

2014 Report (autumn)

Workshop for Year 2&3 GP Teachers

'This is something I've been concerned about for some time. Eloquent and interesting session'

'Might try SNAPPS in my teaching'

'Very very useful'

'Really helpful to understand what students are taught'

- + Update Years 2&3
- + Teaching MSK – Hip and knee examination
- + Top Tips for teaching in Years 2&3
- + Teaching clinical examination
- + Student mental health and fitness to practice issues
- + Year 3 Pathology overview

Barbara Laue
Richard Baker
Small groups
Simon Thornton
Fiona Hayes
Francesca Maggiani

Organiser **Barbara Laue**

Year 2&3 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
Tuesday 7th October 2014



Morning		
9.00	Coffee and registration	
9.20-9.30	Welcome and Intro to the day	Barbara Laue
9.30-10.45	Teaching MSK –what students learn in hospital Hip and Knee	Richard Baker
10.45-11.30	Top tips for teaching in Years 2 and 3	Facilitators
11.30	Coffee	
11.55	Teaching clinical examination	Simon Thornton
12.55	Lunch	
Afternoon		
13.45	Is your student fit to practice? Mental illness and fitness to practice issues in medical students	Fiona Hayes
14.45	Pathology overview	Francesca Maggiani
15.30	Tea	
15.40-16.10	Update year 2 and 3	Barbara Laue
16.10	Q&A, Review of the day, Evaluation Depart	Barbara Laue

Speakers

- Richard Baker, Consultant orthopaedic surgeon
- Fiona Hayes, GP, Student Health
- Francesca Maggiani, Consultant Senior Lecturer in pathology
- Simon Thornton, ACF (Academic Clinical Fellow), Centre for Academic Primary Care
- Barbara Laue, GP lead for Years 2&3 and North Bristol Academy

Objectives

- Update on teaching in Years 2&3
- Teaching Musculoskeletal examination – learning from the expert, comparing notes and practical tips
- Reflect on current Year 2&3 teaching in your practice and how to improve
- Recognising student mental illness and fitness to practice issues and what to do
- Overview of pathology teaching in Year 3

Dear colleagues,

Many thanks to all of you who came to our autumn Year 2&3 GP teacher workshop. We are circulating this report to all Year 2&3 GP Teachers to keep you informed.

We decided that it would be best to hold all our year specific teaching workshops early in the academic year hoping that this would give new and experienced teachers a better chance to ask questions and try out teaching tips in the same academic year. That is the reason why we had two Year 2&3 GP teacher workshops in this calendar year.

A big thank you to all our speakers who covered topics from hip and knee examination, tips for teaching clinical skills and teaching the all of pathology in 3 weeks! to identifying and addressing mental health and fitness to practice issues in students.

This workshop programme was slightly back to front as we went straight into hip and knee examination so our orthopaedic teacher Richard Baker could rush off and examine some real patients that morning. Some of you would have preferred the update at the start of the day.

Fiona Hayes from Student Health shared with us how she became aware of how many medical students seem to be suffering from mental health issues and how this could impact on fitness to practice issues. She has been working with the GMC on producing guidelines for this and explored the issues with us through case discussions.

Francesca Maggiani, the Unit lead for Pathology, this year has the unenviable task of needing to organise Pathology teaching for 3rd and 4th year students. Her 'gallop' through the learning objectives for the introductory 3 weeks of lectures in the Pathology Unit showed us that we could chose almost any patient to cover some aspect of this curriculum – biochemistry, haematology, microbiology, histology.

Simon Thornton, one of our Academic Clinical Fellows led a session looking at different ways of planning teaching sessions in years 2&3.

Please join me in thanking Lindsay O'Kelly the outgoing GP lead for the Swindon Academy for her excellent work in building up GP student teaching in her academy over the last few years.

The starting gun has gone off for a major curriculum review at Bristol's Medical School – everything will be up in the air, scrutinised and most likely changed, including the GP attachments in years 1-5. The new curriculum will start in 2017-18. Please have a think how we can best further develop Primary Care undergraduate teaching at Bristol and share your thoughts with us.

