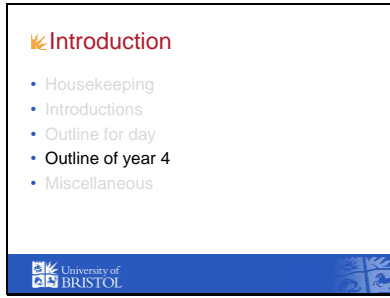
Slide 12

England's Head Office Bristol
Tuesday 17th October 2017

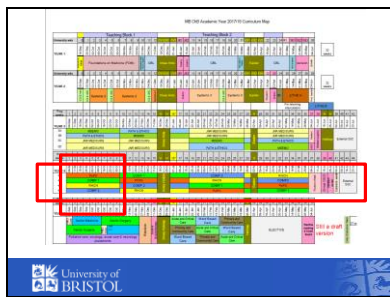
Time	Topic	Speaker
09:30-10:00	Registration, Sign & Coffee	Colleen Murray
10:00-10:30	Opening presentation by the Vice-Chancellor of Year 4 Primary Care Teaching	Colleen Murray
10:30-12:30	Workshop - "Sharing Good Practice" (Workshop 1 & 2)	Colleen Murray, Barbara Lake, Gill Butler, Laurence Purdy
12:30-01:00	Lunch	
01:00-01:30	Teaching workshop	
	Session 1 - "Reading and the Y4" (Workshop 3)	
	Session 2 - "Maths and Language" (Workshop 4)	
01:30-02:00	Workshop 5 (Workshop 5)	
02:00-02:30	Workshop 6 (Workshop 6)	
02:30-03:00	Workshop 7 (Workshop 7)	
03:00-03:30	Student Selected Components (SSC) "What did you and how did you help your partner?"	Colleen Murray
03:30-04:00	Applying your teaching to your student and feedback	Gill Butler
04:00-04:30	Year 4 teachers informal Q&A session (parallel sessions)	Colleen Murray, Gill Butler
04:30-05:00	Experienced teachers - introduction to H&M2 (parallel sessions)	Barbara Lake
05:00-05:30	Feedback and close	Colleen Murray



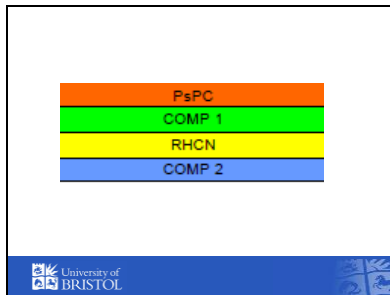
Slide 13



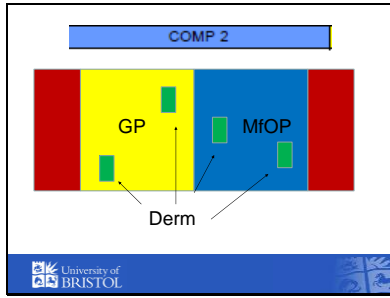
Slide 14



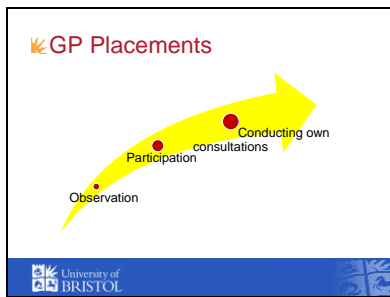
Slide 15



Slide 16



Slide 17



Slide 18

- GP Placement**
- GP Teacher's handbook
 - Prescribing
 - Tutorials
- The University of Bristol logo is at the bottom left.

Appendix ii

Problem

How to occupy students when GP is Busy

Solutions

- e-learning
- "catch up mode"
- Self directed learning
- Preparation for tutorial
- Write referral letters
- Audit/QiP

Planning tutorial

- Ask patients in advance
- Keep a list of patients to discuss
- use the registrar to help
- ask the students to prepare the tutorial

Problem students/inappropriate behavior

- Set ground rules at first meeting
- Highlight golden opportunity to watch consultations
- Encourage debate – in an appropriate way

Appendix iii

In our small group we discussed challenges and potential solutions. In summary:

- How do you assess student's educational needs?
 - Email a learning needs assessment based on 16 core topics (in handbook) to the student to complete before they start
 - Keep a running record of topics that come up during the placement
 - Hard to know what they don't know they don't know! Find out by observation and questioning. A recurrent theme was observing the student regularly throughout the placement/making time for at least 1 joint surgery per week/presenting cases back to you (get them to commit to a diagnosis, 3 differentials and next step)
 - Use mock up observation form (based on Calgary Cambridge) in handbook to observe students
 - Go through CAPS logbook to work out what they can complete when with you
- How to you pitch teaching to the correct level for a student?
 - Assume their knowledge is less than you think—experienced teachers found that even the confident student had a lot to learn about primary care topics so start from basics and build up from there. Some will have better knowledge (especially near the end of year 4) but better to start from basics—can build up at variable speed depending on the student.
 - Go through 16 core topic LNA at start, middle and end of placement to check progress. What are the goals? To be able to conduct a consultation on any of the 16 core topics, know how to assess, form a diagnosis, differential, red flags/mustn't miss and investigations and management plan.
 - Check in regularly with students—how are they finding the level—challenged enough? Too much? What do they want more of or less of?
- How to deal with the unconfident student?
 - Some GPs found it helpful to observe the student more near the END of the placement. Usually they would get student to observe, then observe student, then allow them to consult alone but particularly with unconfident students they may be better seeing and talking with patients first (alone) then consulting together as being watched too early makes them more nervous and practice talking with patients helps—although the GP needs to allow enough time to fully consult with these patients and expect little from the student early on. They can then be observed more as they gain confidence.
 - Practice!
 - Help them identify strengths and goals for improvement and clear steps to get there. Progress will increase confidence.
- How to deal with the overly confident student who has obvious gaps in knowledge, skills or attitude but doesn't realise it?
 - Get them involved and actually doing
- Keeping students involved and engaged

