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University of BRISTOL

2017
Year 2&3 GP Teacher Workshop
Report

Year 2&3 update

MB21 update Years 2&3

Teaching rheumatology – history and examination

Teaching neurology – history and examination

Best teaching practice in years 2&3

Teaching clinical reasoning

Great speakers and good mix of clinical and teaching talks

Organiser
Barbara Laue

Contributors
Lizzie Grove
Jessica Buchan
Juliet Brown

Guest speakers

Nicky Minaur	Consultant rheumatologist
Stefen Brady	Consultant neurologist

Year 2&3 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
Tuesday 3rd October 2017

Morning		
9.00	**Coffee and registration**	Kirsten Gill
9.30	Welcome and Intro to the day **Update for MB16 Years 2&3**	Barbara
10.00	**Teaching MSK – History and examination** Focus on inflammatory conditions	Nicky Minaur
11.10	**Coffee**	
11.40	**Teaching clinical reasoning - revisited**	Barbara
12.00	**Best teaching practice in Years 2&3**	Small groups Lizzie and Barbara
13.00	**Lunch**	
Afternoon		
14.00	**Teaching neuro history and examination MB21**	Stefen Brady
15.10	**Tea**	
15.25	**MB21 Update** **Preparing for Year 2&3 GP teaching in MB21** **Student Choice projects in MB21**	Jess and Juliet
16.25	**Q&A**	Barbara and team
16.30	**Home**	

Speakers, organisers and facilitators

- Barbara Laue, GP lead for Years 2&3 and Co-chair for MB21 Year 4
- Jess Buchan, GP and Teaching Fellow, GP lead for Primary Care MB21 Year 1&2
- Juliet Brown, GP and Teaching Fellow, GP lead SSC and Primary Care MB21 Year 3
- Lizzie Grove, Academic Clinical Fellow (GP registrar)
- Nicky Minaur, Consultant rheumatologist, North Bristol
- Stefen Brady, Consultant neurologist, Southmead Hospital, Bristol
- Kirsten Gill, Year 2 and 3 primary Care admin.

Objectives

- Update on teaching in Years 2&3
- Update on MB21
- Sharing 'Best Practice' for Year 2&3 teaching
- Teaching clinical reasoning
- Teaching MSK - history and examination
- Teaching Neurology – history and examination

Reflective Template

2017 Year 2&3 GP Teacher workshop			
Date/Venue/Hours	**Date** **3rd Oct. 17**	**Venue** **Engineers' Hse, Clifton, Bristol**	**Hours** **6**
Description	▪ Bristol curriculum – MB16 and MB21 ▪ Best teaching practice in Years 2&3 ▪ Teaching history and examination in MSK and Neurology ▪ Teaching clinical reasoning		
Reflection and Feedback			
What did I enjoy? What have I learned? Key points to remember			
Forward Planning			
What teaching would I like to do?			
What teaching skills do I need to develop?			
Name, date, signature			

Dear GP Teachers, 20.10.17

Many thanks for coming to the Year 2&3 GP Teacher workshop and for your engagement.

In this workshop we updated you on Bristol Medical School developments and highlighted the increasing role Primary Care is playing in both curricula, MB16 and MB21. In the morning Consultant rheumatologist Nicky Minaur from the North Bristol Trust gave us a detailed outline how and what students are learning in the Year 3 MDEMO Unit including a demo of a hand examination. After lunch Stefen Brady, Consultant neurologist, also from North Bristol Trust, took us through the history and signs to look for in patients with dizziness, tremor and headache. This included a demo of his examination routine for new patients.

MB21 is here! Jess talked us through Year 1 and changes coming for Year 2. The overall structure of clinical skills teaching will be different for Year 2 in MB21 but we will still be asking our GPs to teach hands on clinical skills.

Juliet showed us how GP Teachers can get involved with SSCs (student selected components). Students can help you to get a practice project done, for example audit or a QIP project. If you are supervising this, you could add it to your appraisal folder including your reflections. For more information email juliet.brown@bristol.ac.uk .

We took a brief look at teaching clinical reasoning. It will an integral part of the case based learning in MB21. We are working on making it more visible for MB16 students as well. For example, in their intro week Year 2 students had a lecture on clinical reasoning and cognitive errors. They will also have 5 integrated lectures working through cases in an interactive way.