Take look at the report. We hope that you will find some useful information here for your own teaching. We 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

A handwritten signature in black ink, appearing to read 'Hume', is positioned below the text of the letter.

Barbara

Overview and Update

Current Primary Care teaching team (Oct. 2014)

Admin team

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

Teaching leads

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

GP academy leads

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

Overview of teaching in the academies

GP teaching in the Academies and GP Leads

	N. Bristol	S. Bristol	N. Somerset	Bath	Glouc./ Chelten.	Somerset	Swindon
Year	Barbara Laue	Claire Pugh	TBA	Melanie Blackman	John Salter	Andy Eaton Charles Macadam	Kate Digby
1							
2							Since 2011-12
3							From 2014-15
4							
5							

Comparison of Year 2 and 3

	Year 2	Year 3
How many groups of students/GP/year?	2	2
How many sessions?	8	8
Days	fixed Thursday am or pm	flexible
Group size	4	3-5
	Same group x4 over 8 months	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

- Clinical ½ weeks continuing
- LITHE had positive feedback from the students
- Mental Health teaching pilot in LITHE, called 'PITHE'
 - Difficult questions (sexual history, suicidal intent etc)
 - How we feel about patients (incl. Talking about negative feelings we may have)
 - Integrated respiratory system lecture for students (Physiology, physician and GP)

New for Year 3 in 2014-15

- Year 3 teaching in Swindon for the first time
- No OSCEs in Year 3 from 2014-15
- Pathology
- Psychiatry moved to Year 4 but some mental health teaching in Year 3
 - Balint groups in JMS Unit
 - Day with liaison psychiatrist during JMS
 - Depression in GP
- **Student feedback pilot for GP placements**
 - Student to use their mobiles to log onto online feedback questionnaire after the first 2 Units to provide feedback on their GP attachments

Other changes

Year 4 Only one OSCE exam in June 15

Year 1 GP session will be every other week instead of every week (8 sessions in total)

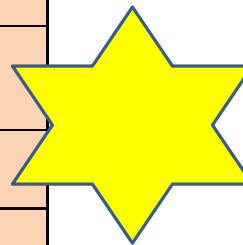
Consultation skills (changes in bold)

- Year 1 1 session
- Year 2 2 central sessions (1 in LITHE)
- Year 3 1 central session + **1 sess. in the academies**
- Year 4 1 session
- Year 5 1 session + **1 add. Session** (focus on health professionals as patients)

Student feedback 2013-14 Year 2

	All academies 2012-13	All academies 2013-14
Total number of returned student FB forms	170	185
Our GP teacher made us feel welcome	169	185
Our GP was an enthusiastic teacher	170	185
Our sessions were well organised (started on time, well planned and structured)	170	185
We saw 2 or more patients in each session	152 89%	176 95%
The GP teacher observed me taking a history and examining a patient	169	185
The GP teacher commented on our skills during the sessions	169	184
The GP teacher gave me individual feedback at the end of the last session	156 92%	181 99%
I found the feedback from my GP teacher helpful	161	181

Year 2 student FB
185 returns



'I think it's a great place to start allowing our skills to improve under close watch of a teacher that has got to know you over the placement'

	All academies 2012-13	All academies 2013-14
Total number of returned student FB forms	170	185
Our GP teacher made us feel welcome	169	185

Year 2 student FB
185 returns

Year 3 student feedback

194 completed student feedback forms

	All acad. Unit 3&4 2011-12	All acad. Unit 3&4 2012-13	All acad. Unit 3&4 2013-14
Total number of responses	174	194	170 (167)
Our GP teacher made us feel welcome	174	194	167 100%
Our GP was an enthusiastic teacher	172	193	167 100%
Our sessions were well organised (started on time, well planned, well structured)	167	193	163
We saw 2 or more patients in each session *	158 91%	159 82%	145 87%
The GP teacher observed me taking a history and examining a patient	171 98%	187 96%	166 99%
The GP teacher commented on our skills during the sessions	173	188	166
The GP teacher gave me individual feedback at the end of the last session	161 93%	169 87%	147 88%
I found the feedback from my GP teacher helpful	159	161	158