- Bedside not backside was one GPs comment—always getting them to work during a consultation—dipping urine, getting scales out, helping patients into room or onto examination couch.
- One GP got the students to be a critical observer of the GP and feedback on the consultation
- Input notes onto the computer
- Prescribe
- Look it up e.g. BNF –note that many students use phones/mobile devices so the GP should explain to patient that this is what they are doing (not playing on the phone!)
- Planning tutorials; how, how many, what content, how much work to put in?
 - GPs found the tutorial topics already planned in the handbook particularly helpful.
 - Students often need help thinking about investigations, management plans and prescribing.
 - Prepare but get the student to do the main preparation for the tutorial—this is how they learn, not didactic teaching.
 - Topics that are on the curriculum but less commonly seen e.g. substance misuse and domestic violence—tutorials good place to cover these.
- How to timetable over the 4-week period.
 - Assign an administrator to do this (likely to need to meet with you/variable levels of steering)
 - Follow the timetable plan in the handbook. However most experienced GP teachers have learnt that this timetable is both not detailed enough and needs to be more fluid. For example—it doesn't allow time for the GP teacher to get on with admin and it is useful to schedule 30mins to 1 hour at the end of the morning for the student to sit in with the nurse (can complete some CAP skills e.g. spirometry/peak flows) or spend longer with a patient, or do some self-directed study on a computer while the GP does patient administration. Some admin useful for the student to see e.g. going through results or prescriptions but there is a limit to how much of this is useful.
 - Fluidity is important as invariably a teaching session or clash with student plans for at least one session—some GP's timetable 40 sessions expecting to drop 10 once the student arrives and they can go through the 4 weeks together.
 - Some GPs schedule a tutorial each week (1 hour) followed by a joint surgery with ½ hour per patient.
 - GPs find that it is hard to observe full consultation as patient and student quickly look to GP so joint surgeries mixed with students own surgeries where they spend 20 minutes with patient then you see the patient for 10 work better.
 - When reception books student present surgeries put a note on the slot for “new patients only”
- Preparing to be a referee
 - GPs are often asked to be a referee by their 4th Year student and when you have taught a few students it can be hard to remember who is who. Top tips were take a photo on arrival, keep notes and a record, discuss with the student

at the end of the placement what you would put in a reference about them and check they agree (good way of giving feedback too!)

Appendix iv

Teaching highlights

- Getting to know their students
- Making students feel relaxed
- Gaining from observing students
- Students enjoy the 1:1 relationship with the teacher
-

Challenges	Solutions
Balancing seeing patients with students seeing patients and providing supervision	<ul style="list-style-type: none"> • Give students ½ hour with the patient and 10 minutes with the GP/patient they see • 4 patients/morning • Can ask for help any time if needed • Mixture of patients – 2 routine, 2 off acute list • In first two weeks have them sitting in and swab seats with them, so they consult and you observe • Block every third appointment • In second 2 weeks book student surgeries • Practice aiming for a minimum of 3 student surgeries, ideally 4
How to help the students get the most out of 'observation'	<ul style="list-style-type: none"> • Get them to do something, i.e. take a BP, look something up etc • Give them a focus for observation <ul style="list-style-type: none"> ○ Body language ○ Feedback for GP on aspects of the consultation – words used ○ Prescribing – were there other options, no drugs, other drugs?
What could students get out of observing pressurised urgent surgeries with 5 minute appointments?	<ul style="list-style-type: none"> • Students could make a list of problems seen and identify their learning needs in relation to them, could they have managed the problem? • Gives them a better idea what is common
How to help them get the most from the time they spend with nurses (chron. Dis. Mx) and other health professional	<ul style="list-style-type: none"> • Students could do practical things like taking blood, doing an ECG • Good to spend time with local pharmacist and see how busy they are
Telephone triage – how to involve students	
Student timetable – how to organise it all, logistically difficult	<ul style="list-style-type: none"> • Do it a month before the student arrives • Email plan and any info to the student
How to involve students in practice work	<ul style="list-style-type: none"> • Get them to do flu jabs
Involving student in consultation and keeping it appropriate for the patient	
Pitching teaching at the right level	
As the lead GP for the year 4 attachment, how can we communicate what is needed/expected for the student, especially when we are not in the practice	<ul style="list-style-type: none"> • Get colleagues on board before the student arrives • Publicise the timetable, send it to people involved • Give some time to talk about and inform about student teaching at a practice away day