To help students be aware of and engage with 'metacognition', the 'thinking about thinking' we have added a brief outline of 'clinical reasoning' in their GP handbooks and have provided them with templates for logging the patients they are seeing and their reflection on their learning needs.

Please remind your students to use the Year 2 ICS guidebook (incl. GP pages) and the Year 3 GP guidebook, especially the log of patients and templates for reflection. Some GPs have suggested that GPs could remind their students about it when they email them about a session.

We also discussed and shared teaching experiences in the 'Best Practice' small group sessions and have tried to capture key points from these sessions in this report. Hopefully it will be a useful.

Best wishes from

Barbara

Barbara and the Primary Care teaching team 4.10.17

More workshop dates for 2017-18 All at the Engineers' Hse, Clifton, Bristol
Year 5 Tuesday 12th Dec

We are also planning academy based workshops for 2017-18. They will be advertised in the teaching newsletter and on the Primary Care workshop teaching web page http://www.bristol.ac.uk/primaryhealthcare/teaching/workshops/

If you have any questions or suggestions, please email phc-teaching@bristol.ac.uk

Best practice - Small group session

Feedback

We discussed importance letting students know it's happening from the beginning as a way of shaping the session

GP Teachers have found it helpful to give students specific task to do whilst watching e.g. feedback on body language, open questions, social history etc.

To gauge our feedback, we need to understand standards and benchmarks

- Students at the start of year will be much less experience and slick than a third year at the end of Year 3. Similarly, we can see a lot of development in students between the first and last clinical weeks

Feedback process models

We discussed different feedback models. It seemed that Pendleton technique (student to say what went well, tutor to then comment on good practice, student to say how things can improve and tutor to say how things can improve) or the feedback sandwich were commonly used. We discussed the concept of feeding forward and how the **Medal** (what was done well) and **mission** (where the students can improve) can be really helpful.

Importance of planning the last 1:1 session so that you have time to do this.
Bring in a ‘quick’ patient or patients focused on examination rather than long histories.

Keeping other students busy during 1:1 feedback

- Get students to complete the online evaluation questionnaire
- If no internet access, print paper copies and provide envelope for sending them back to the Teaching Office
- Get students to write thank you cards to the patients

Feedback exercise – drawing dogs and cows – to revisit good feedback practice

Please note, your Year 2 students have done this exercise recently in the ICS intro week. Your Year 3 students did it a year ago when they were doing ICS.

- Positive first
- Feedback sandwich – positive – constructive – positive
  - Students can get a bit weary of this and just look for the negative in the middle
- Self-evaluation
  - ask the student ‘How do you feel it went?’ ‘How did that go for you?’
  - Good starting point, helps you to gauge your own feedback
- Qualifying statements
  - Ask students to be more specific. For example, if a student says, ‘That was ok’ ask ‘What do you feel was ok? What made it ok?’ ‘How could you do even better?’
- ‘Go for alpha’ is a nice phrase to encourage students to aim higher

Keeping the group active

- Assign roles to group members
    - Looking out for and noting 'open questions'
    - Looking out for and noting 'open questions'
    - Look up medicine mentioned in BNF
    - Focus on what the patient is worried about
    - Focus on body language, what is it telling you?
    - Anyone in the group could be asked to summarise the information that has been gathered or assign this task to a specific student and rotate the task
    - Group to help with questions if the student in the hot seat gets stuck
    - One student to note what is done well, what works
    - One student to focus on things that could be improved and the 'how'

Patient recruitment and retention

Different methods of finding and retaining patients to ensure a good teaching session.

- Data base of patients. Helpful to keep this up to date
- EMIS search can be useful to find patients with certain conditions and you can then target these to bring in.
- Not organising patients too far in advance, about a week before is ideal with a phone call reminding them the day before or morning of.
- Some practices have a standard letter that they send out to patients to confirm attendance & details of the session prior which aims to keep patients on track. If the patient is difficult during the session and speaks a lot we discussed about moving on to examination or the use of a timer
- Some practices reimburse travel costs to keep patients happy.
- We discussed back-up if all else fails helpful to have a thought about what to do to fill the time including getting a patient from the duty list, clinical skills or home visit

Structuring the session:

- Structure teaching to what the students want to know. At the beginning of the session find out what gaps they might have from previous teaching to focus more on examination or history dependent on needs and wishes.
- Helpful to have an initial discussion with the students about their background, one trainer had an ex-physio in their group and they could use their knowledge for everybody's learning.
- 50mins per patient often about right
- Have a coffee break in between. Can get students to get biscuits as a way of knowing the area.
- Discussed importance of being explicit that they can go to the toilet when needed and make sure they know where the toilet is.