Fantastic opportunity to practice history and examinations while being observed, so were able to receive individual feedback and teaching on things we need to improve



Teaching hip and knee examination Richard Baker

Hip

History

- Pain is very important
- Rarely operate if there is no pain

Examination

- Start with patient standing with their feet flat on the floor. Then ask the patient to stand on tiptoe. The feet should go into varus
- Ask patient to walk and look for neurological problems
- Trendelenburg test
 - When the weight is on the bad leg, the hip on the good side will drop due to gluteal pain inhibition
 - Ask patient to put their palms flat onto your upturned palms. When the patient stands on their bad leg, you will feel the patient hand pressing down opposite to the bad hip.
- Abduction and adduction
 - Put forearm across pelvis to stabilise it
 - Adduction – put other leg into abduction to create space
- Leg length – Galeazzi
 - Put knees into 45° flexion
 - Look for symmetry of tibia and femur
- If on flexion the leg externally rotates – definite mechanical obstruction
- Thomas test
 - Hand under back, as patient flexes leg, spinal lordosis flattens
 - Keep good leg flexed to 90°
 - Put bad leg down. If the patient can't put it flat – fixed flexion deformity



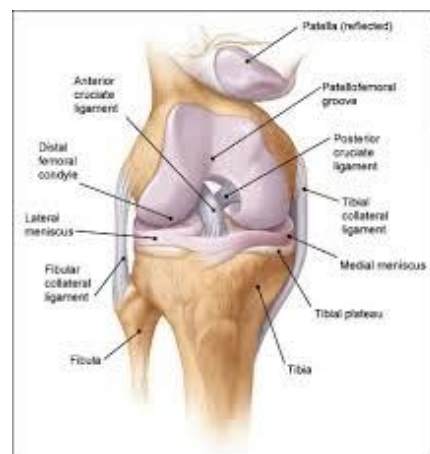
Knee

History

- Meniscal tear tends to give more a feeling of giving way rather than actual falls
- Meniscal tear swells within hours
- Cruciate tear ligament leads to immediate swelling as the artery in the ligament is torn
- If patient cannot straight leg raise after trauma
 - Ruptured quadriceps tendon
 - Ruptured tibial ligament
 - # patella
 - <40 patella tendon
 - >40 quadriceps tendon

Examination

- Feel for warmth
- Small effusion – do sweep test
- Patella tap only positive if the effusion is large
- Cruciate ligament
 - Sit on foot and pull leg forward
- Collateral ligament
 - Fix foot under arm, grip leg below knee on either side and move from side to side



Top Tips session

Teaching resources in Hippocrates <http://www.bristol.ac.uk/medical-school/hippocrates/>

Hippocrates is an open access learning resource intended for Year 3 students but also has useful material for other years, incl. Year 2. Almost all of it is open access

Video of CV examination

<https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Medicine%20and%20Dentistry/MB%20ChB/Hippocrates%20Year%203%20Medicine%20and%20Surgery/Cardiology%20-%20CVS%20examination%20video/index.html> accessed 23.10.14

Video of cranial nerve examination

http://www.youtube.com/watch?v=0AN_nwd4E_k&feature=youtu.be accessed 23.10.14

Video of peripheral nerve examination

https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Medicine%20and%20Dentistry/MB%20ChB/Hippocrates%20Year%203%20Medicine%20and%20Surgery/Neurology%20-%20Peripheral%20Nerves/page_05.htm accessed 23.10.14

Video of cerebellar function

https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Medicine%20and%20Dentistry/MB%20ChB/Hippocrates%20Year%203%20Medicine%20and%20Surgery/Neurology%20-%20Peripheral%20Nerves/page_12.htm accessed 23.10.14