	<ul style="list-style-type: none"> Involve younger GPs, they are often very enthusiastic about teaching
How much time should the lead GP spend with the student?	<ul style="list-style-type: none"> ½ with lead GP, ¼ with other GPs and ¼ with other members of the wider team, i.e. DN
Tutorials	<ul style="list-style-type: none"> Could ask the student to give you a tutorial, maybe on something that you have been meaning to read up on Tutorial around bowel symptoms and how common they are
How can we stimulate curiosity	
How can we give them a way to feed back on their learning?	
How to let the patient know that a student will be present	<ul style="list-style-type: none"> Reception staff to inform patients at booking If patients book online, make sure the surgery is marked as having a student present Can programme the electronic check in to say that a student will be present Written information on reception desk Call patient in person, check they know student present and are ok with it. Make it easy for the patient to say know Need to be sensitive to patient needs, for example male student when patient has a gynae problem Tell the patient the name of the student TV in waiting room has rotating slides/images. One of them could be about student teaching
Students talking about mx to the patient before management has been discussed with GP, could raise false hopes and expectations in the patient	Instruct student to think about mx plan but discuss first before telling patient
Patient misunderstandings	Check patient understanding before they leave
If the patient has a more serious problem, it may not be appropriate for the student to handle the consultation	But students can learn from observing how the GP handles that problem

Appendix v

Timetabling - the handbook offered some good guidance on timetabling meaning it could be delegated to an admin person.

The students did enjoy spending time with more than one GP.

Students valued knowing their timetables in advance.

There was variability over the time taken out for teaching. Some GPs were trying to teach with only 2 slots taken out over the course of a morning, others with 4 over the course of a morning.

Important to have protected time at the start of placement to discuss learning needs. To facilitate this it could be worth getting a student to do a learning styles questionnaire or rating their confidence in various topics.

Feedback - spell out you are giving feedback. Don't rush it/make sure adequate time to make the process effective. We touched on ways of giving feedback such as setgo. We discussed the importance of end of placement feedback.

Disinterested student. We touched on how there maybe something underlying and important to recognise students encounter problems in life such as health and social problems and the importance on gentle enquiry.

Expectations - we discussed the importance of dialogue during the placement to check needs were being met, encouraging ownership of the placement by the student, and hopefully meaning realistic expectations are met and an understanding reached over unrealistic ones.

Encouraging confidence - the one on one in the GP placement is a good opportunity to help those struggling with confidence, hopefully with time discover why they are lacking confidence, creating a comfortable environment, and providing positive (though not patronising feedback).

Appendix vi

Slide 1

How should we teach prescribing to medical students?
Rupert Payne

University of BRISTOL Centre for Academic Primary Care @capbristol

Slide 2

58% consultations end in Rx

Hughes D. J R Coll Gen Pract 1993

University of BRISTOL Centre for Academic Primary Care @capbristol

Slide 3

Prescribing Cost Analysis, England

Number of prescribed items (millions)

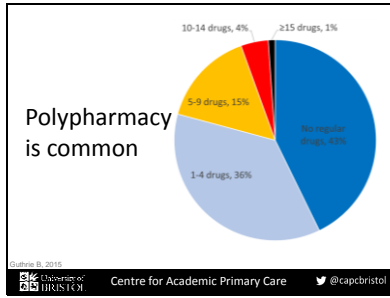
£9 billion

>1 billion items

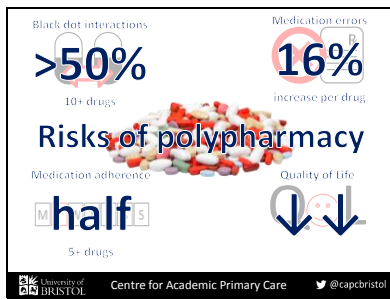
Year	Number of prescribed items (millions)
1994	400
1995	450
1996	480
1997	500
1998	520
1999	550
2000	580
2001	600
2002	620
2003	650
2004	680
2005	700
2006	720
2007	750
2008	780
2009	800
2010	820
2011	850
2012	880
2013	900
2014	920

University of BRISTOL Centre for Academic Primary Care @capbristol

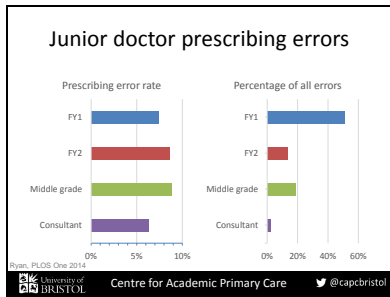
Slide 4



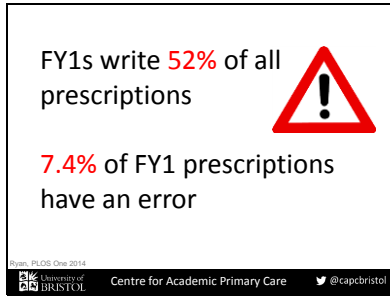
Slide 5



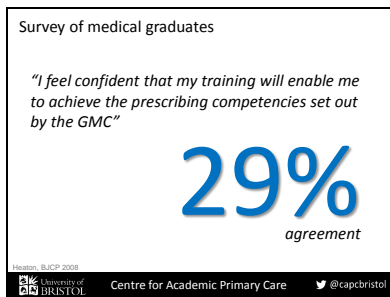
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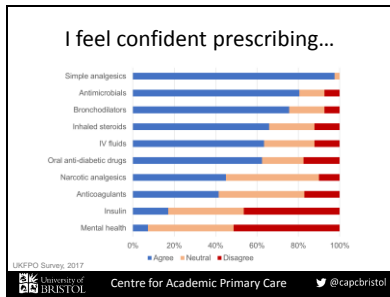
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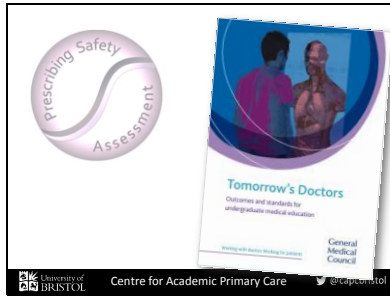
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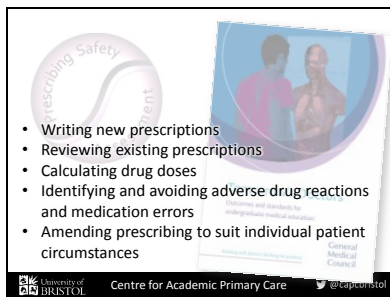
Slide 9



