

Report

Year 1 GP Teachers' Workshop

Engineers' House, Clifton, Bristol
Tuesday 20th September 2016

Welcome and MBChB update
Review and update of Year 1
Top Tips
Teaching the everyday ethics of primary care
Feedback giving
Exhibition of student work
Year 1 curriculum changes

Workshop contributors

Harry Robertson (student)	Trevor Thompson
Sarah Jahfar	Veronica Boon
Jess Buchan	Lucy Jenkins

Year 1 GP teacher workshop report

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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 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%202016-17%20Final%2011.10.16.pdf>

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

You may also find it useful to look at previous Year 1 workshop reports. They include practical top tips for organising teaching sessions and generic teaching skills.

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

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.

Sarah Jahfar 2016

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Workshop programme



Morning – Theme: Practicalities and Top Tips		
9.00 – 9.30	Coffee and registration	PHC Admin
9.30 – 9.45	Welcome, group introductions and MBChB update 2016	Sarah Jahfar
9.45 – 10.40	Review and update on the year 1 course	Sarah Jahfar
10.40-11.00	Presentation of Prize Winning reflective essay by Harry Robertson, Medical Student	Harry
11.00 – 11.15	Coffee	
11.15 – 12.15	Top Tips for Year 1 teaching	Sarah, Jess, Lucy, Veronica, Harry
12.15 – 12.30	Plenary – share top three top tips with whole group	
12.30-13.30	Lunch	
Afternoon – HboM integration, feedback-giving and curriculum change		
13.30 – 14.20	Teaching the everyday ethics of primary care	Trevor Thompson
14.20 – 15.20	Feedback giving	Veronica Boon and facilitators
15.20- 15.35	Coffee	
15.35-16.20	Year 1 curriculum changes 2017 onwards	Jess Buchan
16.20-16.30	Further resources, support and teaching opportunities	Sarah Jahfar

Facilitators and Contributors

Dr Trevor Thompson Head of Teaching, Primary Care
 Dr Sarah Jahfar Teaching Fellow (Year 1)
 Dr Lucy Jenkins Teaching Fellow (Year 4)
 Dr Veronica Boon Teaching Fellow (SSC lead)
 Dr Jess Buchan Teaching Fellow (Year 1 and 2 curriculum development)
 Harry Robertson Medical student (Year 3)

Aims and objectives of the day

- Update and develop teaching skills for Year 1 GP attachments
- Understand main objectives of the course
- Be prepared for Year 1 students
- Share teaching experiences, leave with new things to try
- Leave with an increased awareness of how to give feedback and how to teach feedback giving skills to year 1 students
- Consider ways of integrating our teaching with the HBoM course
- Be aware of planned curriculum changes and contribute your views to the process

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...).

The default session start time this year is 14.30, to allow students travelling time, but can be altered by mutual agreement with your group.

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 remain unchanged. 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 satisfactory/unsatisfactory or prize nomination, although many GP tutors choose to provide their students with more detailed feedback in the final 1:1 session in week 8.

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/>

2. Top Tips for Year 1 GP sessions from small groups

We split into 3 groups and discussed most aspects of delivering the course. Harry, the student, was able to stay for two of the groups, which was very useful.

This is a summary of all three groups' points amalgamated.

Planning

Admin

- Travelling to practice. Be flexible about timing where possible. Consider taxis as may be cheaper alternative to public transport (students MUST liaise with Joe McAllister before booking if they want a refund).
- Establishing best communication channel for your group Ensure you have correct mobile numbers for them all on week 1 and ensure the named lead student knows their responsibilities
- Consider whether students have signed your Practice confidentiality document on first session. Is not essential, but some practices do this.
- Check that students have arranged indemnity insurance
- Ensuring reception inform patients about the teaching in surgery Mark appointments as "teaching consultations only" - patients not able to book if they are not happy for students to be there. Some highlight "only for 1 problem".
- Students travelling to patients' homes – walk, bus, car, bike. Some GPs drive them there and they can walk back, print off maps, although most have smartphones and manage fine.
- Student safety. Discuss this week 1
- Student absence. Discuss week 1 as part of professionalism. Any concerns, discuss with year lead
- Many GPs take photos of senior students, as an aide-memoire, as many ask the GP to be a referee later on.