Good tutorial on breath sounds

https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Medicine%20and%20Dentistry/MB%20ChB/Hippocrates%20Year%203%20Medicine%20and%20Surgery/Respiratory%20-%20Breath%20sounds/page_01.htm accessed 23.10.14

Video of mental state examination

<http://www.bristol.ac.uk/medical-school/hippocrates/psychethics/mentalstate/>
accessed 23.10.14

Teaching highlights

- Some of the best teaching experiences were unplanned sessions. Also students enjoyed hands on practical stuff, e.g. BM testing
- Trigger for learning - Teachers need to revise topics too
- A change from the pressure of patient contact
- Learning new things about your patients
- Making sessions interactive, involving students in planning
- Good feedback
- Positive effect on the practice
- Patients appreciate taking part
- Improves the doctor/patient relationship
- Visiting patients at home

Teaching discussion

Feedback

Some do this with the patient, some without. Generally it seems that the patients value being part of the feedback process. It's important to brief patients that diagnoses may be raised that they don't have, and also to explain to students that patients are comparing them to a doctor and may therefore give harsh seeming feedback and not to worry about that.

- Good to put across GP perspective
- Create a relaxed and safe environment for your groups
- Show some of the reality of clinical care
- Ensure you teach basics
- Show spectrum of problems/conditions
- Be aware that you are role modelling being a doctor and being a teacher

Those new to teaching were surprised at how 'green' the students are.

Some tell students the diagnosis beforehand; others let them find out for themselves.

- Try discussing these options with your students
- Not telling the diagnosis beforehand is particularly suitable for year 3 students who have more experience
- You could mix and match 'telling' or 'not telling' in one session

Useful to keep a reflective teaching journal

General points

- Create a safe and relaxed atmosphere
- Show the holistic GP perspective
- We don't know everything – share that with the students
- Encourage them to learn for life and not just for exams
- Between history and examination summarise and ask students to think about what they might find on examination

Consultation skills

- 'How do we know when to take a history and when to do consultation skills?'
 - Inexperienced students tend to be confused about history taking and consultation skills. Ensure that they understand the 'history' is the 'content' and the 'consultation skills' are the 'process' needed to find out the history
 -

The teacher guidebooks

Some of you thought that they are too fat and that this makes it more difficult to pick out the information that you need. Others, newer to teaching in these years, liked the fact that the guides were comprehensive and found it useful to look through the whole guide.

These guides need to cater for new and experienced teachers and it will therefore be difficult to slim them down. But there is definitely scope for improving the index and layout so you will find it easier to go straight to the information that you are looking for. Any suggestions from you would be very welcome. Please email barbara.laue@bristol.ac.uk

Action Clearer index and layout to aid new and experienced GP teachers

The learning objectives for Year 3

You commented that there is far too much to cover in the few sessions that you have with your students.

You are not expected to cover all the learning objectives in the GP guidebook. These are there to guide the students to what they are expected to learn. Some of them can and will be covered in the GP sessions, some in hospital based teaching sessions and others will have to be covered by the students through good old fashioned reading. Hopefully the students will read their GP placement guidebooks! They also have the Hippocrates website which has excellent resources, Blackboard and medical libraries in the academies and in Bristol.

Action Clearer statement in the guide what and how much GP teachers are expected to cover

Admin issues

- Not having contact emails for 2nd year students

Action Communicate request for student email addresses to academies

Teaching difficulties/challenges

How to handle groups with diverse abilities and personalities

- Give everyone something to do
- Make sure everyone has a turn

Engaging shy or uninterested students

- Give everyone something to do
- Make sure everyone has a turn
- Variety of patients
- Home visits

Finding suitable patients

- Have a practice code for patients willing to see students
- Recruit other practice members to find suitable patients

Time pressure – to get everything done in the session

- Plan timetable in advance
- Structured breaks in history taking to keep things moving