Slide 10



Slide 11




Slide 12



Slide 13

Components of Finals

- Applied Knowledge Test
- [Prescribing Safety Assessment \(PSA\)](#)
- Clerking portfolio
- Entrustable Professional Activities
- Elective plan
- Consultation and Procedural Skills (CaPS) logbook
- Team Assessment of Behaviour




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Slide 14

First attempt 2 Feb 2018

- 95% pass first time
- Extra teaching for those who fail




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Slide 15

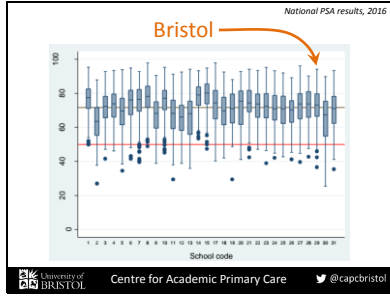
Two further attempts

- Second attempt clashes with elective
- Fail 3 times = no progression to FY1
- May mean ejection or year re-sit

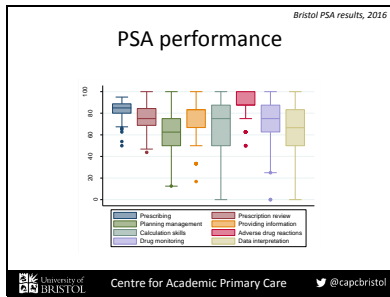


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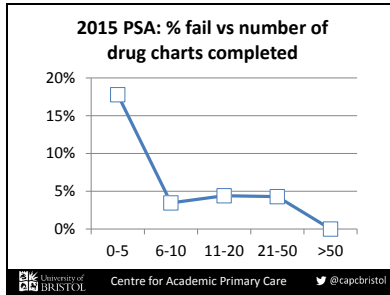
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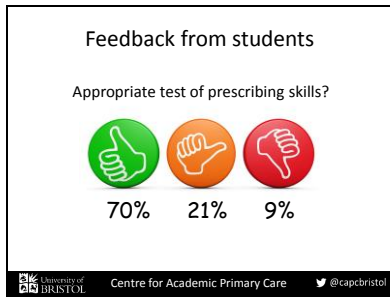
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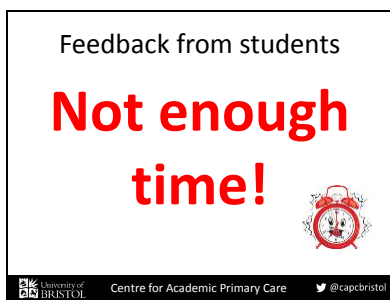
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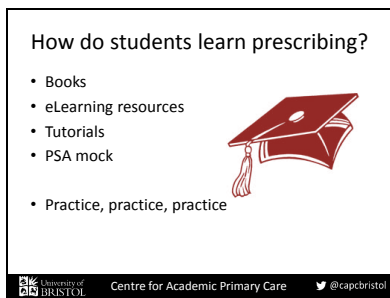
Slide 22



Slide 23



Slide 24



Slide 25

PSA hints and tips

- Do the practice papers (get used to the time)
- Double check get date/time and "signature" bits correct (Prescribing questions)
- For prescribing Qs, familiarise yourself with looking up drugs in the BNF; once you've found the drug you want:
 - double check dose/etc. for that indication
 - ensure there are no contraindications or need for dose adjustments (e.g. elderly, renal/hepatic impairment) listed in the text of the case
 - quickly check for drug interactions with any of the other medicines listed in the patient's drug history - remember to search for not just the drug, but the drug group too (e.g. lisinopril won't appear, but ACE inhibitor will)

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Slide 26

PSA hints and tips

- Practice drug calculations - these are basic "high school" maths:
 - remember $0.5\% = 0.5\text{g in } 100\text{ml} = 5\text{g in } 1000\text{ml} = 5000\text{mg in } 1000\text{ml}$
 - take your time - although you can often do them in your head, often safer to write each step down on paper to avoid doing something dumb (e.g. dividing X by Y, rather than Y by X)
- Read PSA blueprint to identify potential areas of weakness
- Familiarise yourself with the "100 key drugs"
- Consider reading Essential Practical Prescribing textbook
- Practice writing prescriptions on the ward - and get someone to check it

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Stages of prescribing

- Make diagnosis
- Establish therapeutic goal
- Choose therapeutic approach
- Choose drug
- Write prescription
- Communication
- Monitor
- Review

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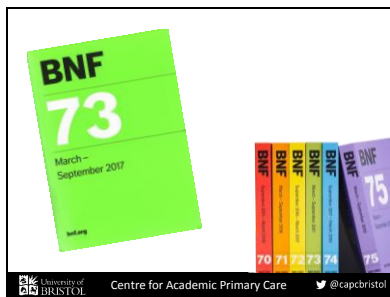
Slide 28

