

Report Year 1 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
Tuesday 9th September 2014



Welcome and MBChB update
Review and update of Year 1
Top Tips for teaching in year 1
Reflection in practice
All change! – Bristol Curriculum Review
Self care for students and doctors
Prize winning year 1 student work

Guest lecturer
Andrew Tresidder

Workshop contributors
Sarah Jahfar
Barbara Laue
Veronica Boon
Lucy Jenkins

Many thanks to Year 1 student **Amarit Gill** for her contribution
and wonderful violin piece

Year 1 GP teacher workshop report

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Many thanks to those of you who came to the workshop. It was a great to meet you and to share teaching experiences. This is a summary of the day with details of changes and other information for all year 1 GP tutors in the form of shared tips and ideas. Please email me if you would like a copy of any of the presentations.

With this report we are sending an electronic copy of the GP tutor guide and the student study guide. I am also attaching other teaching documents that may be useful, based on resources, ideas and your feedback from the day. This includes:

- HBoM session integration planner (to help you and students to integrate learning)
- Reflection activity
- Tips on giving feedback and peer assessment

If you are new to teaching and did not attend the workshop, please do have a look through the GP tutor guide. This should tell you everything you need to know in order to teach year 1 students in practice. For experienced year 1 teachers, the guide details any updates and changes.

It is also very useful to look at previous Year 1 workshop reports. They include many other practical top tips for organising sessions, such as what to do when patients cancel. (<http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/workshops/workshopreports/>)

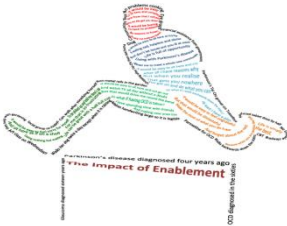
To make general enquires about Primary Care Teaching, please email phc-teaching@bristol.ac.uk or call 0117 3314546

Sarah Jahfar 2014

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Workshop programme, aims and objectives

Morning – Theme: Practicalities, Top Tips and Reflection		
9.00 – 9.30	Coffee and registration	Alison Capey
9.30 – 9.40	Welcome and MBChB update	Barbara Laue
9.40 – 10.25	Review and update on the course	Sarah Jahfar
10.25 -11.15	Top Tips for Year 1 teaching Discussions on 1.Planning sessions 2.Content of sessions and 3. Assessments.	Sarah Jahfar Barbara Laue Veronica Boon Lucy Jenkins
11.15 – 11.35	Coffee	
11.35 – 11.45	Plenary – share top three top tips with whole group	Facilitators
11.45 – 12.45	“I’m fine- reflection in practice”	Andrew Tresidder
12.45-13.45	Lunch	
Afternoon - Theme: Curriculum changes and Self-Care		
13.45 – 14.45	All Change! - Update on a major curriculum review and your input into some new teaching planned for Year 1	Trevor Thompson
14.45 – 15.00	Coffee	
15.00- 15.45	Self-care for students and doctors	Andrew Tresidder
15.45-16.00	Further resources, support and teaching opportunities	Sarah Jahfar
All day	Exhibition of prize-winning year 1 students work	

Facilitators and Contributors

Barbara Laue	GP, Senior Teaching Fellow and North Bristol Academy GP lead
Trevor Thompson	GP and Reader in Medical Education. WPC/vertical themes Unit Lead
Lucy Jenkins	GP and Teaching Fellow: Element lead for Year 4
Andrew Tresidder	GP and GP Educator
Veronica Boon	GP and Teaching Fellow: SSCs and Year 2 communication skills
Sarah Jahfar	GP and Teaching Fellow: Element Lead for Year 1
Amarit Gill	Year 1 prize winning student 2013-14

Aims and objectives

- **update and develop teaching skills for Year 1 GP attachments**
- **understand main objectives of the course**
- **be prepared for Year 1 students in practice**
- **share teaching experiences, leave with new things to try**
- **leave with an increased awareness of how to teach reflection and self-care**
- **be aware of HBoM integration, vertical themes and future changes to the course**

General update

Barbara Laue gave a presentation detailing the primary care teaching team, recent changes and key people in the medical school. This was followed by information about the academies, where and when GP teaching occurs.

