

Year 1 GP teacher workshop report

Engineers' House, Clifton, Bristol - Tuesday 19th September 2017

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 hope it will be a useful aide memoire or perhaps you could circulate it amongst your teaching colleagues for shared learning. If anyone would like a copy of the PowerPoint presentations please email me.

If you did not manage to attend the workshop, please do have a look through the GP tutor guide <http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/GP%20Teacher%20Guide%20Foundations%20of%20medicine%20Year%20One%202017-18.pdf>

which details everything you need to know about teaching year 1 students this academic year.

Although the curriculum has changed from this year you may also find it useful to look at previous Year 1 workshop reports as they include practical top tips for organising teaching sessions and generic teaching skills.

<http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/workshops/workshopreports/h>

Please do not hesitate to get in touch with any queries and if you would like a **copy of any of the powerpoint presentations** delivered on the day.

Jessica Buchan 2017

Contents of the workshop report

Workshop programme	2
Aims and objectives of the day	3
Review and Update on Year 1 course	4
Effective Consulting Course.....	6
Organising the sessions.....	7
Assessment.....	8
Top Tips for Year 1 GP teaching.....	9
Anatomy in Year 1.....	11
Feedback giving.....	12
Teaching Reflection.....	13
Online resources and further teaching opportunities.....	15
Your feedback on the workshop	17
Appendix 1: modelling dough recipe.....	18

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

Workshop Programme. Year 1, MB21 September 19th 2017



Morning. Theme: Practicalities and Top Tips.		
9.00-9.30	Coffee and registration	PHC teaching team
9.30 -9.45	Welcome and group introductions	Sarah Jahfar
9.45-10.40	Review and update of the year 1 course MB21.	Sarah Jahfar and Jess Buchan
10.40-10.50	Technology in MB21. Introduction to One Note and My Progress (e-portfolio) and COGconnect.	Jess Buchan
10.50-11.05	Coffee	
11.05-12.00	Top Tips for Year 1 teaching (small group sessions)	Sarah Jahfar, Nita Maha, Jess Buchan, Lizzie Groves,
12.00-12.15	Plenary—share top three tips with whole Group	
12.15-13.00	Teaching students Anatomy--a hands on teaching session	Dan Baumgardt
13.00-13.50	Lunch	
13.50-14.30	Reflection and integration. Helping our students reflect	Jess Buchan
14.30-15.10	Feedback giving	Lizzie Groves
15.10-15.30	Coffee	
15.30-16.15	Wrap up, questions and further teaching opportunities.	Sarah Jahfar

Facilitators and Contributors:

Dr Sarah Jahfar GP, and Teaching Fellow (Year 1)

Dr Jess Buchan GP, and Teaching Fellow (Year 1)

Dr Lizzie Grove Academic GP trainee

Dr Nita Maha GP, and North Bristol Academy GP lead

Dr Dan Baumgardt GP and Anatomy Demonstrator at the Centre for Applied Anatomy

Scott Paterson Senior Teaching Associate, Centre for Applied Anatomy

Aims and objectives of the day

- **Update and develop teaching skills for Year 1 Clinical contact in Primary Care**
- **Understand main objectives of the course including integration with the students other learning**
- **Be prepared for Year 1 students**
- **Share teaching experiences and leave with new things to try**
- **Leave with an increased awareness on how to help your students reflect on the patients that they have seen, and how to give feedback to them on their progress**

Welcome and group introductions Sarah Jahfar

Sarah informed the group that she was stepping down from the role of Year 1 Primary Care Lead and handing over to Jessica Buchan Jessica.Buchan@bristol.ac.uk as Clinical Contact lead for Year 1 in MB21. Sarah has put a lot of hard work into the course over the previous few years and will be much missed, I am sure she will continue to be involved in teaching and inspiring the future generation of GPs.

Alison Capey remains the full-time administrator at Canynge Hall. She can be contacted via a shared university inbox - phc-teaching@bristol.ac.uk.

This year, the 7 or 8 sessions in GP are spread over the academic year from September 2017 until May 2018. Students come out to you **four** times during their “Foundations of Medicine Course” on alternate weeks from Thursday 5th October 2017. Students will either come in the morning 9am-12pm or afternoon 2-5pm. A few practices have students on a Wednesday afternoon. Then students will come out to primary or secondary care for a half day for each of their case-based learning weeks. Their first case starts in December 2017 and they alternate between placements in GP and in hospital. If you have a group of students on 14th December for their Musculoskeletal case, they will be in secondary care for their Cardiovascular case on the 1st February 2018, and then back with you for their Respiratory case on the 15th February 2018.