What to do when a patient fails to arrive - Fillers

- Practice examinations amongst themselves
- Have a list of little things to cover as needed
- PEFR practice, diary
- Spirometry demo
- Practicing setting up a nebuliser
- Inhaler and spacer display, handle different types, talk through how to use them
- Teach pharmacology
- Practice skills from CAPS logbook

SNAPPS model

This is a teaching model that can be used in a one to one teaching session or with a group of students. It provides a framework for teaching with patients. The idea is that the students take the lead and guide themselves through the case. There is evidence that this engages students more actively in the process and your teaching work – moving things on through questions - should be easier!

'Students' take turns to cover the SNAPPS stages	
S	Summarises the case
N	Narrows the differential
A	Analyses the differential
P	Probes (asks the teacher about areas not understood)
P	Plans management
S	Selects an issue for self-directed learning

To use this model

- Explain this model to your students (and the patient if he or she is present)
- Prominently display the model to guide the students
- Assign roles, who will cover which part of the case discussion, or ask for volunteers
- Encourage them to ask each other and/or you for help if they get stuck
- Encourage them to actively identify what they do and don't know
- Prompt them to identify areas/topics for self study (they could each bring back some answers for the next session)

We played through a scenario. Here are some useful questions for the teacher if needed

- You noticed 'crackles' – What is the significance of this?
- Let's talk about differential, what else can you think of?
- What made you choose those tests? Relevance of tests?

Comments on the day

- Felt that generally it reflects what most of them do already
- Main advantage is that it makes it explicit that learner can clarify any points/question with the teacher
- 'Not another model!'

To see the model in action you may like to visit this YouTube link. It shows a one-to-one teaching situation and comes across as somewhat wooden. It does give some idea how it works.

SNAPPS video link:

<http://www.practicaldoc.ca/teaching/practical-prof/teaching-nuts-bolts/snapps/>
accessed 23.10.14



Planning your teaching session

The following plans can be adapted and modified to suit your group. Please discuss with your students how best to meet their learning needs. Students will need more guidance in the first session compared to the last one. Please adjust the sessions according to their experience. For example, for the first session in year 3 you may tell the students in advance what condition the patients has so they can come prepared. With subsequent session you may not give advance information and leave it up to the student to make the diagnosis etc.

Session plan 1

20 min. Intro, learning needs

Patient 1

30 min. Short focused history and relevant examination

30 min. Discussion

10 min. Coffee breaks

Patient 2

60 min. Repeat above process

20 min. Feedback, reflection, summary

Have aims been met? Revisit learning needs

Session plan 2

Introduction plus tea and coffee

- Outline session
- Assess learning needs
- Brainstorm symptoms relevant to the system, severity
 - Physiology v pathology
- Communication skills intro
 - How do I open the consultation?
- YouTube video on examination

Patient 1

Prime patient (Where to start their history etc)

Introduction

H_x 2 students

E_x 2 students

Patient 2

Repeat (switch roles)

Session plan 3

Pre-plan

- Email students with learning goals

Tour practice (1st session)

Introductions

- Talk and tea
- Students may not know each other well, likely that this is the first time that they are in the same small group

Identify students' needs and concerns

- Allay any student fears

Teaching

- Allocate students to PC, History and PMH
- Prompt with open questions and summarise
- Switch student roles



General points

Think about whether to have the patient present for feedback and discussion

- What role could the patient play in this?
- Brief the patient carefully
- Make sure patient understands fully and is not left worrying about something that came up in discussion

How challenging should these sessions be?

- Consider how much time students spend in and out of their comfort zone

Homework

- Invite students to plan their learning
- What do they want to read up about?
- How could they get more practice?

Time management

- The session time goes quickly
- Have a plan you can refer to

Year 3 teaching

In addition to H_x and E_x there should be more emphasis on I_x, M_x, P_x and additional assessments such as CV risks.

