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2018

Year 5 GP Teacher Workshop

Report



More student creative work at

<http://www.outofourheads.net/oooh/handler.php?p=homepage>

Year 5 GP Teacher Workshop

Engineers' House, Clifton, Bristol, Tuesday 13th November 2018

Morning		
08.30	Coffee and registration	Kirsten Gill
09.00	Welcome, Update and feedback Changes for 2018-19 and beyond	Veronica
09.40	Top Tips from student nominated Year 5 tutor	Simon
10.00	Best teaching practice in year 5	Small groups
11.10	Coffee	
11.40	Self-care week	
	'Park Run' – what and how?	Veronica
	Social prescribing with examples	Will Shipp
12.40	Learning from the ' Third sector '	Abhi Vora and lead client
13.00	Lunch	
Afternoon		
14.00	Mini CEX practice (Including role play)	Veronica Barbara
15.10	Tea	
15.20	Telephone triage for fifth years	Andy Eaton
16.30	Q&A and evaluation	Veronica and team

Speakers and facilitators

- Veronica Boon Teaching Fellow, Year 5 lead
- Simon Thornton Teaching Fellow, Engagement lead, MB21 Year 3 co-lead
- Barbara Laue Senior Teaching Fellow, MB16 Year 3, workshops, MB21 Year 4
- Will Shipp Social prescribing lead, Pioneer Medical Group, Brentry, Bristol
- Abhi Vora Social Impacts Placements Manager
- Andy Eaton Somerset GP Trainer, previously GP lead for the Somerset Academy

Objectives

- Update on Year 5 GP placements
- Sharing Year 5 best teaching practice with colleagues
- Explore the process of consent for teaching and feedback for patients
- Organising and assessing mini CEXs
- Learn from 'Park Run' and 'Social Prescribing' examples
- Telephone triage – good practice and how to involve students

Teaching competencies addressed

- Formative and summative assessment
- Feedback skills
- Managing a pair of learners
- Teaching a skill – Telephone triage

Dear GP Teachers,

Thank you for attending the Year 5 workshop. There was a real buzz all day and it was great to see your shared enthusiasm towards teaching.

All the information that you need to plan and deliver your teaching is contained in the PPP Primary Care Handbook for GPs. You can view it (and print off a copy if you wish) from our website:

<http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five>.

In this report you will find a summary of the main topics of the day and a collation of tips and ideas for Year 5 teaching from the small group 'Best teaching Practice' session.

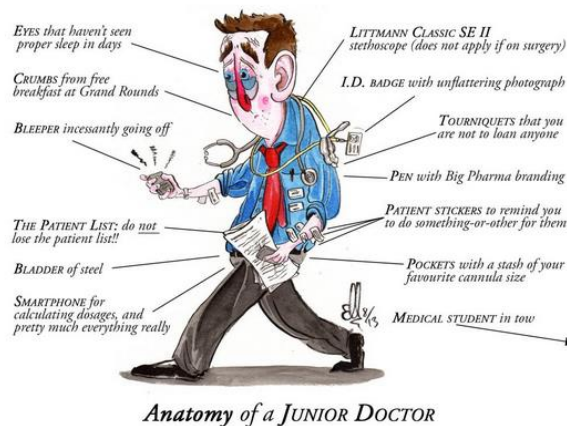
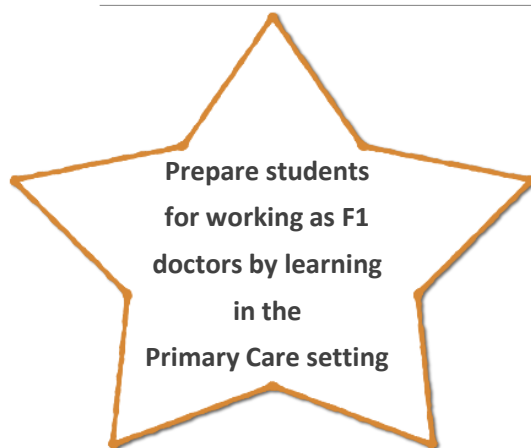
If you have any further questions, please do not hesitate to contact me veronica.boon@bristol.ac.uk

With very best wishes to you all

Veronica

(MB16 Year 5 GP lead)