2. Useful resources:
    - **BNF online** – Explained students have all downloaded BNF online and this is available for free to anybody. It is therefore okay to ask the students to use this.
    - **Teaching website** for handbooks http://www.bristol.ac.uk/primaryhealthcare/teaching/
    - **EMIS** – students won't have used it much, can print out drug lists from EMIS to give students something to look at.

Organising Year 3 GP sessions

We spent a bit of time discussing the difficulties with organising the 3rd year placements as this is reliant on the students contacting the practice. It was highlighted how important it is to organise these sessions early on, get practice admin staff to liaise with academy and if possible get dates set.

How much teaching about prescribing

Year2

Background info

This academic year 2 students will have had a lecture on prescribing in Year 1 and in the intro week to year 2. I have seen them, and they highlight how many prescriptions are written, the cost, how to write a prescription, errors, adherence, interactions and more. In the recent session in the year 2 intro week, students were asked to download the electronic BNF and look up medication for threadworms.

The focus in Year 2 is on being observed talking with patients, examining and making sense, i.e. matching the story to medical knowledge (making a diagnosis) while being observed. But it is helpful for students to briefly think about the medication the patient is taking. The therapeutic mechanism of the drugs could be linked to their biomed learning for the respective clinical week. This fits with the idea of a spiral curriculum, visiting and revisiting topics, incl. medications with increasing complexity and detail and the aim to link biomed. sciences more closely with clinical learning.

Year3

Background info

At the start of Year 3 all students are given a paper copy of the BNF.

In Year 3 the main task is still observed history taking and examination but with more emphasis on diagnosis, differential, investigations and management including prescribing. Year 3 students should learn about common medication prescribed for common conditions. They also need to start to learn about 'complexity', co-morbidities, polypharmacy and interactions.

Observation: Year 3 students are more prone to 'switching off' when they are in a small group situation and not 'actively' doing something

Practical suggestions to be tailored to the year and stage of learning

- Print medication list and ask students if they recognise any.
  Good for connecting to existing knowledge. Students hear about drugs in their biomed. teaching in Year 2 and will come across many medications in their ward clerkings, when they attend ward rounds etc
- Ask them to look up drugs in BNF – *so they become familiar with the layout (paper and electronic)*

Teaching consultation skills

Preparing patients for telling their story

Almost all patients coming in for Year 2 or Year 3 sessions will have a 'cold' story to tell. How should we prepare the patient for this 'telling', where should they begin?

- It was generally thought best to ask the patient 'to tell their story from the beginning'. What did they notice? What did they think, worry about? What action did they take, what happened next? Etc
  - Students and patients understand chronology
- Some patient will come straight out with it 'My doctor asked me to tell you about my heart valve…' In that case, ask the students to find out how it all began, how did it start etc.

The Cambridge Calgary Consultation skills guide (CCG)

The CCG with its 70+items can look very daunting to students. *Should we teach micro skills like 'echoing' etc in the early years?*

Second year students have 2 classroom based consultation skills sessions with actors role playing the patients. In each of the sessions every student has a go. The focus in these early sessions is on introducing themselves, building rapport, establishing the agenda and information gathering. We also look at creating structure and paying attention to the flow of the consultation. We also talk about expressing empathy, how to do it and the effect on the consultation.

Some students naturally display appropriate 'micro skills' such as 'echoing' or 'reflecting back'. We highlight those to other students and we mention some of those skills as appropriate and encourage the students to try them out.

There are 8 students in each group and it is enjoyable to see how the students incorporate these skills over the course of the session. The first student may turn to the group for help after the first couple of questions, whereas the last student already appears quite fluid and confident and manages for much longer without asking the group for help.

If you are not familiar with the CCG, please take a look. It is in the Year 2 and the Year 3 GP Teacher guidebooks.

It is long and detailed but organised into **six tasks**

- Initiating the consultation
- Building rapport
- Providing structure
- Building the relationship
- Closing the consultation
- Explanation and planning

One of the main benefits is that it gives us a shared concise language for describing what we have observed, which helps to make feedback specific.