Finding patients

- Do practices have a database of patients? How do they maintain it? Most established teachers seemed to have developed their own personal lists. Start thinking about this and sourcing/arranging patients in the weeks building up to the start of teaching
- Keep a database of willing patients on hard drive. These can be back up if a patient cancels at short notice. Have a code on EMIS for patients who are willing to be involved in teaching for quick searching and coding eg "Shark bite"
- Examples of patient types – what does group think constitutes a good home visit patient? Anyone- but must be well enough/happy to talk for an hour. Encourage

students that all patients have an interesting story to tell in their own right, doesn't have to be dramatic

Create timetable

- Do practices mix up students, so all get a go with each other? Try to mix up pairs when possible. Can send a timetable in advance as students really appreciate this, although many GPs did not find this necessary
- Do students sit in with other GPs/surgery staff? Short periods may be helpful e.g. specialist staff or a COPD review if visited a patient with this. Other GPs to see different consultation styles but, in practice, this tends to only happen if lead GP is away.

Content

First session – how do teachers design it?

(Minimum university standard per student is 2 visits and observation of 2 surgeries)

- Familiarisation with surgery- toilets/staff/reception. Tour and introductions week 1. Walk around the local area/go to local café...
- Group 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
- Icebreaker exercises for students and GP – Doctor's bag game. Also ask about previous experience in GP – work experience, part time work, as patient, may have family members who are GPs etc.
- Run through usual content
- Student concerns and expectations They can all write one of each down anonymously then GP teacher can read out and discuss as a group
- Ways of easing anxiety about visits. Discuss possible problems; review the stock phrases and possible conversation topics etc. Discuss ways to leave if needed!!
TOP IDEA: 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.

Visits

- Preparing patients. Getting students to give patients a copy of letter is gold standard but most of us not doing that. Tel call day before to check still available and remind about structure/process/students' level, etc.
- Preparing students Discuss week 1, minimal information but allay any nerves/concerns first. Many felt that it is okay to be thrown in at the deep end.
- How do students divide up interview tasks on home visits? Discuss week 1 and make a plan for 1st visit then see what works best and review as appropriate
- Visit in home only or sometimes arrange patient to come to surgery? Ideally home but if last minute/problems or towards end block or patient that all want to meet then in surgery can work well (or in week 1)
- How long do students need/patients want? 1 hr average

- Contingency plan if patients don't turn up/students return early for visit. 'Reserve' last min patients if possible. Ensure they have learning activities they can do, accept that sometimes it can't all be perfect
- Tools to give students, such as useful stock phrases and questions. Discuss and record in week 1 and discuss what works well during subsequent weeks. Use handbook as a guide
- Some GPs brief the students on the history before visits, others don't. Group agreed that should be just enough to avoid any major faux-pas which could derail the visit early on (such as reaching out to firmly shake hands with someone with severe hand pain). Can also give some pointers on what they should look out for on the visit.

Surgery observation

- Ways of keeping them alert and engaged. Ask lots of questions of them, get them to take history/examine. Involve them at every stage; give them jobs e.g. Urine dip, clinical skills, entertaining children. Opening doors, helping patients dress, write up notes, look up meds etc. Most GPs found that it is not hard to keep the students engaged as it is so interesting for them.
- Tasks they can be assigned – as above
- Consultation models. Discuss main models in week 1 and get them to observe which you are using and what work well and when. Homework to read about models
- Teaching of basic consultation skills and observation.
- Do you ever let your students have a go at history taking or diagnosis? Yes works well esp. if supervised but some let them chat to patient first some weeks

Tutorials, feedback, reflection and discussion

- How do you organise the session? Variable. Most do 30min planning/hello/driving to visits then 1hr 20 (4-7 patients in consultations) then aim for 1 hr discussion at end
- Do you offer specific tutorials on specific issues? Not usually but may have 10-15min discussion on a topic before seeing patient e.g. depression, alcoholism
- How much time do you allow for tutorials and discussions? Aim for 1 hour every week after visits and observed consultations. Sometimes dedicate more time to this in weeks 6 and 7. The focus of this teaching should be on patients, so not a big problem if tutorial time is squeezed in favour of seeing patients. However, students do really value the debrief time and we should leave enough time for this each week. It is a chance to reflect on the clinic and the home visit.
- How do you encourage students to reflect? Share each others' visit and other patient encounters and basic reflection from the beginning. Ask probing questions of those who seem to struggle. Read past reflective work on Blackboard
- How to engage the shy student? Or the opposite?! See before regarding group rules. One GP had to have a frank discussion with one student who did not let others contribute
- Ways of using students' special skills or different backgrounds to enhance session. Enquire about this in week 1 and embrace it where appropriate. Try to encourage them and help if

special interests. E.g. previous Concord student interested in military and arranged for her to spend an afternoon at the GP service at MoD (now a 4th year in the army and doing half her yr 4 GP block at a base in Cyprus!)