Aim of Year 5 GP Placement



PPP

8th – 25th January (3 weeks)

28th January – 22rd February

25th February – 22rd March

1			1	1	1	1								2
5			6	7	8	9								7
Exams	Christmas holiday	Intro and Academy Induction	Acute and critical care	Ward based care	Primary and community care									
			Primary and community care	Acute and critical care	Ward based care									
			Ward based care	Primary and community care	Acute and critical care						Easter holiday			

Learning outcomes

No prescribed learning themes

- Main focus is on consulting independently and practicing decision making
 - Help them feel responsible for care
 - Get them thinking critically about decisions they have made
 - Build self-esteem and self confidence
- Students consistently feedback that they mostly want to be running their own surgeries

***** Aim for at least 4 student-led surgeries and 1 tutor observed surgery per week*****

Assessment

Entrustable Professional Activities (EPAs)

- Core activities that students need to be trusted to perform at the level of a newly qualified F1 doctor
- Listed in Year 5 workbook
- 16 EPAs
 - Gather a history and perform a mental state and physical examination
 - Recommend and interpret common diagnostic and screening tests

No specified number that need to be signed off

Needs to be completed by 15/3/19

Evidence for EPAs

- Mini-CEX
- Assessment of direct observation of student/patient clinical encounter
- **At least one completed at satisfactory level during GP attachment**
 - Case Based Discussion (CBD) - structured discussion of clinical case
 - Team Assessment of Behaviour (TAB)
 - Patient Satisfaction Questionnaire (PSQ)

OOH

- Compulsory in Somerset
- Voluntary in other academies
- Entitled to time in lieu

Attendance

Minimum 80% attendance

- 17 sessions (3 weeks)
- 25 sessions (4 weeks)

Academy days

- Situational judgement test: 7/1/19
- Prescribing safety assessment: 1/2/19
- PSA resit (if necessary): 11/3/19
- Excellence day: 1/3/19
- Intermediate life support course: varying dates
- 2 sessions of advanced consultation skills: varying dates
- Resit long cases: varying dates
- Elective vaccinations, academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc must be done in the students' own time or exceptionally may be agreed by you but in this case, time must be made up appropriately

Please email local academy administrator and phc-teaching@bristol.ac.uk with details of students

Student Concerns

Professional Behaviour

Pastoral

Clinical knowledge

New Student referral form

<https://www.bristol.ac.uk/health-sciences/student-fitness-to-practice/>

veronica.boon@bristol.ac.uk

Faculty of Health Sciences: Student Referral Form

This form is for use by any University of Bristol or NHS / Academy staff member, University of Bristol student, patient, client or member of the public who feels that a particular student's standard of professional behaviour and/or their state of health is a cause for concern. Please read <http://www.bristol.ac.uk/health-sciences/student-fitness-to-practice> before completing the form, and consider whether it would be more appropriate to raise the concern directly with the student.

Your concern may relate to a number of areas:
1. Relationships with patients – e.g. not respecting confidentiality, being impolite,
2. Working with others – e.g. failing to follow instructions, being disrespectful,
3. Probity – e.g. fraudulent or dishonest behaviour,
4. Learning – e.g. not engaging in administrative or academic requirements of the programme
5. Health – e.g. concerns about a student's physical or mental well being; a drinking or drugs problem
6. Cruel or abusive behaviour to animals

* Required

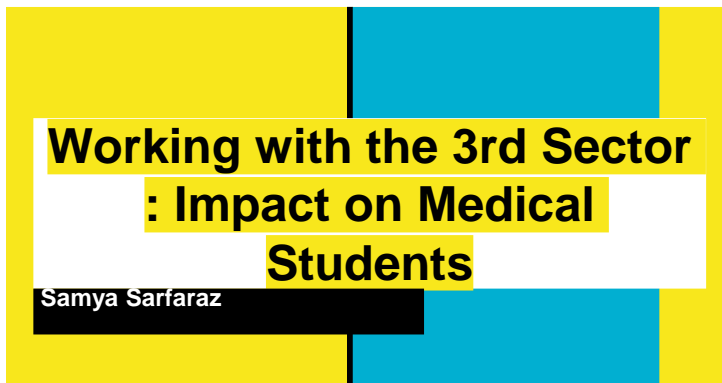
1. Student Name *

Enter your answer

2. Student Programme of Study *

- Medicine MChB
 Dentistry BDS

Social prescribing and learning opportunities for students



Why voluntary placements are important....

Skills and Learning e.g. Self harm, LGBTQ+ needs

Other interests - exploring what you feel passionate about

Opportunities - working with other organisations...

Fun!



Third Sector Project

"I think the third sector is an exciting area that will benefit students and patients alike"

We discussed this new venture for the Year 5 primary care attachment. Students will spend one session a week volunteering for a third sector organisation. We had an inspiring talk from a current medical student who regularly volunteers for Off the Record.

Unfortunately, we have had to postpone the start of this project until next academic year due to staffing issues. In place of this students will spend one session a week doing a student-initiated project for your practice like last year. Please see the UPDATED handbook on our website for more information and project ideas.

We are looking to expand our database of third sector organisations that would benefit from student volunteers. If you know of charities in your area that we could partner with or work with a social prescriber, please send their details to med-3rdsectorplacements@bristol.ac.uk.

Self-care

Park-run practice

- There are posters to print off to put in your waiting rooms.
- Information can be found at <http://www.rcgp.org.uk/clinical-and-research/our-programmes/clinical-priorities/parkrun-practice.aspx>

It was great to hear that some of your practices had already linked with Park run or started a couch to 5k group and hear some of your stories.

For those who would like to know more please see the summary of my talk below. If you were interested in linking with Park run this could be a great project for your students.

- RCGP have started a new initiative to encourage practices to link with Park run.
- The aim is that the practice staff get involved in the running, volunteering and/or promotion of park runs.
- It has been shown to improve activity and community relations. GP surgeries can do volunteer take overs and members of the park run team can give talks in practices.
- 7 park runs are now in prisons and in over 20 countries world wide

Useful self-care resources.

- HANDI app – children’s health
- Calm harm app – self harm/anxiety/panic
- Headspace app
- Squeezy app – pelvic floor exercises
- Poorly poppets courses- free classes for new parents – aimed at new-borns to 18months for managing common illnesses
- NHS questionnaire – good links for self-care resources including sleep problems <https://www.nhs.uk/oneyou/>
- South Gloucestershire selfcare website <http://www.southglos.gov.uk/health-and-social-care/staying-healthy/prevention-and-self-care/>
- Self-management guide- empowering people and communities <https://www.nesta.org.uk/report/supporting-self-management-a-guide-to-enabling-behaviour-change-for-health-and-wellbeing-using-person-and-community-centred-approaches/>
- Young Minds <https://youngminds.org.uk/>
- On your mind <https://www.onyourmindglos.nhs.uk/>

Sharing Best Practice - small groups

“This was the highlight of the day. Great idea to have a 5th year student from last year present”

Getting to know your students

- See them together and individually
- How well do the students know each other?
- Use opportunities to see them on their own early on
- Understand their attitudes and career aspirations
- Tailor the programme to their needs and what they would like
- Share some personal information, for example your career choices, interests etc so they get to know you
- Formal meeting and informal chat
- Specific questions
- Try and explore whether there is anything going on in their life, at home, that might make them more sensitive to some encounters, for example terminal illness, bereavement
- Ask re last book they read, last film they saw etc
- Warn them that patients may not be very pc in what they say, could make racist comments. Maybe particularly relevant with students from other ethnicities
- Explore whether there may be areas that they might feel particularly uncomfortable with, for example TOP
- Make them aware that the work is emotionally demanding and tiring

Managing 2 students

- Be aware of individual abilities
- Short tutorial on giving feedback
- Get them on their own early on – observed surgery with each one individually
- MiniCex on day 1
- Mix of individual and joint surgeries for the students
- If other student is present this would be a good opportunity for inviting observing student to give feedback as well and to have a general dialogue about giving feedback effectively
- Make sure students are not always in pairs for activities. Try and tailor to individual student. Give each student specific tasks
- Discuss how to give feedback on first day. Set observing student tasks.
- Have one student actively observing GP whilst other student consults.

Timetabling

- Consider timetabling for all sessions as easier to cancel than add more.
- Email students a couple of weeks before to find out if they have any sessions, they can't attend due to central teaching.
- