Primary Health Care Teaching Office
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Report

Year 1 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
Tuesday 29th September 2015

Welcome and MBChB update
Review and update of Year 1
Top Tips from Year 1 Teaching Prize Winner
Best practice for teaching in Year 1
Reflective and applied assignment
Creative reflection for GP Teachers
Exhibition of student work

Guest lecturers
Catherine Lamont-Robinson
Simon Thornton
Andrea Priestley

Workshop contributors
Sarah Jahfar
Veronica Boon
Barbara Laue

Year 1 GP teacher workshop report

Engineers' House, Clifton, Bristol - Tuesday 29th September 2015

I really enjoyed seeing you all at this year's Year 1 workshop. It was great to see both new and familiar faces and I think that the mix of experiences created a very effective and creative learning group. I hope that you have enjoyed the first two sessions you have had with the students so far.

This is a summary of the workshop day with details of changes and other information for all year 1 GP tutors in the form of shared tips and ideas. I have attached the power point presentations separately.

With this report we are also sending an electronic copy of the GP tutor guide and the student study guide.

If you did not manage to attend the workshop, please do have a look through the GP tutor guide. This should tell you everything you need to know for those new to year 1 students. 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/)

Please do not hesitate to get in touch with any queries.

Sarah Jahfar 2015

Contents of the workshop report

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

Workshop programme

Morning – Theme: Practicalities and Top Tips		
9.00 – 9.30	**Coffee and registration**	PHC Admin
9.30 – 9.40	**Welcome and MBChB update**	Barbara Laue
9.40 – 10.40	**Review and update on the course**	Sarah Jahfar
10.40-11.00	**Experience of planning and running the course in practice**	Andrea Priestley
11.00 – 11.20	**Coffee**	
11.20 – 12.30	**Top Tips for Year 1 teaching** Discussions on 1.Planning sessions 2.Content of sessions	Sarah, Barbara, Andrea, Veronica
12.30 – 12.45	**Plenary – share top three top tips with whole group**	
12.45-13.45	**Lunch**	
Afternoon - Reflective and Applied assignment. Feedback-giving		
13.45 – 14.45	**The Reflective piece** – subject, medium and assessment	Catherine Lamont
14.45 – 15.30	**Feedback giving**	Barbara, Sarah and Catherine
15.30- 15.45	**Coffee**	
15.45-16.00	**The applied essay** – Supporting students to choose and research a library based project and to use Vancouver referencing	Simon Thornton
16.00-16.30	**Further resources, support and teaching opportunities**	Sarah Jahfar

Facilitators and Contributors

Dr Barbara Laue	GP, Senior Teaching Fellow and North Bristol Academy GP lead
Dr Sarah Jahfar	GP and Teaching Fellow: Element Lead for Year 1
Dr Andrea Priestley	GP tutor
Dr Catherine Lamont-Robinson	Artist and Senior Associate Teacher, Bristol University
Dr Veronica Boon	Teaching fellow
Dr Simon Thornton	Academic Clinical Fellow and GP Trainee

Aims and objectives of the day

- To understand the main objectives of the course
- To be prepared for Year 1 students in practice
- To share teaching experiences, leave with new things to try
- To leave with an increased understanding of the role of art in reflection, feedback giving and supporting the students with the applied essay
- To be aware of assessments, integration with other courses and future changes at Bristol University

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 and a brief mention of the new curriculum at Bristol University, which will be gradually rolled out from September 2017.

The link to the primary care newsletter is
http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/newsletter

1. Review and Update on Year 1 course

Sarah Jahfar

Alison Capey remains the full time administrator at Canynge Hall. She can be contacted via a shared university inbox - **phc-teaching@bristol.ac.uk**. The 8 sessions in GP are **spread over 16 weeks.** Students come alternate weeks, October 2015 to March 2016, Group A one week, Group B the next. The feedback from this change is that it has enabled some more longitudinal teaching (for example, students can see how a patient's pregnancy progresses...).

Travel expenses now paid to students going to practices in zones 2/3 (city bus zones). Taxis are only refunded on a student group by group basis, the decision being made by the University via joe.mcallister@bristol.ac.uk. We have done our best to place students with cars in practices further afield, but this does not always work out 100%. Alison does an amazing job of placing 236 students across Bristol, an impressive and far from easy feat!

Remuneration rates have not changed. They are £53.87 per student per session or £480.96 for all 8 sessions per student. GPs take groups of 3, 5 or 6 students in general (one observing clinic and the others in pairs visiting).

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!

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, which can be found at http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/one/ and on the slides attached to this email.

Top Tips for Year 1 GP sessions from small groups

(Summary of all three groups amalgamated.)

This session was introduced by prizewinning GP (nominated by students), Dr Andrea Priestley. She shared many of her top tips with us and we broke into 3 groups to discuss how we run our sessions.

Planning and Intro session - Organisational

Students no longer need maps as they have them on their phones.

Exchange telephone numbers with students and keep phone on (not on silent) whilst they are out visiting, in case of any problems.

Check the students' background. Have they already worked with a certain patient group?

This teaching is more about communication skills than medicine.

Ice-breakers: walk around the area, let students get a feel for the practice; sit in waiting room and reception and observe.

Get the students to see the practice manager first to check whether they have signed up with a defence union and to sign a confidentiality agreement.

Make sure students send thank you cards, unless you prefer to do so, by phone or letter.

Keep list of topics to cover and check from session to session - what has already been covered and what has been missed so far.

Ask students what they want to learn.

Consider 1:1 meeting with students. May have diverse backgrounds, esp graduate students. Discuss worries/concerns about course. Are there any sensitive areas for the students (such as family member with a specific condition, which perhaps would be best avoided on a home visit)? Could suggest that students email you or give you phone number if this is the case.
One group discussed students disclosing issues concerning themselves

- sexual abuse
- Create space so students can bring up difficult issues
- Consider having a feedback session early on if you sense there are issues

Content – Sessions 2-7

Positive impact on rest of practice/staff

- Good to have young and enthusiastic students in the practice
- Good for morale

Keep a note of what students have been saying, their contributions so you can use that in the one-to-one feedback session
Students liked being emailed, for example with the answer to a query that came up, can email between sessions with info

Journey to the practice - Make this part of the session

- Ask students to notice things about the population on the bus, i.e. guess their BMI
- Assess deprivation
- Environment – what shops are there? Fish and chips, betting shop etc
- Send students out to buy the biscuits for all the sessions – see the local area, notice the shops, can choose their own biscuits (avoids allergy issues!)

Home visits

- Consider printing off summary – pros and cons, might make them too medically focussed
- Some GPs drop students off on visits and let them walk back. Some patients offer to drop student back. Others expect students to walk. 20 min. walk is reasonable
- Sharing roles and giving FB to each other
- Pairs for visits – let students decide
- Advise students to discuss whether one student is main interviewer and other one keeps notes or they share tasks
- Prepare students for the visit, what to do if patient becomes emotional

Patients and home visits: Who to pick?

Balance content – medical and social
Keep a database of willing patients, ask colleagues to suggest patients
Useful to prime the patients regarding the point of the students' visit.

Explain that going into patients' home, especially ones with a different background, can be very interesting. Inform the students why this patient is of interest.

Bring patient to surgery if any worries (eg drug user)

Suggested types of patients

Post op can be a good patient; talk about hospital experience; rehab team
Choose chatty patients – but may need to retrieve students at the end if overrunning!
Avoid a "technical illness", eg valve disease, unless it has a good story attached!
Elderly with good life stories, whether medical or not, are often good subjects.
Cancer patients
Young people, new mum, accompany young Mum on school run, young families.
Dying patients
A poorer family

Students were "blown away" by meeting 13 year old mum on one visit
Young disabled
Eccentric
Dementia with carer
Capitalise on any patients with special skills – eg a bereavement counsellor who is happy to have a group of students at home.
Dare to ask patients if something interesting has come up last minute – eg a home birth or a even a death (obviously GP goes along with the students!)

Have a **plan B** in case visit falls through – sitting with nurse, practising clinical skills, observing other GP in the surgery, calling patient in to surgery, asking colleague to look down surgery list and see if any attending patients may help out... Always have backup, such as local people who are housebound. Community hospital, Dialysis unit...

Getting students to feedback about their visit

- All want to hear about each other's' visits
- Not just a linear narrative
- Curiosity – tell me something that I don't already know about this patient
- What emotions did this generate in you?
- What are the three most important things in their life?
- Discuss on the way back one thing they have picked up
- Prepare questions to ask in the debrief session
- Encourage students to ask questions

Disturbing experiences need careful debrief and handling – check they are ok

- Domestic violence
- Eating disorder
- Sexual abuse

Clinical skills

These **should not detract from learning communications skills**, but students love it and we can use skills teaching as a tool for showing how we communicate with patients, for example, just before putting the patient through a procedure, such as taking BP.

BP – either on each other or within the surgery on patients. Provide them with a sphyg to practise on if they return from visits before you have finished surgery.

O2 sats. Give them homework to research how a pulse oximeter actually works.

Urinalysis – pregnancy tests (from midwife), urine dipsticks (can be made up with glucose added or finger prick blood for haematuria).

Listening to chests (they may not yet have bought a stethoscope).

Flu jabs or practising phlebotomy on each other. (Consider consent issues, indemnity and Hep B vaccination status before doing this.)

Surgery Observation

Keeping them alert in surgery

- Ask them to look out for words patients use, example: one patient said 'horrendous' a lot
- Counting open and closed questions
- Notice smiles
- Observe how we end consultations
- Notice 'safety netting'
- Audit of how long it takes before the GP starts speaking

Assessment

This is a big thing for the students.

Finding patients to write about

- This stresses students out
- Students can write about the same case
- Students like young patients, new babies and drug addicts
- Find 'good' patients early on so they can write about them
- Suitable patients are often chatty
- Fibromyalgia
- Psychiatric
- Downs
- Bereavement
- End of life?

Some GPs offer to read a draft of the essays.

GPs can often spend a long time on marking, as we are also keen to do well! We get anxious if not giving out A* marks and it can feel odd only giving a "pass", but we shouldn't worry.

Need students to provide a mixture of references, not just references to lectures attended. Most GP tutors do not check the references, although could be of interest to us and to check the student's interpretation of the source.

Reflection – NOT OBLIGATORY TO DO ARTWORK, CAN BE A REFLECTIVE ESSAY.

Can facilitate this by asking students their **aims** at the first session, what they hope to get out of the teaching, and revisit this at the end. Or ask for 3 **fears** and 3 **hopes** for the attachment and revisit those at the end.

Not sure what we so if a student seems to be "taking the piss" with, for example, a very minimal reflection. Can always pass by Sarah Jahfar to moderate!

Session enrichment

- Foreign students sharing their experiences of differences between British and their own culture
- Cakes every week!

4. The reflective piece – Dr Catherine Lamont-Robinson

Catherine is an artist and senior associate teacher at Bristol University. She talked us through some examples of reflection in practice and how it can change outcomes for doctors for the better, for example in the case of a surgeon experiencing burnout and difficulty in empathising with his patients, who managed to find humanity in his consultations once more.

Catherine then led us through a really fun practical session in which we all had lots of creative materials at our disposition (felt, pens, fabric, glue...) and just 20 minutes in which to create an artwork inspired by a patient encounter. Each table's GPs explained the story behind some of the works of art. The reflection and creativity was very moving. The atmosphere in the room was both pensive and full of laughter and we hope it helped us all to understand the task we set our first years better.

Catherine has provided some **references** for those of you who would appreciate some further examples and evidence with regards to creativity and reflection in this text:

Comments on how creative process may contribute to self-development and clinical contexts by UoB medical students from Whole Person Care Year 1, Creative Arts for Health SSC year 2 and GP Attachment.

Student anecdotes on reflection

'*When writing my poem, I realised that I hadn't even really understood the significance of the effect of disease on my own mother's life. As I started to put my ideas on paper, I came across more and more factors that I know have influenced her significantly. There are the obvious ones – physical limitations, restricted social life etc. However, there were also factors that I had not thought of – such as how difficult it must be to seek employment when she believes she will be constantly judged her on her disability. I feel as if I am only now considering the full picture. This realisation made me feel very ignorant because, even if I was blind to some aspects of a stranger's life, surely I should be able to see them in my own mother? I am going to use this experience to ensure that I always keep an open mind both when I see patients and in my personal life. Also, I feel that creative reflection has allowed me to recognise just how different people are*.'

'*I used to draw every day, but since starting medical school I have fallen out of the habit. I find the process very calming and it forces you to observe, concentrate and be still, even if only for a few minutes. This state of mind is useful, both to my well-being and also as a clinical tool, to focus and observe the patient. Instead of being a waste of time when I could be learning the names of several chemicals, it is beneficial and worthwhile in itself. I have now continued to draw everyday*.'

'*Each story that the clinician has the privilege to hear should be graciously accepted, and delicately held close – this person is choosing to trust you with a part of their heart…upon sitting down, paintbrush in hand, I was utterly bewildered. I knew, in the back of my mind, that I was desperate to portray the situations that underpin a patient's situation. Rather than the final piece being faultless, for me it was more about the transition from a blank canvas and an idea, through a whole realm of varying thoughts on which the direction of the painting was going in to the end result*.'

Reflective artwork: **My mind is not my own** - by Rebecca Wood, GP Attachment 2013, is the animation shared with the group - http://www.outofourheads.net/oooh/handler.php?id=676

Rebecca's reflection:

'Directly after his stroke, Mr Barnes suffered a degree of cognitive loss. His description of the experience was compelling. He articulated the sensation of being confused and separate from the real world, knowing that his mind was playing tricks on him, but being powerless to stop it. He vividly described how he found it difficult to orientate himself, slipping constantly between reality and dreams and emphasised that his brain did not feel like his own and that his emotions were heightened and uncontrolled. He would look at his walls and see calligraphic patterns that were not there, or turn to see a vision of a woman in a red dress by his side. He found that time did not move in a linear way but skipped or slowed.

'I have tried to capture Mr Barnes' experience of cognitive disturbance after the stroke within a short animation, using his own words amongst the images. The layers of transparent paper and blurred, unfocused illustrations intimate the haze separating Mr Barns from the real world, preventing him recognising common things or connecting with his environment. The disjointed, skipping of the music and images references the way that time moved strangely within his mind. This film aims to give the audience a direct sense and understanding of the experience he shared – allowing an insight into the subjective experience of his stroke as opposed to the outward signs and symptoms.'

Texts and articles referred to in the workshop

- **My Grandfather's Blessings**: *Stories of Strength, Refuge, and Belonging.* Rachel Naomi Remen. Riverhead Books, New York. 2001
- **The Hand: How its use shapes the brain, language, and human culture**. Frank R. Wilson. Vintage, Toronto. 2000
- www.outofourheads.net: publications looking at the role of the arts in medical education

  Trevor Thompson, Danny van de Klee, Catherine Lamont-Robinson and Will Duffin, (2010)

- **Out of our Heads! Four perspectives on the curation of an on-line exhibition of medically themed artwork by UK medical undergraduates**, *Medical Education Online, 15: 5395, 1-6*
- Trevor Thompson, Catherine Lamont-Robinson and Louise Younie (2010) **'Compulsory creativity' rationales, recipes, and results in the placement of mandatory creative endeavour in a medical undergraduate curriculum,** *Medical Education Online, 15: 5394, 1-8*

Final musings on the art of medicine

- '*Diagnosing a patient's problem remains as much an art as a science, calling into play powers of observation, reason and all the human senses.' (**Neuroscientist Vilayanur Ramachandran)***

- *'Knowing what to achieve before we have learned to learn, we can reach only the limit of our ignorance' (**David Bohm - physicist and philosopher**)*

- *'Imagination is more important than knowledge.' (**Albert Einstein**)"*

5. Feedback giving

Notes on small group session on feedback giving – Barbara Laue

Regarding feedback:

- It should involve encouragement
- Students don't like the 'but' which comes after!
- Feedback sandwich works well (pos-neg-pos)
- Should be specific
- Timely – don't save it all up for the last session
- Honest
- Get the student to self-evaluate and they usually come up with it all.

We broke into groups of 3 and role played a scenario of a first year student who is tired and struggling due to having to earn money alongside his/her studies, with the GP tutor being observed in understanding the issues for the student and giving feedback.

Discussions after role play. What worked well:

- Supportive feedback allowed the students to move from feeling threatened to having trust
- Gentle support built up trust
- Gentle probing and responding
- Body language – nodding
- Open questions
- Not giving up, persisting
- Non judgemental
- Putting a positive spin on student being quiet and contributing less – 'good listener'
- Quiet reassurance
- Being accepting
- Reflecting back 'How do you find…'
- Offering observations (behaviour) 'I noticed that…'

Feedback in session 8

- For peer feedback get student to summarise work and let the students feed back, as too time-consuming for each student to read everybody's work.
- Use feedback document online with marking guide; can cut and paste comments from score above to help guide students on improvements.
- Last session could be in a café or at your home
- Keep notes on students after each session to guide your feedback

6. The Applied Essay

Simon Thornton

Simon gave a very clear and relevant presentation in response to the familiar question **"We're not really sure what to do for the library project..."**

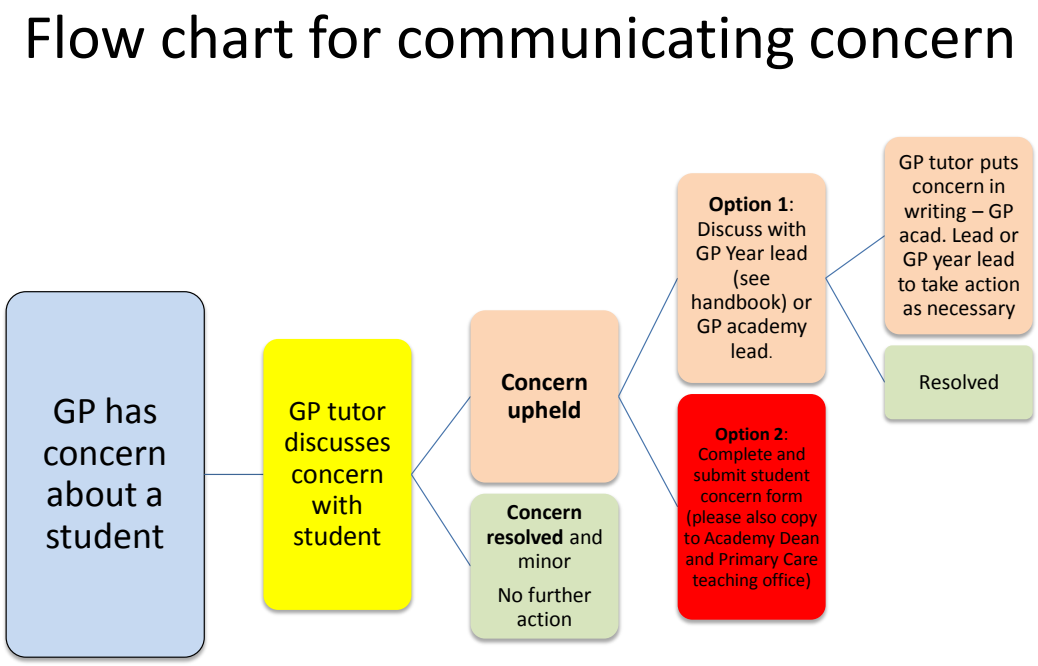
Simon suggested we point the students in the direction of

- Their handbooks and Blackboard
- Online tutorials at http://www.vtstutorials.co.uk/tutorial/medicine
- Medical subject librarians medical-librarians@bristol.ac.uk
- Telling them to be a judge – asking 'who, what, when'.
- The Vancouver system should be used (numerical-endnote)
- University information on referencing: http://www.bristol.ac.uk/library/support/findinginfo/literature-references/
- TOP TIP: Get them to look at EndNote Online – which they can download and spend an hour or so learning how to use, but will save them HOURS of time over the next few years and beyond, with regards to referencing their work.

7. 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.



Students can be signposted to:

- https://www.bris.ac.uk/medical-school/staffstudents/support/ - details on whom to contact for students in the medical school, including the Faculty Student Advisor via healthsciences-support@bristol.ac.uk
- Director of Student Affairs (pre-clinical), David Morgan via d.j.morgan@bristol.ac.uk
- Galenicals Welfare
- Central student support services http://www.bris.ac.uk/studentservices/
- Student Health
- Student Counselling
- Academic support is available to them at the University and there are links in their Primary Care handbooks to various resources. **Please encourage them to seek help if they don't feel confident about essay writing, the help is there!**

Online resources for both GPs and students to use

- 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)

Further teaching opportunities

Please contact phc-teaching@bristol.ac.uk if you would like more information on any of these.

- Teaching in other years
- Becoming a core teaching practice (teaching all year groups, with a regular monthly payment)
- 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 fourth 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/

8. Your feedback on the workshop

We received feedback from 15/22 delegates and this was very useful, thank you.

All of you either "mostly agreed" (2/15) or agreed (13/15) that you **enjoyed the day overall**.

The **General update and Top Tips** (Barbara and Sarah) sessions were well-received by all. These parts of the workshop were felt to be the most useful generally and you really appreciate the networking and information-sharing with colleagues, finding the mix of experienced and inexperienced teachers beneficial too.

The session on **the reflective piece** (after lunch, Catherine Lamont) was very popular, attracting many comments and some strong feelings, with 14/15 delegates scoring it either 4/5 or 5/5 and just one person giving 1/5. Comments were made such as "I enjoyed the reflective session, seeing everyone elses' work and learning about their cases", "the creative session really helped me to understand the anxiety and excitement associated with the reflective piece", "having a go was unexpectedly helpful!", and "it was fun to be creative". One delegate asked for evidence that using reflective methods such as these is better than other forms of reflection and Catherine has supplied a couple of references above, which I hope go some way to answer this, although I am not aware of any comparative studies, but will endeavour to find out.

Feedback on the **feedback session** (!) (Barbara Laue) was that the scores were fairly evenly split between those of you who *mostly agreed* that it was a useful and interesting session (6/15) and those who *agreed* it was (8/15), with one person unsure. Free text comments showed that several of you found this session to be too long and one person said that they had done the same type of role play before.

Simon's talk on **the Applied case** was very much appreciated by all of you and some of you would have liked more on this subject.

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

Sarah Jahfar 2015

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