The link to the primary care newsletter is

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

Review and update on the course

Main changes:

Alison Capey has taken over full time in administration at Canynge Hall

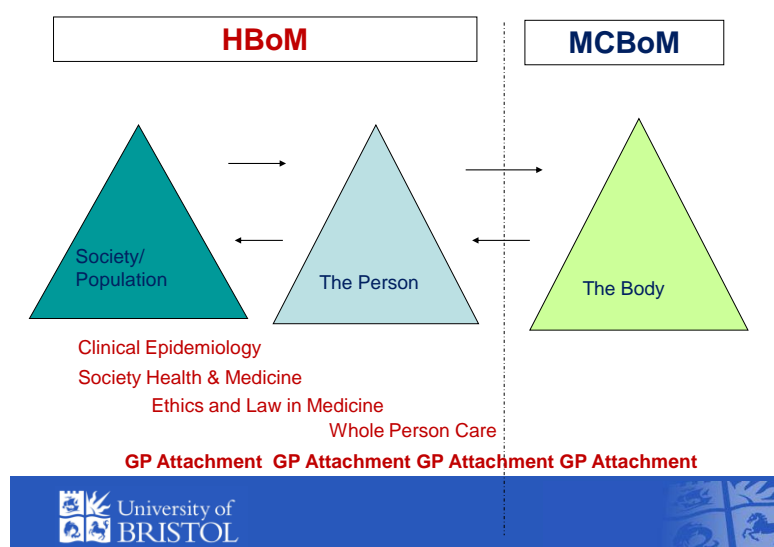
The 8 sessions are now **spread over 16 weeks**. Students come alternate weeks, October 2014 to March 2015, Group A one week, Group B the next

Grades are no longer given for marking of student work – now pass/fail or prize nomination. Blackboard upload of marked assignments is no longer necessary for GPs, which reduces GP burden!

There is a shared university inbox - phc-teaching@bristol.ac.uk

Travel expenses now paid to students going to practices in zones 2/3 (city bus zones).

Integrated learning



We are continuing to try to integrate experiential learning in primary care with other subjects that the students are covering at the university. This talk included a review of the other elements taught, as well as the vertical themes (see details in the GP tutor guide). A document to advise GP teachers what else the students are learning, detailing learning in each week of the course is attached with this report.

The rest of the review and update consisted of going through session planning and the usual format of the 8 sessions. Again, all of these details are in the GP tutor guide.

Top Tips for Year 1 GP sessions from small groups – workshop summary

We were very lucky to have Amarit Gill, second year student, to join in the groups and to offer tips and constructive feedback from the students' point of view.

Planning

- Admin
 - Create practice leaflet on how to get to the surgery by different modes of transport
 - Create confidentiality document for students to sign on first session
 - Ensure reception are aware that booked appointments are teaching consultations so these appointments are clearly marked in advance as such and patients are only able to book them if they consent to this
- Find patients
 - Create practice spreadsheet of patients that are happy to be involved in teaching on shared drive for all doctors to add to. Consider a 6 weekly email reminder to doctors to add to this.
 - All patients have a story so don't worry about finding a patient with a life-changing condition. Good examples;
 - Carers
 - Children with disability/issues at school (pre-school good because will be at home)
 - Ethnic minorities
 - Pregnant lady/new mum
 - Chronic conditions; MS, diabetes, RA
 - Cancer diagnosis
- Work out timings and number of patients
 - Minimum university standard per student is 2 visits and observation of 2 surgeries
 - Good format; students arrive at 2pm. Surgery starts at 2.30. 4-6 patients per surgery at 15 minutes or with gaps for discussion
 - Works well for last booked patient to stay on at the end to talk to student
- Create timetable to give to students so they know what they are doing each week; mix up student pairs so get to observe different consultation styles.