Please also check out **Damian Kenny's** website for teaching and learning tools for consultation skills http://www.damiankenny.co.uk/ Please highlight this site to your students

Teaching Neurology history and examination - Key points from Stefen's talk

Tremor

- All tremors improve with alcohol, not diagnostically useful
- Most people can't give onset, except drug induced tremors
- Jaw tremor almost always PD
- Most people with PD are not bothered by their tremor
- Essential tremor bothers people
- Often FH, autosomal dominant
- ET bit faster than PD tremor
- Can't diagnose PD without bradykinesia
- Cerebellar tremor will always be associated with other cerebellar signs

Pull test

Stand behind patient and pull them backwards by the shoulders. Patients take a step back to stop themselves falling, but not PD patients.

Make sure you have a wall behind you in case the patient falls backwards!

Dizziness - history

- Patients with dizziness are much more likely to have a CVS problem than a neurological one
- Sensation of movement is vestibular
- Oscillopsia – vision bouncing up and down
- Take h/o first event
- Brief recurrences, postural - BPPV
- Recurrent lasting hours – Migraine

Examination

- **Otoscopy** – look for vesicles – Ramsay-Hunt
- **Rhomberg** – looking for proprioception
- Lying and standing BP
- ECG
- **Head thrust**
  - With patient standing in front of you, ask them to look at you, quickly turn their head 20 degrees to one side
  - In peripheral vestibular failure eyes will follow head and there will be a single/ double flick back

Identifying peripheral nystagmus

- Unidirectional
- Horizontal
- Greatest in direction of healthy ear
- Greatest when looking away from affected side

Epley manoeuvre

- 90% effective
- Recurrence rate 30%
- Usually remain symptomatic on the day of manoeuvre, to sleep with head elevated, usually better the next day

Headache

1^0 or 2^0 disorders

Useful question 'What do you do when you have a headache?'

Tension headache	Patient carries on
Migraine	Patient lies down somewhere dark and quiet
Cluster headache	Can't stay still, moves around

Medication overuse
Systemic neuro disorder

Red flags for headaches

- New onset >50
- Aura >60 min.
- Thunderclap
- Waking the patient at night
- Post. Component
- Worse with Valsalva
- H/o immunosuppression

Examination

- Optic discs
- Visual fields
- Check pupil size and reactivity
- >50 feel temporal arteries
- Assess for meningism
- Check BP
- Check basic bloods and inflammatory markers

Who to scan

- Thunderclap
- High/low ICP
- Cough headache
- H/o immunosuppression and/or malignancy
- New onset migraine with aura>50
- Focal neuro signs
- New onset trigeminal cephalgia

Migraine

- Regular aerobic exercise reduces migraine frequency
- Using triptans during aura not helpful
- Take Triptans in first 10-15 minutes of pain
- Prophylaxis – continue until headache free for 3-6 months, 6-8 weeks minimum trial, success if reduction in severity and frequency by 50 %
    - Topiramate
    - Amitriptyline
    - Propranolol

BASH has guidelines on headache management http://www.bash.org.uk/wp-content/uploads/2012/07/10102-BASH-Guidelines-update-2_v5-1-indd.pdf

Proposed Primary Care teaching in MB21

MB21 Primary Care teaching

MB16 - 67 GP sessions/student ~ 10% of the curriculum

MB21	Y	No of students	No of sessions	Teaching task
4 sessions + (4 clinical days)	1	3,4 (6)	8	Linked to theoretical learning, observing surgeries, visiting patients but more emphasis on introduction to clinical skills, first time students take a medical history and lay hands on patients
7 clinical days	2	4 (5)	4	Linked to cases. Great emphasis on clinical learning e.g. more proficient in communication skills, clinical skills and clinical reasoning by end of the year.
32	3	4 (5)	8	Clinical skills (extended), diagnosing, investigations, management, prescribing
72	4	1	30	Core curriculum of common presentations in GP Apprenticeship style learning (4 week 'clerkship'), observing and consulting
63	5	2	17	Complex patients, MUPS, $1^0/2^0$ care interface, acute care, prescribing, multimorbidities, observing and consulting, peer learning

182 GP sessions

Very useful speakers this year in rheumatology and neurology. Useful to know exactly what the students are taught in hospital and how much experience they have had before we see them

Very useful day, thank you