Stages of prescribing

- Make diagnosis
- Establish therapeutic goal
- Choose therapeutic approach
- Choose drug
- Write prescription
- Communication
- Monitor
- Review

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Slide 29



BNF 73
March – September 2017

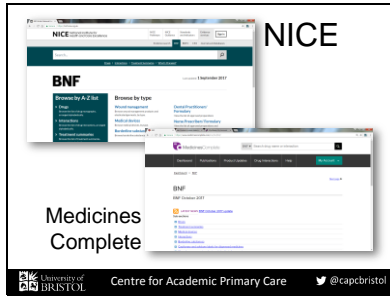
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Slide 30

- Drug monographs
- Treatment summaries
 - Body systems – e.g. skin conditions
 - Comparison of drugs – e.g. beta-blockers
 - Common conditions – e.g. asthma, hypertension
- Writing prescriptions
 - controlled drugs
- Special circumstances
 - children, renal impairment, elderly, palliative care
- Emergencies

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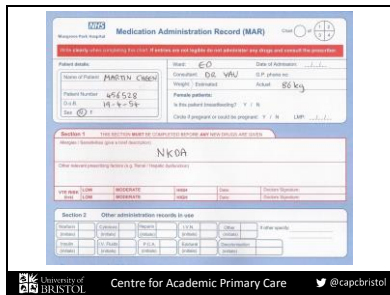
Slide 31



Slide 32



Slide 33



Slide 37


Stages of prescribing

- Make diagnosis
- Establish therapeutic goal
- Choose therapeutic approach
- Choose drug
- Write prescription
- **Communication**
- Monitor
- Review

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Slide 38

- Communicate clearly with patients/carers and colleagues
- Document decisions and reasoning
- Make shared decisions
- Explain important information
 - Benefits
 - Risks, side effects
 - How to take the drug
 - Any monitoring required



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Slide 39

Stages of prescribing

- Make diagnosis
- Establish therapeutic goal
- Choose therapeutic approach
- Choose drug
- Write prescription
- Communication
- **Monitor**
- Review

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Slide 43

NO TEARS review model

- **Need and indication**
- **Open questions**
- **Tests and monitoring**
- **Evidence and guidelines**
- **Adverse effects**
- **Risk reduction or prevention**
- **Simplification and switches**



Slide 44

7-step polypharmacy review model

1. **Aims:** Identify aims/objectives of therapy
2. **Need:** Identify essential drug therapy
3. **Need:** Any unnecessary drug therapy?
4. **Effective:** Are therapeutic objectives being achieved?
5. **Safety:** ADRs or risk of ADRs?
6. **Cost-effective?**
7. **Adherence/patient centredness**

Slide 45

Reconciliation: collect, check, communicate

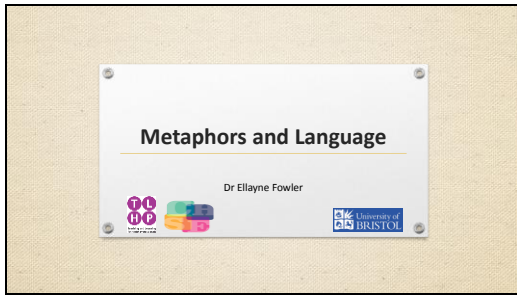
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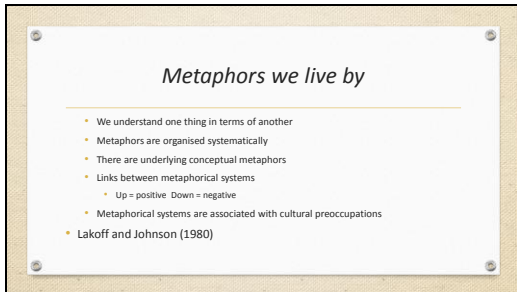
Summary

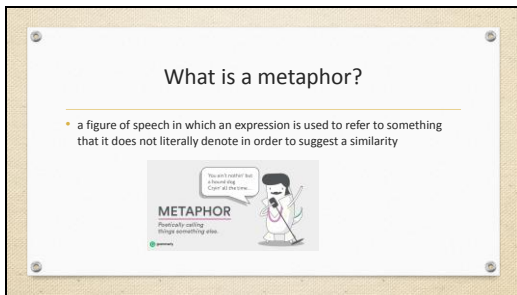
- Practice prescribing
- 8 core components of PSA
- 8 stages of prescribing
- Medication reviews

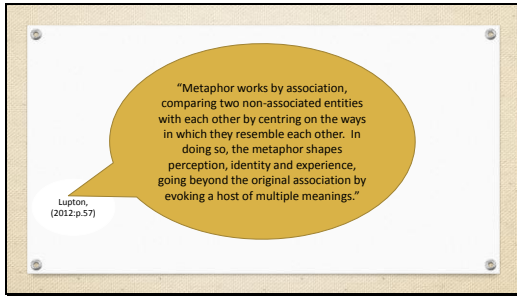
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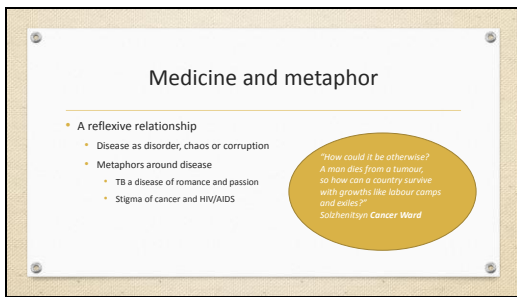
Appendix vii