- Do you give homework or preparation from one session to the next? Some do, some don't. Ideas are write up log book, check 10 pulses and document rate/rhythm, look up a condition or answer to a question they asked, . Make sure you check that they have done it after 2 weeks if you suggest it! Email students after session with summary of main discussion points and links to relevant websites/resources.
- Professionalism issues – idea for tutorial could be that GP looks up students on Facebook, seeing what we can see and what is private.
- How do you thank patients? V important. Letter template on headed paper that students can add to underneath then post. Or letters. Or Christmas cards
- Ask students at the end “tell me what you would have advised your fresher self”.

Assessments

- Finding the right patient. Discuss possible patients and topics at the end of each week, encourage students to keep an open mind
- Encourage them to choose a patient for the reflective/applied assignment by Christmas
- Keeping good, anonymous records throughout attachment. What is best way? Discuss anonymity at beginning of course and ensure students do not write down any names. Use the log and give time to do this or encourage it as homework while still fresh in students' minds
- Discussion in group or 1:1? In group re possible topics at end of each week and 1:1 in week 5
- Do teachers refer students to handbook and Blackboard for resources/examples? yes
- Are teachers prepared to read a draft? No, not fair as not all students have this option and it can be quite time consuming. Offer each student 5 mins of 1-1 time in week 5 to check they are happy with their chosen assignment topics and discuss things then and be available on email for queries
- Signposting struggling students. Use the resources in study guide and on Blackboard to read previous assignments

Clinical Skills

- Ideas for this? Get out your doctors bag or put a load of equipment on the table and take it in turns to pick something up and say what you think it is/does/how etc. Or use hospital obs chart to make it more authentic. Use trainees to teach skills (at end of block you could do marking at the same time). Each student to do set of obs on each other and compare
- Range of skills. Anything non-invasive that they can practice on each other. I have got my students giving flu jabs in the past. Students will usually not yet have completed Hep B schedule, so blood taking not encouraged by Uni.
- When best to teach clinical skills? Can do formal teaching in week 1 or in later weeks. Also opportunistically during consultations esp. systems examinations.
- How to link them in with central University teaching?

3. Teaching the Everyday Ethics of Primary Care.

Trevor Thompson

Trevor is Reader in Healthcare Education and Head of Teaching in the department of Primary Care. He contributes to Pulse magazine on ethical issues and contributed a chapter on ethics to the new **Essential Primary Care textbook** published this year.

Trevor gave an introductory talk (impressively un-phased by the failure of the projector to work initially) reminding us of some of the **core principles of medical ethics**:

- Respect for autonomy (including informed-ness of consent)
- Respect for human dignity
- Respect for confidentiality
- The need to weigh benefits and harms of interventions
- Fairness/equity of provision

And the **special responsibilities of the GP** to:

- Patients
- Families
- The practice population
- The wider public
- The environment
- Health care students
- Him/herself
- Other doctors
- Staff

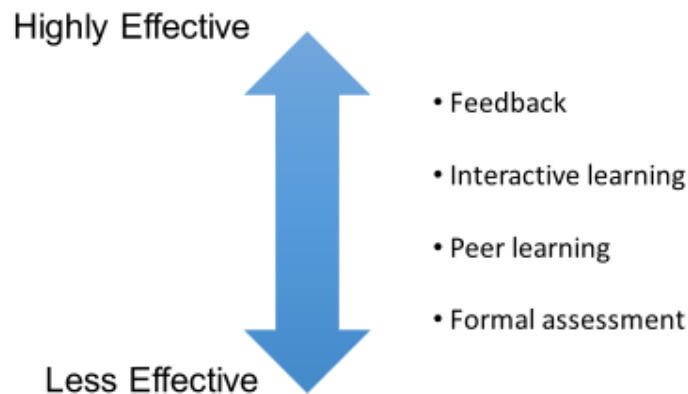
We then discussed some case scenarios and tried to apply these factors. One was in relation to a patient who **'requested a white doctor/refuses a non-white doctor when booking an appointment?'**

The discussions gave rise to some very well-considered points and demonstrated that GP tutors are extremely well-qualified to teach medical students on ethical issues. This links in with the students' central teaching at the University.