FOUNDATIONS OF MEDICINE

Morning 9 am – 12 pm or Afternoon 2 - 5pm

Thursday 5thOctober (Weds 4th)

Thursday 19thOctober (Weds 18th)

Thursday 2ndNovember (Weds 1st)

Thursday 16thNovember (Weds 15th)

CASE BASED LEARNING	Morning 9 am – 12 pm or Afternoon 2 - 5pm	
MSK	14 th Dec 2017 (Wed 13 th)	
CVS		1 st Feb 2018 (Wed Jan 31 st)
RESP	15 th Feb 2018 (Wed 14 th)	
GI		1 st Mar2018 (Wed Feb 28 th)
RENAL/URINE	15 th Mar 2018 (Wed 14 th)	
NEURO		26 th Apr 2018 (wed 25 th)
ENDOCRINE	10 th May 2018 (Wed 9 th)	

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.

Remuneration rates have increased to £54.40 per student per session. GPs generally take groups of 4 or 6 students (two observing clinic and the others in pairs visiting or some GPs have 3 observing and 3 on a home visit).

There is no formal marking of student work but you will be asked for feedback on your students via a central university system two times during the year. Your student will send you an email with a link for you to complete this, and instructions on how to do so. There is more on assessment later in this report.

All the information about running session are in the GP tutor guide, which can be found at <http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/GP%20Teacher%20Guide%20Foundations%20of%20medicine%20Year%20One%202017-18.pdf>

Review and update of the year 1 course MB21. Jessica Buchan

Bristol medical school has had a major overhaul of the curriculum (so called MB21) which starts with Year 1 from September 2017. Students in years 2-5 remain on the MB16 curriculum. Teaching in primary care in Year 1 is like previous years but the major changes are:

- Dates that students come to you (see table above)
- Primary care placements are now part of “Clinical Contact” which is part of a bigger course called “Effective Consulting.” (see below)
- Integration with secondary care—(students now have placements in the hospitals in North and South Bristol as well as in primary care.)
- Integration with case based learning (we ask that you find patients related the system of the case that the students are learning about).

- No marking of assignments (although as part of the Effective Consulting course students will be asked to find a patient to do a creative reflection on during their case based learning sessions, and should share their work with you and the group in their final session with you. There will be more information about this before the students start Case Based learning)
- More emphasis on students becoming self-directed learners.
- Feedback and reflecting on learning important.

Foundations of Medicine course

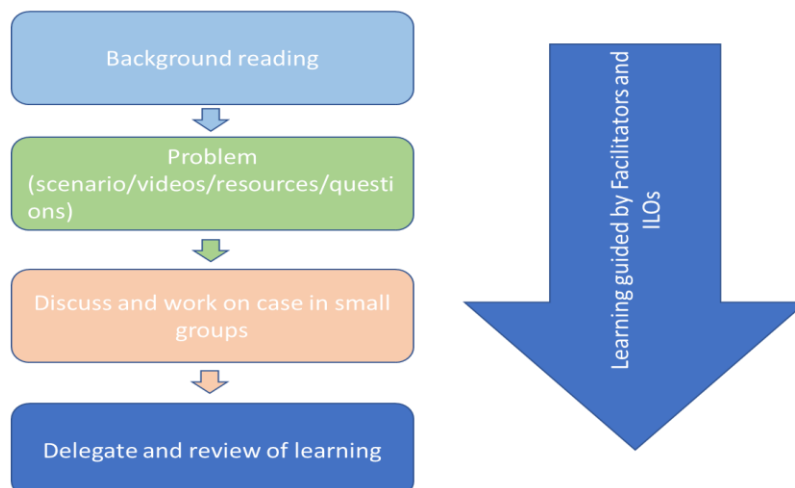
Students start their year with a 10-week introduction to learning at medical school. Which lays the *foundations* for:

- Biomedical sciences
- Human sciences
- Effective consulting
- Professional behaviour (confidentiality /behaviour in the clinical environment and as a medical student/working with peers)
- Learning skills (learning in the university environment, learning from patients)

Systems based Case-Based Learning in Year One

In the later part of Year One students learn about systems of the body e.g. the musculoskeletal or cardiovascular system by working together on a clinical scenario. As the diagram shows, the students are given background learning material (which may be watching a video or reading a section of textbook or an article relevant to the case.) Then they work in a group to discuss a clinical scenario e.g. a patient with a fracture. The group work on defining the problems and questions they have about the scenario with reference to the intended learning outcomes for the case. They actively learn together to integrate prior and newly acquired knowledge, for instance they should realise they need to understand how fractures heal, and learn about bone metabolism. They might also revisit the anatomy of the musculoskeletal system, and consider how the multidisciplinary team work together to aid rehabilitation. This way of learning helps develop and improve problem solving skills and critical thinking.