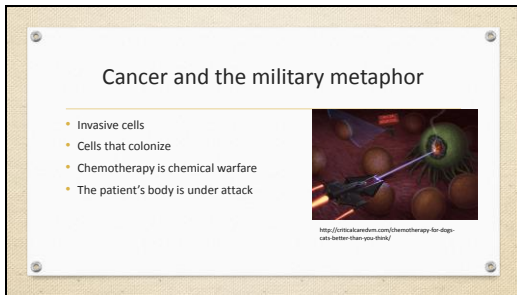












Cameron
"Metaphor in everyday language"

actually what's required is a behavioural approach to try and tackle that problem and re-re-calibrate those messages in a way so that actually your brain re-acclimatises to only passing only getting the message pass urine when the pressure volume is significant so it actually is quite an uncomfortable process to go through we call it bladder drill


Task: pairs

- What metaphors do you use when explaining a diagnosis or treatment to patients?
- Write some examples on post it notes

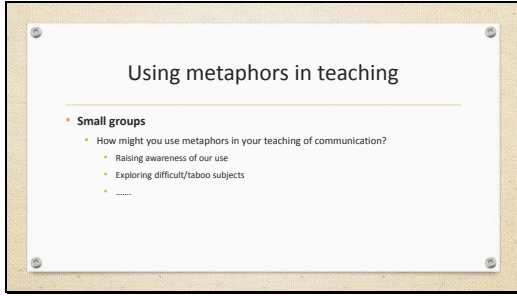
- See if you can group any of your examples together

Metaphors and miscommunication

- Metaphors in difficult conversations



- Metaphors and pain



Appendix vii

Slide 1

Student choice projects in primary care

Dr Juliet Brown
SSC Lead for Primary Care
Juliet.Brown@bristol.ac.uk

Slide 2

What are Student Choice Projects?

Part of the curriculum in which the student gets to choose what they study, where they study, and with whom.

Opportunity for students to:

- Increase confidence in their own skills and abilities
- Present SSC project work at local or national conference
- Consider career path
- Have control of their own learning and self directed study
- Learn about and develop research skills
- Study in depth, topics outside of core curriculum

Slide 3

SSC / Student choice for the next 4 years: Some overlap of MB16/MB21 until 2021

SSC	Academic Year			
	2017-2018	2018-2019	2019-2020	2020-2021
Year 1 SSC MB21	Jan-Apr			
Year 2 Library project MB16	Sept - Jan			
Year 2 Group project MB16	Sept - Jan	Sept/Oct		
Year 2 Choice MB21		Sept/Oct		
Year 3 eSSC 4 weeks MB16	July	July		
Year 3 eSSC 6 weeks MB21			June/July	
Year 4 eSSC 3 weeks MB16	July	July	July	
Year 5 elective MB16/21				

Slide 4

How primary care differs from other Academies

We ask you to submit all primary care proposals directly to the primary care teaching team
phc-teaching@bristol.ac.uk

Why?

- We keep a record of student choice projects in Primary Care
- We co-ordinate some projects and group others together to provide the best experience and offers for students.
- We take on the admin burden for you
 - We complete the generic parts of the forms for you (i.e. which academy, who the lead is) for year 2 student choice projects
 - We fill in the google form for you for year 3 and 4 SSCs
- We can only provide funding to practices who register via primary care

Slide 5

I chose my placement because it sounded fun

I chose my placement because it sounded like I'd actually get to do something useful!

I chose my placement because it gave me the chance to see what GP was like, and to spend time with some GPs

When are the student choice Placements?

Block A: Tuesday 18th September 2018 – Friday 8th October 2018 (including Friday 28th September)

Block B: Tuesday 9th October 2018 – Thursday 25th October 2018

Year 2 student choice 2018-2019

Officially, the deadline has passed.... But.....get in touch if you are interested in hosting a student on placement

Slide 6

Year 3 and 4 SSCs 2017-2018

Placement and project offer proposals
Now until **Friday 1st December 2017**
PLEASE NOTE THIS IS 2 WEEKS EARLIER THAN THE CENTRAL DEADLINE

Placement and project periods
Yr 3: Monday 2 July – Friday 27 July 2018
Yr 4: Monday 9 July – Friday 27 July 2018

Marking period Thursday 26 July – Thursday 13 September 2018

Slide 7

Slide 8

What sort of things can I offer?

We are open to any and all ideas, but here's some guidance about what's been done before:

Simple projects in practices

- Audit: Antidepressants in women of childbearing age
- Literature review: exercise on prescription
- Audit of NQAS and kidney function
- QI project: restructuring the patient recall process to improve efficiency and patient care
- Writing a practice specific patient information leaflet

Students tend to sit in surgery on a few occasions to get clinical exposure as well

Extended projects

- Primary care in special settings (a collaborative SSC involving Prison GPs, Homeless healthcare, Asylum seeker healthcare services, and healthcare for street sex workers)
- Integrative medicine at Penny Brohn – a group placement at Penny Brohn learning about health and wellness
- Understanding health and wellbeing alongside children with learning difficulties
- At sea with disability – crewing tall ships in mixed ability crews

Slide 9

Why offer a primary care student choice project?