Content

- First session
 - Familiarisation with surgery; toilets/staff/reception
 - Driving/walking tour of area
 - Icebreaker exercises for students and GP to get to know each other
 - Discuss any student concerns about patient contact; Consider 1:1 with each student to establish learning needs or any pastoral issues
 - Practice basic clinical skills so ready to do in surgeries; BP/temp/pulse

- Can consider joint visit with all students to ease anxiety about later visits
- Discuss assignment early so students know they need to think about a patient to write up
- Other sessions
 - Give students a brief medical summary of patient before they come in
 - Have contingency plan if patients don't turn up/students return early for visit
 - Spend time in chronic disease clinic/clinical skills
 - The student member of our group fed back that sitting in with other members of a large team was really useful. It is important to tell these other members what to expect from the students and what their learning objectives are.
 - We discussed splitting pair of observing students so they may be spend half an afternoon with a nurse and half with the GP. This also enables a one-to-one teaching. But...we should not forget that each student has to do a minimum of two afternoons of observing consultations and two home visits.
 - Give students a role in surgery; observe non-verbal behaviour/use of silence etc
 - Update students on patients they have seen in previous sessions
 - Get students to send thank you cards to patients they see on home visits

Advice for visits

- GP teachers may drive students, introduce them to the patient, and then students can walk back.
- Remind students that, although patients are being extremely helpful in seeing them, the students are also often providing a therapeutic, listening and validating role to the patient and information gleaned may be invaluable to the GP.
- Share personal email/mobile number in case students can't attend/get lost
- It is okay for patient to attend surgery for the "visit" if home visit unsuitable
- Help to direct students' observational skills (perhaps using Cambridge Calgary Guide)
- Students like a potted history in advance of visits
- Allow time for discussion afterwards – and guide towards choosing cases for applied and reflective assignments

Feedback and Assessments

Regarding peer feedback- it was suggested that if other group members give consent, they could email their reflective work to each others as well as to their GP teacher by session 7, so their peers have time to read it before the peer feedback session in session 8. This would mean that students would be better able to give each other constructive feedback.

Students can get quite stressed about assessments – we can signpost them to full details in the study guide and examples on Blackboard.

I'm Fine – Reflection in Practice – Dr Andrew Tresidder

This was a stimulating session led by Andrew, an experienced GP educator, with the aim of defining reflection and how it can be achieved and enabling us to support the students in their reflective learning. He covered several areas of learning theory and then got us all to consider our own experiences, working in pairs.

Summary of the talk:

- Reflection- definition
- Two Frameworks – Solihull Triangle and 'Stuff'
- Kolb's learning cycle, Physiology of Emotions
- Supporting Reflection, pitfalls and distortions
- Some personal cases
- I'm Fine, - denial and displacement

Reflection activity for students

See the attached document for a suggested activity for encouraging reflection in students. This may be useful in week one or later in the course if students are struggling with the concept of reflection for their assignments.

All change! – Update on new curriculum – Dr Trevor Thompson

Trevor is the Whole Person Care and Vertical Themes lead at the university and led this session on forthcoming changes to Bristol Medical School curriculum. The university is undertaking a Biomedical Review from 2014 to 2017. Nothing is decided yet, but this year is the year for innovative ideas and consultation, which will inform the final new curriculum.

Thoughts thus far are that there will be emphasis on:

- **life-long learning skills**
- early development of **professional skills**
- Preparation for practice in the **community**
- Less direct lecturing and more **Case Based Learning**
- **More clinical exposure in years 1-2, more science in years 3-5**

All of this looks promising for Primary Care being **increasingly central** in undergraduate teaching, which we hope will have positive impact on students choosing GP as a career. **Please send us any thoughts and ideas you may have and we will put them forward at meetings.**

We split into 2 groups to discuss our views on a possible increase in GP and community involvement in the curriculum and I have summarised the conclusions on the next page.

Small group thoughts about curriculum changes and possible increased GP teaching, both in community and in University

Potential Topics:

Longitudinal follow up

Family/community view

Health (as opposed to illness). Could include subjects such as nutrition, self-care, public health. Would link well with vertical themes.

Integration of **basic science** learning

Delivery of teaching:

Preparation needed. GPs would need guidance from Uni on students' curriculum, basic science teaching. Suggestion was made of creating a "core community curriculum", so that all providers would deliver teaching as consistently as possible.

Funding needed! There was enthusiasm in the group for providing >teaching, if funded.

GPs could develop "**teaching teams**", made up of doctors and nurses and community organisations, such as local charities, cookery schools, refugee centres, etc.

GPs enthusiastic about become tutors within the University, as well as in community setting. Increased **teamwork with secondary care** could even allow students to follow patients through, for example, visiting them at home post-surgery.