Pathology teaching

Select 2 patients

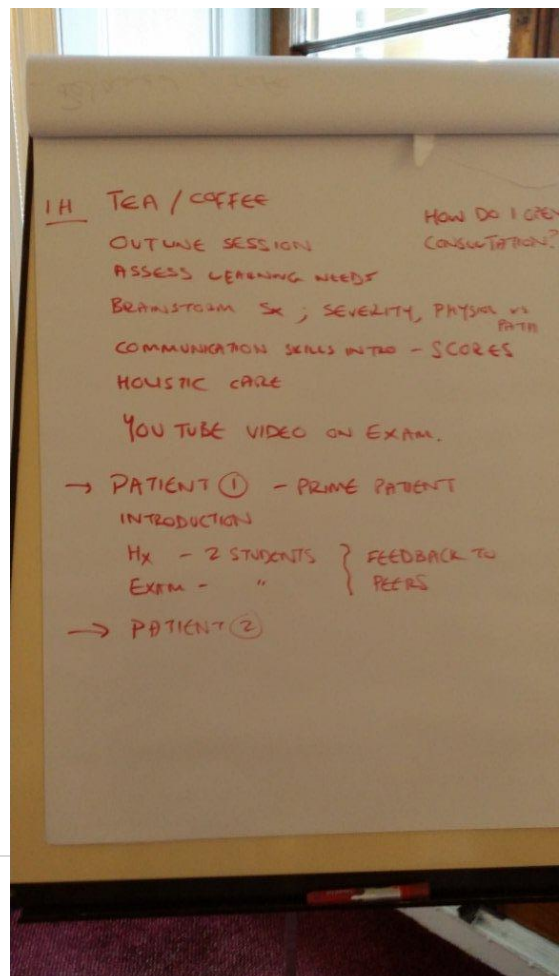
- Abnormal results
- Liver patients
- Pathological process
- Non-specific symptoms

Consider

- How to get blood results
- How does a patient get a CXR
- How to instruct patient to take an MSU
- Patient journey through investigations

Ethical issues

- Confidentiality
- Screening
- Leaving messages about results
- When not to test
- When not to refer



Scenario A

A 2nd year student has been coming in late for his GP attachment and you have noticed that he looks a little disheveled and is not very engaged in the teaching sessions. You notice that he is a little abrupt when taking a history from a patient and interrupts the patient often. You suspect that he may be hung-over as you can smell alcohol on his breath. Discuss what the possible problems may be and how you might approach the student to discuss them. Discuss what support is available for the student and any Fitness to Practice issues that concern you.



- Stop him – can't consult if he smells of alcohol
- Find out what happened.
- Is this the first time?
- Assess how engaged the student is
- Our challenge is that we may not know the student very well as we only see them for four sessions
- This is an extremely rare event
- This is unprofessional behaviour and we should complete a student concern form

Scenario B

A third year student attached to your practice is causing you concern because she appears very underweight and pale and you suspect has an eating disorder. Your reception staff and colleagues have also expressed their concerns to you about her. She seems very bright and keen to be involved in all the teaching sessions, though does tire and drift off before the end of tutorials. There has not been any information given to you about this student by the medical school apart from her excellent academic results. Discuss the way you would manage this situation and what options are available to you. Discuss what support is available to the student and any Fitness to Practice issues that concern you.

- Challenge: little time and we don't know them very well
- Engineer time with student on her own
 - Start 2. Session by saying 'I am giving you all 5 minutes to find out how you are getting on individually'
- Get in touch with Academy Dean, GP academy lead, Unit Tutor
- 'I noticed that...', 'I am concerned that...'
- You may want to consider to tell your students at the start of the attachment that you need to report any concerns that you may have about them. Need to get that across in a friendly and supportive sounding way

Scenario C

A third year student is joining your practice and asks to speak to you before the beginning of morning surgery in confidence. The student tells you that he is suffering from depression and is on antidepressants but they have yet to take any effect. His mother died 9 months ago from cancer and he has been struggling with motivation and concentration for several months. He is under the care of the Students Health service and has also accessed some bereavement counselling. His GP suggested that he came to speak to you at the beginning of her attachment to explain the situation. Discuss how you would manage this situation and what support you are able to offer. Discuss any concerns you may have about the student joining your practice and how best to manage these concerns.

- Is this known to the university?
- Maintain professional role – you are the teacher, not the GP
- Awareness how a teaching session may affect student – i.e. discussing depression, or screening for depression in a patient, upsetting history etc
- Pastoral role – befriending

Scenario D

You have a second year student attached to the practice and at the end of a long morning surgery she asks if she can get some advice. She says that she is on Fluoxetine and has been taking it for the past 1 year but is about to run out and needs a repeat prescription and asks if you could do this for her. When you question her she says that she is not registered with a GP in Bristol because she normally gets her prescriptions from her step-father (who is a GP) as he has been prescribing it for her. She is reluctant to tell you why she is on this medication and is adamant she just needs a prescription. Discuss the difficulties that this situation presents for you and how you would manage it. What issues do you need to bring to the students attention? Discuss any Fitness to Practice concerns that you may have about this situation.

- Be supportive – listening
- Gauging her understanding of the normal process
- Uncertainty of diagnosis
- Might ring Student Health to book appointment
- Fitness to practice issue for stepfather – point this out to the student



Teaching on the run tips 4: teaching with patients

Fiona R Lake and Gerard Ryan

Setting

You usually see your patients and then teach outside their room. You do this because you worry that the junior medical officer or student might come up with something that will upset the patient. But recent reports suggest your concern may be unfounded.

There should be no teaching without the patient for a text, and the best teaching is often that taught by the patient himself.¹

This advice by William Osler, at the beginning of the 20th century, has been continually handed down since then. Osler's style wouldn't be acceptable today, with large rounds, and consent rarely obtained from the patient. Now, simulation is being used for teaching, but teaching that involves patients remains invaluable. Teaching with the patient rather than about the patient should be considered vital for students, junior medical officers and registrars to learn the practice of medicine.

Benefits of teaching with the patient

Patients like to be included in the teaching process. Case presentations by junior staff at the bedside significantly increase the time doctors spend with patients, and such patients are more likely to be satisfied with their inpatient stay.² They prefer having students present their history in front of them than outside the door.³

Teaching with patients allows the important domains of learning to be integrated through teaching, observation and role modelling.^{4,5} These domains include:

- Clinical (knowledge, decisions, skills)
- Professionalism (ethics, teamwork)
- Communication (with patients, families and other staff).⁵

Teaching with the patient incorporates adult learning principles, as it is meaningful, relevant to work, and allows active involvement (see "Tips 2"⁶).

Downsides of teaching with the patient

Patients may be adversely affected by teaching in their presence if their rights are not respected,^{4,7} or if the teacher fails to recognise that patients may have conditions not appropriate to be discussed in front of a group.⁷

The patient's perception as to the competence of the junior medical officer or registrar may be harmed by negative feedback

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that senior clinicians give in front of the patient. Remember that the doctors in training are the ones the patient sees on a daily basis.

In some instances, the patient may be upset and confused by the discussion.^{2,7}

Patients want to be asked for consent beforehand and to be introduced to people. They appreciate an approachable tutor, clear explanations, the opportunity to ask questions, and the feeling that their feedback is valuable.^{2,4}

How to teach with patients in the clinical setting

Plan your teaching using the "Set, Dialogue and Closure" framework (see "Tips 3"⁸). Important factors in teaching with patients include choosing the correct patient, obtaining consent, and explaining the patient's role.

Structure your dialogue using methods described such as the "One-minute teacher" and SNAPPS (see below). These have been shown to significantly increase learners' motivation, their involvement in decision-making, evaluation of their knowledge, and provision of feedback.^{9,10}

Aids to teaching with patients

The "one-minute teacher"

The "one-minute teacher"⁹ uses five steps to direct the learner's focus to a key aspect of a case, and the clinician teaches around that issue. Feedback is explicitly given (a step we often omit when busy). The clinician

- Asks the learner to outline his or her diagnosis or management plan;
- Questions the learner for reasoning;
- Teaches general rules (take-home points);
- Provides feedback on what was done well; and
- Corrects errors and suggests what could be improved.

SNAPPS

In the "SNAPPS" approach,¹⁰ the learner

- Summarises the case;
- Narrows the differential diagnosis;
- Analyses the differential diagnosis;
- Probes (asks the teacher about areas not understood);
- Plans management; and
- Selects an issue for self-directed learning.

SNAPPS makes learners do most of the work, through justifying their thinking and exploring what they don't know (rather than questioning them on what they do know!). A pilot study of SNAPPS showed that learners were more actively involved and readily came up with questions, whereas in more traditional interactions they rarely did. The teachers were relieved of having to think up questions and, instead, could respond to the learner.¹⁰

Before you try out the "one-minute teacher" or SNAPPS, orient your learners so they know what to do and expect.

TEACHING ON THE RUN

Take-home message

When teaching with patients, remember that:

- Patients like being involved in teaching sessions (as long as their rights and wishes are respected).
- Teaching with patients incorporates adult learning principles, in that it is meaningful, relevant to work, and allows active involvement.
- Good communication with patients is important: ask for their consent, ensure understanding, and ask for questions and feedback.
- Teaching methods like the "one-minute teacher" or SNAPPS can make teaching and learning more efficient.

Acknowledgements

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Competing interests

None identified.

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□

Year 2&3 GP Teacher Workshop	
Date/Venue/Hours	7 th October 2014, Engineers' Hse, Clifton, Bristol 6 hours
Description	
Reflection and Feedback	
What did I enjoy? What have I learned for my teaching and for my GP work?	
Forward Planning	
How can I use the ideas from this workshop in my teaching? How could I share the ideas from today with my colleagues?	
Key points to remember	
Name, date, signature	

Year 2&3 GP Teachers' Workshop - Evaluation

Survey overview

Number of respondents: 16
Expected number of respondents: 31
Response rate: 51.6% at 23.10.14

1. Which Academy is your practice attached to?			
Bath:		6.2%	1
Gloucester:		12.5%	2
North Bristol:		31.2%	5
South Bristol:		31.2%	5
North Somerset:		12.5%	2
Somerset:		6.2%	1
Swindon:		0.0%	0
2. Which year do you teach in?			
Year 2:		n/a	8
Year 3:		n/a	8
Not teaching students but planning to start in 2015-16:		n/a	1
Other (please specify):		n/a	1
3. Teaching MSK and hip and knee examination			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		6.2%	1
Good:		50.0%	8
Excellent:		37.5%	6
N/A:		6.2%	1
4. Top Tips and the SNAPPS model			
Poor:		0.0%	0
Below average:		6.2%	1
Satisfactory:		18.8%	3
Good:		62.5%	10
Excellent:		6.2%	1
N/A:		6.2%	1

This was very helpful and clearly presented

5. Teaching clinical skills in Years 2&3			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		43.8%	7
Good:		43.8%	7
Excellent:		6.2%	1
N/A:		6.2%	1
6. Mental illness and fitness to practice issues in medical students			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		0.0%	0
Good:		62.5%	10
Excellent:		31.2%	5
N/A:		6.2%	1
7. Pathology overview			
Poor:		0.0%	0
Below average:		6.2%	1
Satisfactory:		43.8%	7
Good:		43.8%	7
Excellent:		6.2%	1
N/A:		0.0%	0
8. Update for Years 2&3 and the future			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		12.5%	2
Good:		81.2%	13
Excellent:		6.2%	1
9. Please rate the workshop overall			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		12.5%	2
Good:		62.5%	10
Excellent:		25.0%	4

Good to think about how to integrate pathology

One of the best of these I've attended