- Enjoyable and fun
- Good for teaching portfolio, and appraisal
- Students tend to be interested and motivated
- Can be fairly light touch or can be taught
- Can offer added value for the practice eg QI project, educational events for patients etc, audit, needs assessments etc.
- Audit/QIP SSC: £430.96 per student per SSC
- Other projects/placements have individualised funding available so please enquire for more details if you have an innovative idea
- Publicises to medical students the opportunities in General Practice, which may lead to better recruitment post graduation

Slide 10

How do I offer an SSC?

Think of a topic that your practice needs covering: patient education, patient information leaflets, website, waiting room posters, audits, QI projects, clinical questions etc. or a burning issue in primary care in your area!

OR

A student may contact you with an idea about an audit etc

Submit your proposal to the phc-teaching@Bristol.ac.uk email, or if you have questions, email Juliet on Juliet.brown@Bristol.ac.uk

Slide 11

I've offered an SSC/Student choice project, what happens next?

- 2nd year projects – students choose from a list of proposals at Easter time, then complete their projects in September/October
- 3rd and 4th year projects – students choose from a list of proposals between December and January, then complete their projects in July
- If your project is selected by a student you will be contacted by them
- They may contact you just to express interest at first, and to ask questions about the proposal
- If they definitely want to do your project they will ask you to sign a supervisors agreement. This is binding for both parties.


Slide 12

A student selected my proposal, what now?

- You and the student have to meet (either face to face, or via email) to discuss the plan for the SSC/Student choice
- Agree a work log with individual students to cover what day to day activities have been agreed
- Undertake supervision of the students during the placement and discuss progress
- Meet with individual students on or around the last day of the placement to give immediate verbal feedback on achievements during the placement period
- Mark the placement reports using the online marking process during the allocated marking period

Slide 13

For more information



[Link to CAPC Site](http://www.bristol.ac.uk/primaryhealthcare/teaching/student-choice-formerly-student-selected-components/). There is lots of information available on our website, for example, previous SSCs, and a video clip of a GP talking about how her practice has been involved with SSCs

<http://www.bristol.ac.uk/primaryhealthcare/teaching/student-choice-formerly-student-selected-components/>

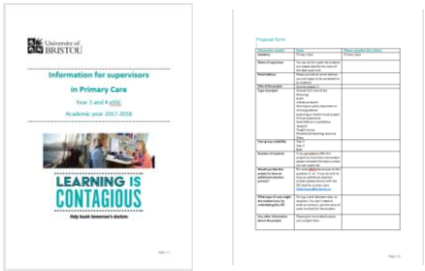
Slide 14

What next?

Contact the primary care SSC lead
juliet.brown@bristol.ac.uk
or the primary care teaching office on
phc-teaching@bristol.ac.uk
for more info or to express interest ☺

Check out the website
<http://www.bristol.ac.uk/primaryhealthcare/teaching/student-choice-formerly-student-selected-components/>

Slide 15



Practical form	Yes	No
1. Clinical supervision		
2. Clinical teaching		
3. Clinical assessment		
4. Clinical audit		
5. Clinical research		
6. Clinical governance		
7. Clinical practice		
8. Clinical research		
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100. Clinical practice		

Appendix viii

Slide 1


Feedback and adapting teaching to your student

Year 4 GP Teachers Workshop 2017

Slide 2

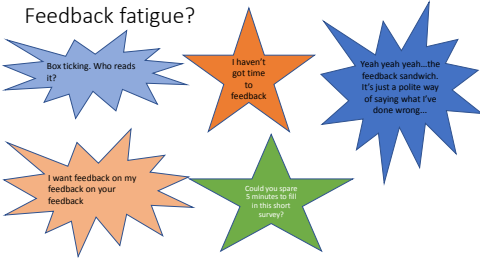
Aims and objectives of session

- Understand what students want in terms of “feedback”
- Define some feedback models and know when to use them
- Practice giving feedback in typical year 4 scenario
- Consider how to adapt your teaching to your student



Slide 3

Feedback fatigue?



Box ticking. Who reads it?

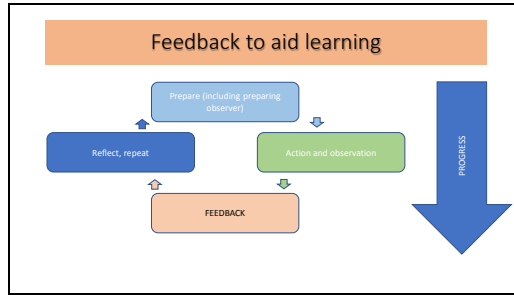
I haven't got time to feedback

Yeah yeah yeah...the feedback sandwich. It's just a polite way of saying what I've done wrong...

I want feedback on my feedback on your feedback

Could you spare 5 minutes to fill in this short survey?

Slide 4



Slide 5

Briefly describe some feedback that you received in the last year and which altered the way that you work. Explain why this feedback made an impact.

Slide 6

On feedback to medical students

"Although plenty of feedback is given, it is very rarely **specific**, or the feedback that is needed to improve oneself. It has very rarely been made clear to me **what I have done incorrectly**and (how) to **improve...**in the future"

Final year student on MB ChB Programme, 2008

Slide 7

The best feedback is....