Assessment

Students could **reflect** in their eportfolios

GPs could produce questions for MCBOM/HBOM exams

General concerns

System of ranking of students creates competition, which is against cooperative learning.

Self-Care for students and doctors – Dr Andrew Tresidder

Andrew gave a very comprehensive talk about the stresses we face as human beings in society and, in particular, as students and doctors. He summarised evidence about stress and how we adapt (or become exhausted) and how stressful stimuli can keep us in “fight or flight” mode.

I have attached two of Andrew’s slides for which we unfortunately did not have time: “Top Tips for being a patient as a Doctor” and “Top Tips for doctors who have colleagues as patients”, which I hope that you will find useful.

Ten Top Tips for being a Patient (as a Physician) – Prof Aasland, Norway

1. Ask for help in time – don’t wait too long.
2. Consult another doctor than yourself. AVOID self medicating
3. Ask the doctor to treat you as an ordinary patient.
4. Be sure that this is a normal consultation with proper records kept, etc.
5. Ask the doctor for all the information and advice that she/he usually gives patients with the same illness.
6. No shortcuts. No “corridor consultations”. If you are hospitalized ask that ordinary routines and examinations be followed.
7. Do your best to follow the doctor’s advice about sick-leave, diet, medication, etc. If you get little or no advice, be courageous and ask for it.
8. Inform your family and friends about your condition. (They will probably feel something is wrong.)
9. Inform your colleagues too, even if you are not on sick-leave. (Help destroy the myth that doctors can’t get sick.)
10. Ask yourself why you got sick. Is there something in your lifestyle that should/can be changed?

Top Ten Tips to doctors who have colleagues as patients (Prof Aasland)

1. The sick doctor is first and foremost a patient under your care. Treat the doctor-patient just like that.
2. Ensure open communication both ways between you and your doctor-patient, but remember he/she can be quite reduced by the illness.
3. Listen to the doctor-patient, but say clearly what you think is the best treatments, etc.
4. Do not leave it to the doctor-patient to make arrangements for examinations, tests, etc.
5. As with any other patient, write a case record, write prescriptions, and make an appointment for a return visit.
6. Do not hesitate to urge hospitalisation if you find it necessary. Follow your usual routine.
7. If the doctor-patient wants to be anonymous, not known as a doctor, respect this wish.
8. Give thorough information, not less than you usually give to your patients. Do not hesitate to repeat the information.
9. You are the one to make decisions as to when the doctor-patient should be discharged from the hospital, and when the sick-leave should end.
10. Remember: the doctor-patient is a person who is ill, (and no matter what his position may be in the medical hierarchy,) *you* are the doctor in charge.

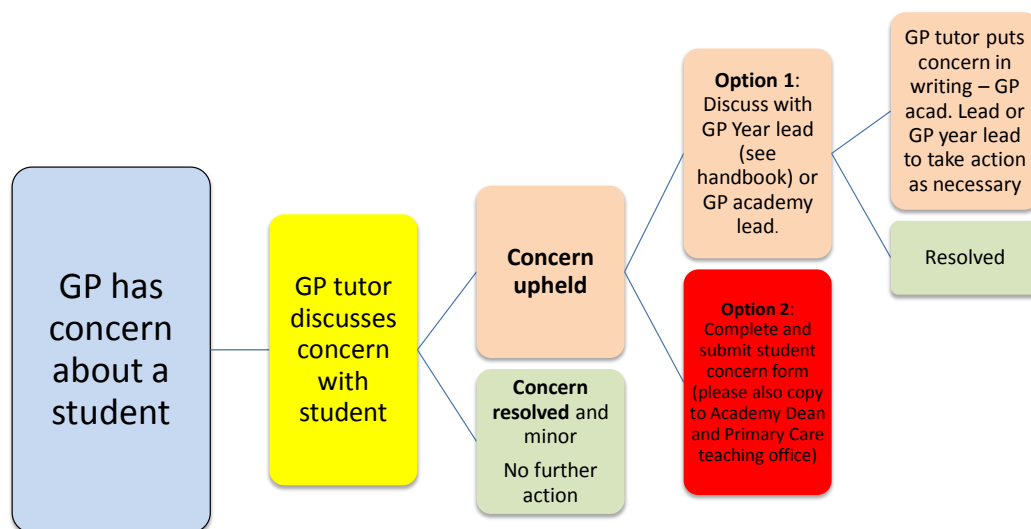
We know that Year 1 teachers are well placed to take a pastoral role in identifying a stressed student early in their time at Bristol and this talk led on well to the final session.