4. Feedback giving

Veronica Boon gave a short PowerPoint presentation on Feedback Giving. She explained that research has demonstrated that receiving feedback is *the* most effective way to learn and that it should be SMART:

Why is feedback important?

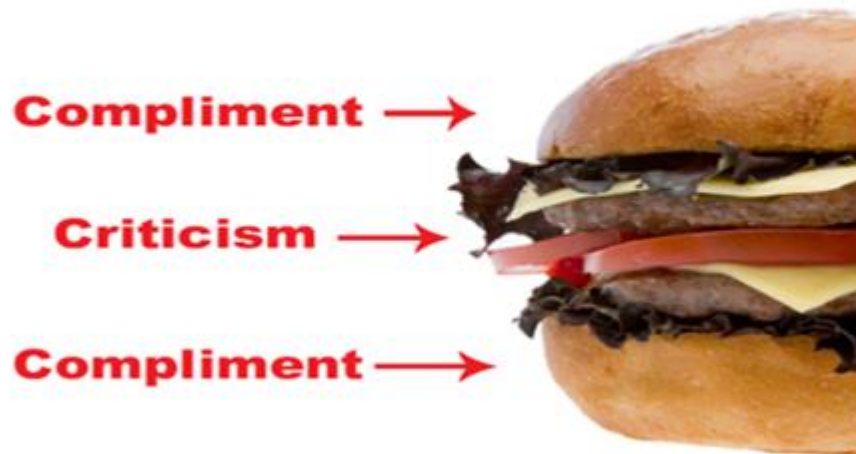


SMART feedback

- **S**pecific, significant, stretching
- **M**easurable, meaningful, motivational
- **A**greed upon, attainable, achievable, acceptable, action-orientated
- **R**ealistic, relevant, reasonable, rewarding, results orientated
- **T**ime-based, timely, tangible, trackable

She talked about various feedback models, such as the “feedback sandwich”, Pendleton’s, SETGO and ALOBA and we then practised applying these models in pairs, initially by drawing an animal and feeding back comments to each other and subsequently by applying them to some realistic student scenarios.

Feedback Models



Pendleton’s rules

- Check the student wants and is ready for feedback
- Student states what went well
- Observer states what was done well
- Student states what could be improved
- Observer states how it could be improved
- Action plan agreed

SETGO

- Observer states what they **S**aw
- Observer states what **E**lse they saw or what impact this may have
- Observer asked student what they **T**hink about this
- Student and observer agree **G**oals
- Observer **O**ffers suggestions on how to reach goals

Agenda led outcome based method (ALOB)

- Start with students agenda; what did they find difficult?
- What were they trying to achieve
- Encourage problem solving
- Engage peers in problem solving.

5. Year 1 Curriculum Changes – starting in 2017

Jess Buchan

Jess talked about how the new medical undergraduate curriculum for Bristol University might look and how it might change things for students from 2017.

She stressed that, even at this late stage, this is still very much a work in progress and nothing is set in stone.

What is decided is that there will be:

- More clinical teaching in the early years
- Science teaching in all years
- More Primary Care teaching
- 12 helical themes replacing the current 6 vertical themes
- A 9 week GP placement in Year 5 (but not from 2017!)

Case based learning will be a key teaching method

- Students will work through a set number of cases in each year
- Cases over the five years will cover common conditions

In the future students may be registered at the time of qualifying

The aims of year one teaching in GP will not change significantly and it will remain a chance to introduce students to health, illness and healthcare within social, cultural and ethical contexts.

The format will change, with teaching starting on the **Foundations of Medicine course**, students coming into GP for:

- 4 visits, in groups of 4-6 – or less if bigger groups not possible.
- On Thursdays alternate weeks (2,4,6 & 8, am/pm or both)

And then continuing during their Hospital/Primary care **Case Based Learning**

- Alternate weeks years 1/ 2
- Groups 4-6 students am, pm or both
- Tutorial based with primed patients or surgery/home visits linked to case

We had discussions about these changes. There was agreement that Primary Care has the expertise to deliver this teaching (in fact we would be able to deliver a significantly greater proportion of the undergraduate curriculum, logistics allowing) but there were many grave concerns about our ability to increase capacity at this time of crisis in General Practice.

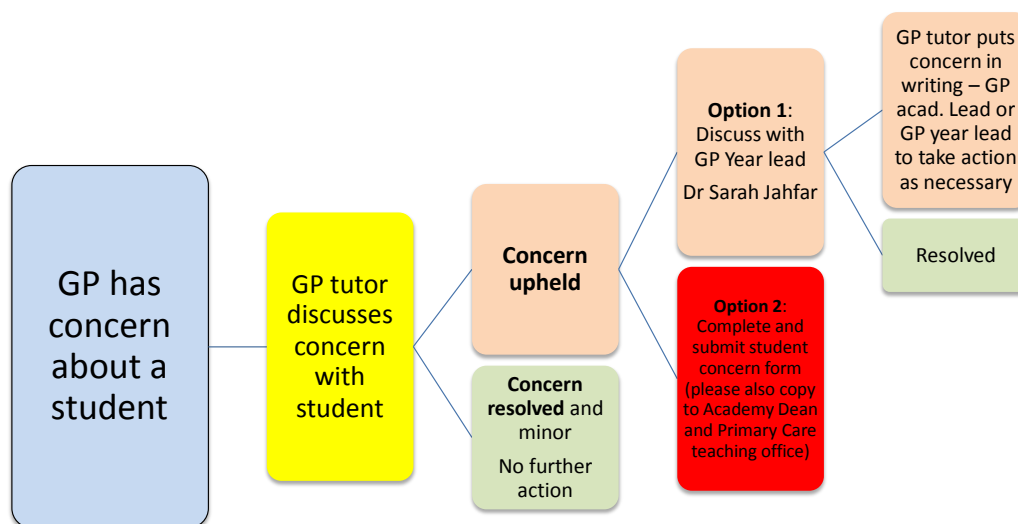
It was pointed out that not all teaching GPs have colleagues who are supportive of them teaching. The payment for sessions has not increased in over a decade. Room availability is increasingly limited and, even if payment were to cover locum costs, locums are not always available, nor permanent salaried GPs to make up lost sessions. The Department of Primary Care is acutely aware of these serious problems and is doing what it can to look into the situation.

6. Further resources, support for students and teaching opportunities

Communicating concern about students

The following is in your handbooks, but I thought that a summary could be useful here.

Flow chart for communicating concern



Both the GP and the Student handbook contain details of various resources for support

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 UKCC)
- 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
- Professional Mentoring — this 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/>

The link to the **primary care newsletter** is

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

7. Your feedback on the workshop

We received feedback from 14/20 delegates.

I asked you to tick boxes “disagree”, “mostly disagree”, “don’t know”, “mostly agree” or “agree” in response to my questions. Many of you contributed free text comments too. I know how tiresome it is to give feedback, but it really does inform future sessions, so thank you.

All of you either “mostly agreed” or “agreed” that you **enjoyed the day overall**.

The **General update and Top Tips** (Sarah Jahfar) sessions were well-received by all, with no neutral or negative scores. 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. You liked having the student there too.

The session on **Ethics** (after lunch, Trevor Thompson) was popular, attracting just two neutral scores out of 14 and the rest positive.

Feedback on the **feedback session** (!) (Veronica Boon) was that this teaching was very useful and will better equip you to teach students on the subject (14/14 agreed), but 3/14 “did not know” whether it was interesting, reflecting the free text comments that a few of you had done similar sessions before. I am always aware that I risk boring experienced teachers with recurrent themes and need to balance this with the needs of newer teachers or those who have requested a reminder.

Jess’s talk on **curriculum changes** certainly provoked some strong feelings, as evidenced by the free text comments in response to the question **‘What support for your teaching would you like from Primary Care?’** *Increased realistic financial reimbursement; More financial support, especially for new curriculum; More funding; Financial improvement for the practice*

We heard your comments loud and clear and are doing our best to represent them at central University meetings.

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, well into the new curriculum.

Remember, **today’s Year 1 student could be your GP Partner or Salaried colleague in 10 years’ time!** Thank you for what you are doing to inspire them. It is crucial for the future of general practice.

Sarah Jahfar 2016

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