- Specific (not general)
- Timely (and expected!)
- Useful and can be acted on.
 - Compares performance to goal, not peers
 - Objective –and based on first hand observation
 - Informs rather than judges
 - Describes performance not person

Slide 8

The best feedback is....

Guidelines for Giving Feedback:
Jack Tyack, 1993

- Be undertaken with teacher and trainee working as allies, with common goals
- Be regulated in quantity and limited to behaviours that are remediable
- Be phrased in descriptive non-evaluative language
 - Verbs and nouns (feedback) adverbs and adjectives (evaluation)
- Deal with decisions and actions, rather than assumed intentions or interpretations
The choice and dose of antibiotics did not take into account her renal function... NOT: Your decision about what to prescribe showed a lack of understanding of the contraindications.

When I was watching you I began to feel uncomfortable when you kept repeating the phrase "OK", when he told you about the death of his wife.

Slide 9

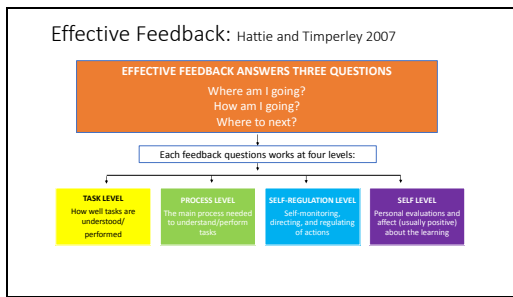
The problems for tutors....

Student seems okay so I don't know what to feedback on	Be clear about outcomes Have you got enough information? Challenge/probe
There's so much I could say, where do I start?	What is your priority—safety/incorrect info? What are their goals? Understand stages of learning
Tackling defensiveness/resistance/emotion/passivity	What are they expecting? Prepare, build up to it. Discover their perspective Offer information/alternative perspectives
Is it my problem or theirs?	Calibrate your perspective with the student perspective/colleagues/course expectations
The perils of PRAISE....	

Slide 10

Barriers for learners....	
Getting conflicting feedback from different sources	Address conflicts
Feedback conflicts with their own self image	Encourage self reflection/empathy Peer feedback can be valuable here
Learner doesn't value tutor's opinion Or tutor too polite & learner doesn't "read" it	Be clear but objective. Give information.
Triggers negative emotion or loss of confidence	Check learner is ready. Clear goals and how to get there. Objective.
Overwhelmed by volume	Chunk and check Make feed forward relevant to goal
Lack of time to think about or act on feedback. Also no opportunities to practice	Plan feedback cycle

Slide 11

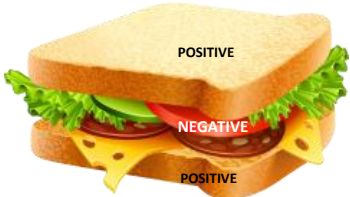


Slide 12

Some models....

Slide 13

Feedback Sandwich
For face-to-face feedback



The image shows a sandwich with three slices of bread. The top slice is labeled 'POSITIVE', the middle slice is labeled 'NEGATIVE', and the bottom slice is labeled 'POSITIVE'. The sandwich is filled with lettuce, tomato, and cheese.

Slide 14

Pendleton's Rules for Giving Feedback:
for feedback on interaction with a patient

1. Briefly clarify matters of fact
2. Learner goes first
3. Good points first
4. Recommendations not criticisms

Slide 15

Agenda-led Outcome-based Feedback

1. Identify learner's desired outcomes
2. Identify learner's agenda
3. Encourage self-assessment and self-problem solving
4. Give balanced, descriptive feedback
5. Encourage self-assessment and self-problem solving in response to feedback
6. Make offers and suggestions, generate alternatives
7. Rehearse suggestions
8. Be well-intentioned, valuing and supportive
9. Opportunistically introduce new learning material
10. Structure and summarise learning

Slide 16

OVER TO YOU!

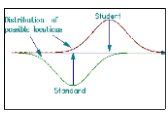
- GROUPS OF 2 TO 3
- Choose a scenario, one person is the student. One is the tutor. One observer.
- Choose a model for the feedback to try out.
- When you have finished observer to give some directly observed feedback.



Slide 17

Adapting your teaching—learning needs

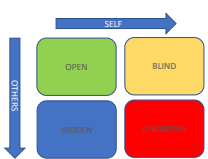
- Students at different levels—normal distribution and different experiences, timing of placement



Slide 18

Adapting your teaching—learning needs

- Johari window: Known, unknown, blind and hidden



Slide 19

Adapting your teaching—learning needs

- Self assessment of knowledge using core problems
- Direct observation
- Questioning
- Discussion

The diagram shows three colored boxes stacked vertically: a red box at the top labeled 'Cognitive domain (knowledge)', a green box in the middle labeled 'Psychomotor Domain (skills)', and a purple box at the bottom labeled 'Affective Domain (Attitude)'. To the right of these boxes is the text 'Three domains of learning'. The entire diagram is set against a blue triangular background pointing upwards.

Slide 20

One minute preceptor

- <https://www.youtube.com/watch?v=eRBdfXRj5N0>

Slide 21

One minute preceptor

- Get a commitment "What do you think is going on with this patient?" "What investigations do you feel are indicated?"
- Probe for supporting evidence "What are the major findings that lead to your conclusion?" "What else did you consider?" "What made you choose that particular treatment?"
- Teach general rules--Keep it brief and focused on identified issues
- Reinforce what was done right
- Correct errors--Be specific. Consider language – "not best" rather than "bad"