Further resources, support for students and teaching opportunities

Communicating concern about students

We discussed how we would support struggling students, and resources for student support (page 6 of the GP teacher guide and also in the student guide). Below is a simple version of the protocol for communicating concerns, the full form along with a copy of the 'student concern form' is in the appendix of the teacher guide.

Flow chart for communicating concern



Students can be signposted to :

- The Faculty Student Advisor, Emma Teakle
- Pre-Clinical Dean, Dr Eugene Lloyd
- Director of Student Affairs-Nigel Rawlinson
- Galenicals Welfare
- Central student support services
- Student Health
- Student Counselling

Online resources

- www.ole.bristol.ac.uk

(student online learning environment – there is a wealth of learning resources here for them, not least a library of past students' work for them to review. You will need a password for this, which should have been emailed to you in your teaching emails. If not, please email phc-teaching@bristol.ac.uk and we will send you one).

- www.healthtalkonline.org

(patient accounts of their illness stories)

- www.outofourheads.net

(online exhibition of Bristol students' creative work)

- Essential Clinical Communication tutorials via Blackboard.

(series of 7 developed by the UKCCC)

- www.nhs.uk

- www.patient.co.uk

(look up a condition of a patient they have seen – can share with rest group in plenary session – e.g. tell me five interesting things about MS)

http://www.youtube.com/watch?v=Jb71-kSFsdw&desktop_uri=%2Fwatch%3Fv%3DJb71-kSFsdw&app=desktop

A fun attempt to use the RCGP consultation guidelines for patient centred consulting.

Further teaching opportunities

Please contact phc if you would like more information on any of these.

- Teaching in other years
- Becoming a core practice
- Small group session tutor e.g. Consultation skills (years 2,3,4), Disability (year 4)
- Examining in OSCEs
- Academic Mentoring — the academic mentor scheme is in its third year. If you are interested in becoming one, please email Chris.Cooper@bristol.ac.uk
- Honorary teacher scheme

For further teaching training which may be relevant see:

<http://www.bris.ac.uk/medical-education/tlhp/courses/fit2teach/>

Your feedback on the workshop

We received feedback from 9 delegates and this was very useful, thank you. All of you either mostly agreed or agreed that you **enjoyed the day overall**.

The **General update, Top Tips** and **Resource** sessions were well-received, although 3 of you would have liked more information on assessment and feedback. Scores given and free-text comments showed that these parts of the workshop were felt to be the most useful generally. These subject areas will form a larger part of future workshops.

Seven of you thought that the **Reflection** talk would be useful to you in your teaching. 3 delegates commented that it was one of the most useful sessions of the day, although one felt it was the least useful.

The session on **All Change** (curriculum development and future changes) was felt to be interesting and useful by 8 of you, although one person commented that it was hard to contribute new ideas, as they were relatively inexperienced teachers.

Andrew 's talk on **Self-Care** was appreciated by most (7/9) of you and you said that you now feel better equipped to raise the issue of self-care with students, but 2 people found it less useful with regards to future teaching.

Future suggestions and requests:

1. *That we should provide a copy of the handbook to you at the workshop.* I will discuss this with the university team, but the emphasis is now on saving paper and providing all information electronically where possible. It is also easier to keep electronic information up to date.
2. *That the structure of year 1 teaching be made clearer right at the start of the workshop day.*

I will endeavour to do this next year.
3. *That we include communication skills, feedback giving and teaching basic science and systems examination at future Year 1 workshops.*

We will bear this in mind when planning future workshops. I have attached "Tips on feedback giving" from a previous workshop, so that you can use this for this year's students if you need to.

Thank you all so much for coming, for your enthusiastic participation and very helpful ideas. I hope that you continue to enjoy the Year 1 teaching.

Sarah Jahfar 2014
Sarah.jahfar@bristol.ac.uk