What is Case Based Learning?



Helical themes....

<p>A. Doctor as scholar and scientist</p> <ol style="list-style-type: none"> 1. Biomedical sciences [TD8] 2. Behavioural and Social Sciences [TD9&10] 3. Evidence Based Practice [TD11&12] 	<p>A. Doctor as practitioner and educator</p> <ol style="list-style-type: none"> 1. Effective Consulting [TD13&15] 2. Procedural Skills [TD18] 3. Pharmacology and Therapeutics [TD17] 4. Learning and Teaching [TD21] 5. Whole Person Care
<p>A. Doctor as professional and agent of change</p> <ol style="list-style-type: none"> 1. Ethics and Law [TD20] 2. World of Work [TD22 and 23g] 3. Patient Safety and QI [TD23] 4. The Digital Environment [TD19 and 21 b] 	<p>A. Doctor as person and citizen</p> <ol style="list-style-type: none"> 1. Self-care and resilience 2. Arts and Humanities 3. 3D — Disability [TD15 b-c], Disadvantage [TD11 a] and Diversity [TD20 d] 4. Global and Public Health

We discussed “Helical Themes,” which is an expansion of the “Vertical Themes” in the MB16 curriculum, these are aspects of the curriculum that run throughout all five years of MB21. Each of the themes captures an aspect of medical education that is a) not exclusive to any speciality and b) considered essential in the formation of the well-rounded medical graduate. The main 4 domains of the Helical Themes are aligned with the framework provided by the GMC’s “Outcomes for Graduates” (commonly referred to as Tomorrow’s Doctors). The Person and Citizen domain is unique to Bristol’s MB21 course. Clinical contact brings these Helical Themes to life; the students will see you dealing with ethical issues, practicing evidence based medicine, prescribing, being conscious of patient safety and often several Helical Themes will arise in a single consultation. As GP teachers, it is helpful to highlight aspects of clinical practice that are examples of a Helical Theme.

Effective Consulting Course

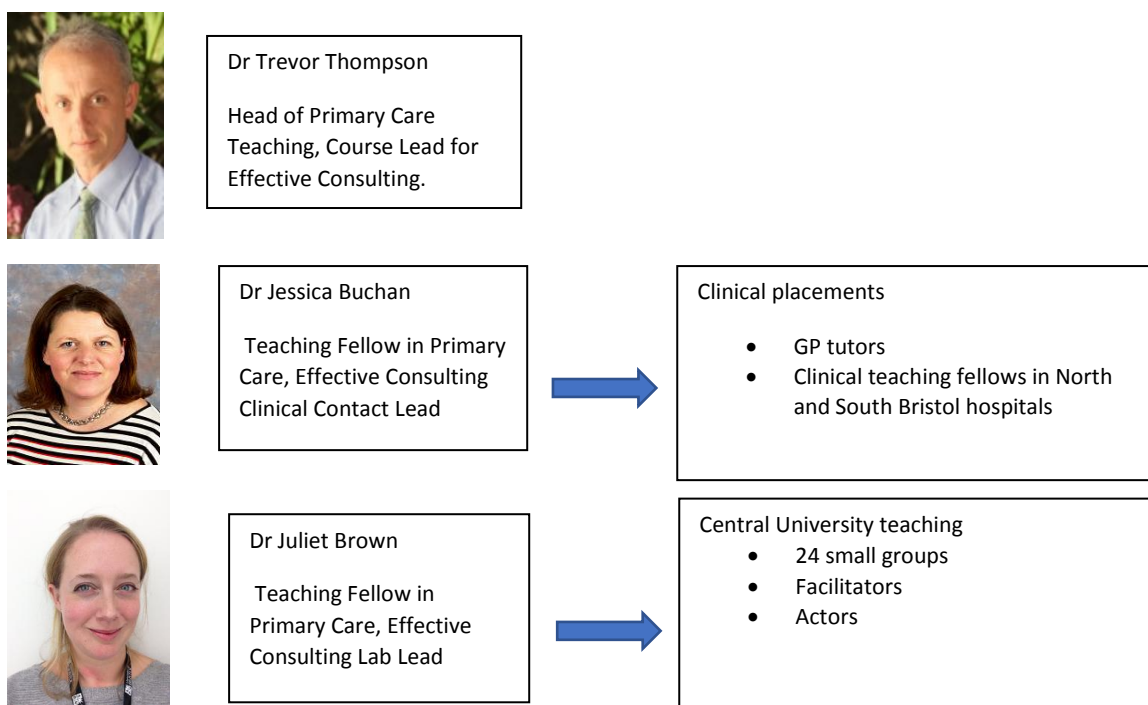
The GP placements are part of a wider course called Effective Consulting, and is one of the helical themes in MB21. The head of the Helical Theme (and course) is Dr Trevor Thompson with Dr Juliet Brown overseeing the Effective consulting “labs” in Year 1 –small group teaching with clinical facilitators, and Dr Jessica Buchan overseeing the Clinical Contact (GP and secondary care placements).

At the heart of Effective Consulting is the clinical relationship between patients and their doctors. At the end of 5 years, doctors graduating from Bristol MB21, who have studied Effective Consulting, will be motivated by five core principles in every clinical encounter and interaction:

- **Compassion** – doctors from Bristol Medical School will approach consultations, colleagues and carers with kindness and care. Graduates will take care of both themselves and others.
- **Curiosity** – graduates will be motivated to understand people, their situations, and to derive focussed impressions of any given predicament.
- **Criticality** – doctors graduating from Bristol Medical School will be thoughtful in understanding clinical symptoms, and in applying tests and treatments. Graduates will understand evidence based medicine and how this applies to patients as individuals.

- **Creativity** – graduates will be ready and able to find new answers to old problems. They will be able to engage with the arts and humanities to understand more about the human condition.
- **Collaboration** – doctors will work alongside their patients and colleagues to achieve best outcomes.

Effective Consulting has three domains: **Clinical Reasoning**; this is the process whereby doctors interpret clinical information, **Clinical Communication**; the development of high-quality communication, and connection with patients, and **Clinical Skills**; receiving the medical history, clinical examinations and clinical procedures. Students will learn this through meeting and talking with patients in their primary care and hospital based sessions, observing and taking part in aspects of consultations, teaching on the clinical placements and in their “Effective consulting labs” –



Organising the sessions in Primary Care

All of the information you need to run the sessions in Foundations is in the GP tutor guide, **there will be further information coming to you about running the case-based learning sessions.** The students are coming out for 4 sessions in their Foundations of Medicine course. The weeks in the foundations of medicine are themed. In the first 3 weeks the students will be learning about what health is. They will have had a lecture entitled “What is health?” a lecture and tutorial “Listening to patients: social and psychological perspectives on health.” And “Health Behaviours and responses to ill-health”. In the middle part of the Foundations block they will look at doctor-patient relationship models, professional duties from the perspective of ethics and law and a tutorial on personal wellbeing and work life balance. Finally, the lectures and tutorials will look more generally at health care, diversity and social disadvantage, distributive justice. The GP tutor guide book contains session plans to help you prepare and run each session, there is also information (copied from the students handbook) that they are asked to read to inform your discussions about the patients they meet and link to the theme for the session.

Assessment

There are no written assignments to mark. Instead, you will be asked to complete a “TAB” (team based assessment) twice over the coming year. The students will email you when you have to do this and instructions will be sent with the request.

WHAT YOU SEE

Year 1 Team Assessment of Behaviour Form

Part A > Year 1 Multi-source Feedback > Y1 Team Assessment of Behaviour Form

1 Y1 Team Assessment of Behaviour Form

2 Please use the comments box to commend good behaviour and to describe any behaviour which is causing you concern.

Maintaining trust/professional relationships:

- Listens
- Is polite and caring
- Shows respect for the opinions, privacy and dignity of others and is unprejudiced.

No concern
 You have some concern
 You have a major concern

Comments:
Anything especially good? If you cannot give an opinion due to lack of knowledge of the student, say so here. You must specifically comment on any concern behaviour and this should reflect the student's behaviour over time - not usually just a single incident.

Student was always considerate and polite to patients.

Verbal communication skills:

- Gives understandable information
- Speaks good English, at the appropriate level for the circumstance

No concern

Save progress First Previous Next Finish Help

Click finish

The students are also asked to reflect on their learning in Clinical contact. They each have an e-portfolio which we had a look at in the workshop. On the student's portfolio, there is a Reflective Form for Clinical Contact that they complete at the end of every session to record their learning, their reflections on a clinical encounter and their clinical skills (a copy of this is at the back of your tutor guide). We ask that you remind them to complete the form, give your email address so that you get a copy for your records, and you read through the emails before you next see your students so that you can pick up on any points that need addressing.

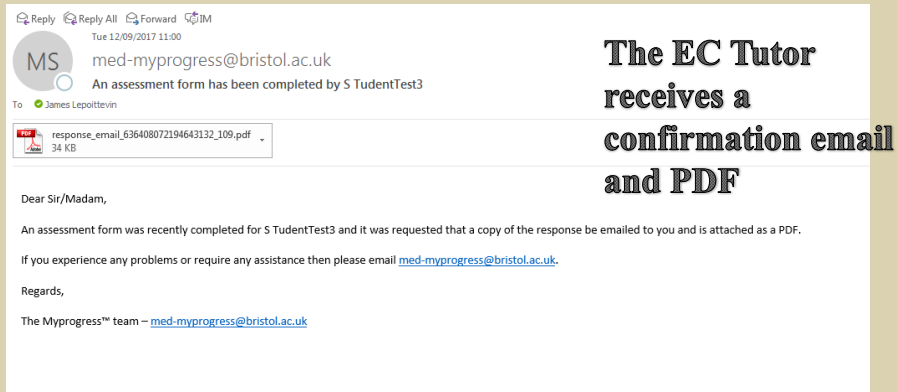
COMPLETING THE REFLECTIVE FORM

1. Student opens MyProgress either on mobile device or within a web browser on a PC or laptop. [<https://bristol.mkmapps.com>]
2. Student loads the reflective form and completes it.
3. Student submits the form and:
 1. An email receipt with attached pdf is sent to the EC tutor. (please check your Junk Mail folder in case any emails are automatically filtered by your email software or provider)
 2. The form response is shared within MyProgress to EC Leads

Login and try:

<https://bristol.mkmapps.com>

WHAT EC TUTORS SEE



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

Unfortunately, despite our best efforts we couldn't find a student who was able to join the workshop this year as the day clashed with essential teaching in years 2 and 3. However the feedback showed that delegates really enjoyed sharing top tips and talking with other GP teachers.

Most small groups focused on planning the first session, and sharing tips on session 3's discussion of how to maintain health and wellbeing as a doctor and medical student. We also covered:

Planning

Admin

- Lots of students want to know how best to travel to the surgery by different modes of transport so can create a leaflet or put on website (or even a generic email you can use for all students and recycle!)
- Ensure reception know what a "teaching surgery" is and patients are aware on booking—and only book into this if they consent
- It's worth reviewing the booked patients 1-2 days before to check for any patients not really suitable for student teaching is booked on
- Having a same day bookable surgery works for some GPs—they felt the patients were more of a mix inc children, and the students liked (and could do more in the consultation) urgent/same day problems.

- Standard is students arrive at 2pm and surgery at 2.30 4-6 patients at 15 min intervals or gaps for discussion.
- Can ask patients to arrive early and meet the students first in a sep. room
- Works well for last booked patient to stay on at the end to talk to student

Meeting students:

- SHARE MOBILE NUMBERS ON THE FIRST SESSION! (came up several times from experienced Year 1 teachers) Ensure you have correct mobile numbers for them all on week 1 and that they have your mobile number.
- Write my own “session plan” or “crib sheet” from the tutor guidebook and what we discussed at the workshop.
- Can send out an email to the students, especially if the practice is far away and ensure the named lead student knows their responsibilities.
- Consider setting ground rules. Get them to make their own and write them down, useful if dynamic changes or have difficult students – such as contributing too much/not enough. Also helpful to establish rules on phones etc.
- They all agreed that have a 1:1 meeting for 5 mins with each student in week one so they can tell you of any personal issues or concerns that may be relevant. Thought about what other students could be doing whilst this meeting such as looking up conditions or sitting in reception area. <http://www.healthtalk.org/> has lots of video recordings of patient experiences students can watch if you can give them access to a computer.

Finding patients

- Patients – Discussed keep a database of willing patients on hard drive / Drop-box. These can be back up if a patient cancels at short notice.
- Have as a standing item at practice meeting to keep up to date with patients that might be keen to be involved in teaching, and keep reminding colleagues to have this on their mind.
- OR a regular email to doctors to add potential teaching patients to shared drive/drop box.
- All patients have a story so don't worry about finding a patient with a life-changing condition examples; ♣ Carers—we do want students to meet a carer in their 3rd session. ♣ Mums and pre-school children good because will be at home) ♣ Ethnic minorities ♣ Pregnant lady/new mum ♣ Chronic conditions; MS, diabetes, RA ♣ Patients with addiction
- If students meet parent and child can walk to school pick up or drop off with them
- Discussed thank you cards/ Christmas cards to patients. —can be a task if students have to be left alone for a short while

Health and well-being discussion session 3

- Make sure students aware of student support info in their handbooks
- Talk about your work life balance and the positives and the challenges of keeping up with things you enjoy outside work
- Don't avoid talking about difficulties but do discuss a) things you don't mind sharing and b) how you mitigate them e.g. when you have found work or a particular patient situation tough how have you dealt with it? What helped. If you have a hard day what makes it better e.g. reframing, talking to colleagues.



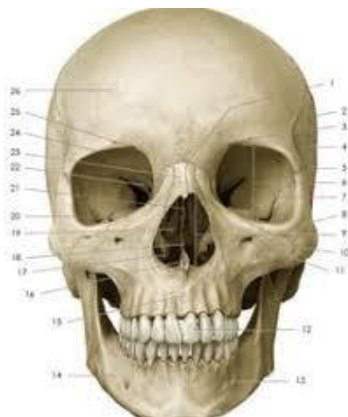
- Discussed the ESC student health app (free on app store)
<https://youtu.be/dbnyVRHCbdM>

Learning anatomy in MB21

Dr Scott Paterson (Anatomy Lecturer) and Dr Dan Baumgardt (GP and Anatomy Demonstrator at the Centre for applied anatomy)

In Bristol medical students learn clinically orientated anatomy that is tailored to their specific needs. The students are taught with some lectures but also have a practical session each week in the Human Dissection Room (HDR). They no longer do wet cadaver dissection but will view demonstrations of wet dissection, have access to prosections of human cadavers, models, radiographic images, pathological potted specimens and bones. We also heard about eBiolabs, an online laboratory manual for bioscience students, developed in Bristol. It includes simulations, videos and instructional text as well as a comprehensive suite of self-help resources. Students have pre-learning and post-learning on-line quizzes before and after practicals. The facilitator can see group results to see where to focus students learning, and individual students get their own anonymous feedback.

We had a go at an online quiz, handled some boney specimens and had a look at an anatomy games with some flashcards of humans in different postures that you have to describe to a peer using anatomical terms.



We all had a go at an on-line anatomy quiz with mixed results!

Feedback session by Lizzie Grove

We discussed the importance of feedback giving and the evidence base behind it as the most likely thing to increase achievement. We explored comments students have made about GP feedback which repeatedly praises GP tutors ability to get to know the students and provide feedback. The students seemed to have a desire for specific, comprehensive feedback given at the end of a session.

We explored what makes good feedback and summarised that feedback be (BOOST):

- Balanced – thinking of the feedback sandwich with positive and negative elements
- Observed – What you actually saw e.g. ‘I noticed when you asked about medications you forgot to ask about allergies’
- Objective
- Specific – Picking up on a specific point that the student can improve
- Timely – Agreed at the beginning when feedback will be given
- Suggestions – Feed-forward to something the student can do.

This moved on to a discussion about feedback models including the feedback sandwich, ‘medal and mission’ approach and Pendleton’s rules (what the student thought went well, what you thought went well, what the student thinks can be improved and what you think can be improved).

We thought about how to manage challenging students who may affect the dynamics of the group. This included:

1. Dominant student – Thinking about setting ground rules, paired work, assigning roles, being specific that it is another student’s turn to answer.
2. Quiet student – getting them to answer in different ways (writing), being explicit in expectations, creating a friendly learning environment and knowing their name.
3. Disengaged student – See what peer colleagues think, give them a leadership role, give homework.

We discussed how feedback will be used:

- Students using comments from feedback in ‘medal and mission’ format to enter logs into their myprogress app after each GP session
- GPs will be asked to give feedback as part of the student 360 degree appraisal.
- Students will give feedback on GP sessions electronically at the end of the 8 sessions. This will be collated and sent back out.

Finally Lizzie mentioned the T-log as a method of logging teaching and getting individual feedback on your own teaching (www.t-log.co.uk)

Reflection session by Jessica Buchan



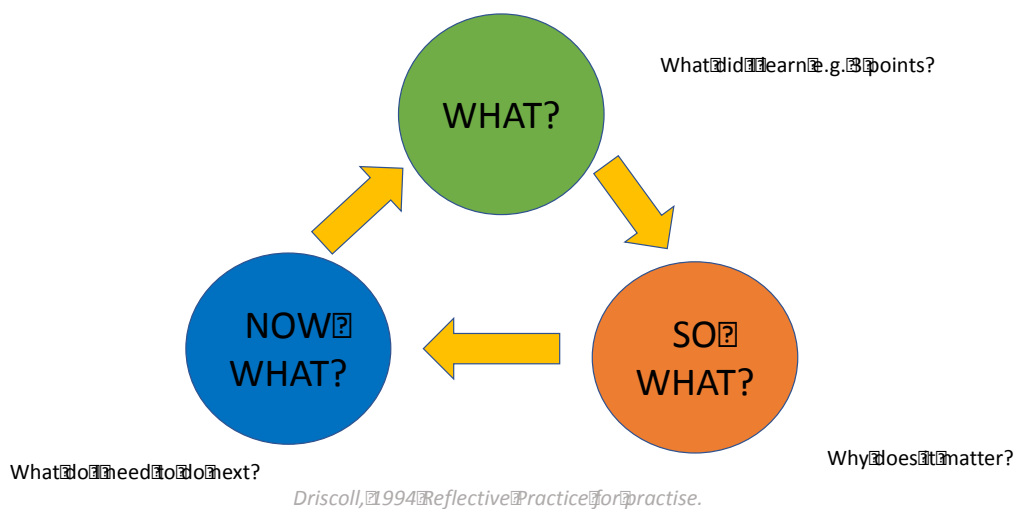
"I sometimes find, and I am sure you know the feeling, that I simply have too many thoughts and memories crammed into my mind.... At these times... I use the Pensieve. One simply siphons the excess thoughts from one's mind, pours them into the basin, and examines them at one's leisure."

~J.K. Rowling, "The Pensieve," Harry Potter and the Goblet of Fire, 2000, spoken by the character Albus Dumbledore

We considered:

- The professional expectations on students by the GMC (Good medical practice: Guidance for students) that they reflect on their knowledge, skills and performance and look at ways to improve
- Why reflection is useful (evidence that it can improve learning, deepen patient care and enhance relationships and meaning in work) but why it can be challenging to do (feeling scrutinized, not having time, not knowing how)
- We discussed teaching students the difference between when to reflect and when to Act (acting rather than reflecting on situations of concern or that implicit themselves or others. Seek help rather than write it up in a portfolio)
- We distinguished between different types of reflection—reflection in action is thinking about what to do during a clinical encounter and is informed by experience, knowledge and skills. Reflection on action is considering the events after the action (like significant event analysis) and helps to develop the experience and knowledge for clinical practice.
- We considered that most student's reflection initially will be on their learning (active learning)—what they have learnt, how it applies to the wider picture and what they need to do next. The best reflection is a cycle. You can help them apply Driscoll's simple model to their learning at the end of sessions:

For learning



- We acknowledged that time and resources mean we can't reflect on everything, but we can be led by others feedback, and our own sense of what stood out for us e.g. what is surprising, interesting or concerning?

When reflecting on clinical encounters Gibb's reflective cycle can help us consider what happened:

- Description: What happened?
- Feelings: What were you thinking and feeling?
- Evaluation: Why does it matter?
- Analysis: What sense can you make of the situation?
- Does anything else need to happen?
- Action plan: If it arose again what would you do?

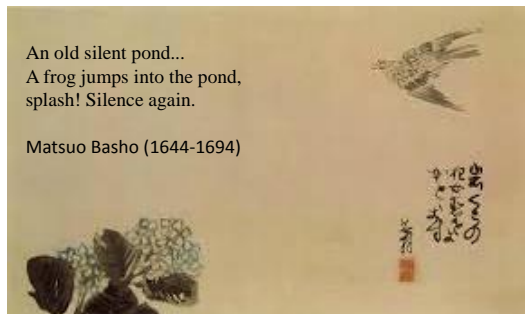


Then we discussed how analytical skills are useful but it can be harder to tap into emotions or see links and patterns and using our creativity can open up a deeper level of reflection. So we took a “surprising or interesting” event that had happened to us recently and had a go and either a haiku or modeling it in play dough (see appendix 1). And considered if the creative activity changed how we thought about the event.

Delegates doing sculpture to reflect on an event

You might like to get your students to write a Haiku on an aspect of their learning to help them remember it!

Haiku!



- Brainstorm 15 words about your topic, write syllables next to the words

- Draft the haiku
 1. 5 syllables
 2. 7 syllables
 3. 5 syllables

Further teaching opportunities Sarah Jahfar

Please do look at our new and updated website:

<http://www.bristol.ac.uk/primaryhealthcare/> under information for GP teachers

And look out for the monthly newsletter which keeps you abreast of teaching information and opportunities, who is who in undergraduate teaching, who has won the GP teaching prizes and occasional pearls of teaching wisdom...if you don't currently get it contact

phc-teaching@bristol.ac.uk

The website can also tell you more about:

- Teaching in other years
- Honorary teacher status: Recognition of your commitment/Access to University library facilities/University email address and optional U-card
- Student choice projects
<http://www.bristol.ac.uk/primaryhealthcare/teaching/student-choice-formerly-student-selected-components/>
- Small group teaching on communication skills and disability teaching
- Examining OSCEs

Please do contact us if you have an innovative teaching idea. The curriculum at Bristol is evolving and we welcome your ideas

If you are interested in further teacher training new short courses called “Foundations in medical education programme” is a replacement to the very successful Fit2Teach programme and is due to commence in October 2017.

<http://www.bristol.ac.uk/tlhp/courses/fme/>

Finally, we discussed the rewarding professional mentor role. Thanks to Dr Cheryl Atter who discussed her experiences mentoring medical students in Bristol. Contact chris.cooper@bristol.ac.uk if you are interested.

Your feedback on the workshop:

We received feedback from 23 delegates which was very useful, thank you.

Everyone agreed (5) or mostly agreed (4) that they enjoyed the workshop although a few free text comments were that it was a long day and could be shortened or run for half a day.

Everyone agreed (5) or mostly agreed (4) with 1 x don't know (3) that the review and update of the new Year 1 course was useful and that they had a clear idea of the plan for the 4 “Foundations” sessions and some idea for the subsequent case based learning lessons. The tutor guide has a quick overview of the sessions on **page 11**. And detailed session plans on **pages 18-23**.

Most agreed (5) or mostly agreed (4) with 4 x don't knows (3) that they were aware of the My Progress e-portfolio and know where to go for further advice on this. Students should fill in a feedback template on their on-line portfolio at the end of every session in Primary Care. They should complete this with your input, and include your email so that you get a copy for your records and to help you give meaningful feedback. They don't need to do this for the first session.

A copy of the form the students have to complete (on their e portfolio) is in appendix 10 of the tutor guide.

The top tips session was universally seen as interesting, of use in your teaching and made you feel more confident to prepare and deliver the teaching with the small groups having very positive free text comments.

“The most useful aspect was the top tips session and chatting to those who have taught before”

“Sharing top tips is always good”

“I really like meeting peers and sharing ideas, also learning about new opportunities”

“The workshops are good. I realise how good it is to chat with other GPs”

The anatomy session had mixed reviews—some of you “always love a quiz” and most agreed or mostly agreed that it was interesting, but it scored lower on relevance to you delivering year 1 teaching. The idea was for you to see how the students are being taught centrally, but we appreciate that there is already a lot to cover in these workshops. If we run something like this again we would aim for it to be specifically relevant to an area you are being asked to teach your students on (perhaps later in the course where you are teaching examination and relating it to the clinical anatomy).

You mostly agreed or agreed that the feedback and reflective sessions were useful and relevant but free text comments suggested that you have covered this ground several times before. Your free text comments also suggest you want more on other teaching opportunities.

What else you want:

There were some good suggestions for aspects to cover in Future workshops:

- More discussion on structuring the individual teaching sessions (you acknowledged the session plans in the tutor guidebook but say you like to talk with others about this to really get to grips with it and want more about the 2nd ½ of the course)
- More places for more teachers to be able to attend
- More on other teaching opportunities
- A forum for teachers to be able to ask each other questions by email (we did set this up several years ago and it wasn't really used so be useful to consider as a group in a workshop)
- More on I.T.
- More discussion about managing difficult situations with students
- More information on the teaching prizes and what students comment on when nominating teachers
- Considering the psychiatry/primary care interface—emphasis on teaching primary care mental health
- Teaching practical skills to students and detail on teaching this like students talking through the procedure

Appendix 1: Lizzies playdough recipe (useful for kids/grandchildren/student teaching or stress relief!)

Playdough recipe:

Very easy, non-cook recipe for homemade playdough.

Ingredients:

- 250g plain flour
- 50g salt
- 1 to 2 tablespoons vegetable oil.
- Food colouring
- 2 table spoon cream tartar
- 140 ml warm water

Method:

1. Mixed together flour, salt and cream of tartar. Add the water, food colouring and oil.
2. Knead well until the mixture is smooth. You might need to add more flour if the mixture is too sticky or more water if it is too dry. Continue kneading (around 10 minutes) until it is smooth but not sticky.
3. Store in a plastic bag.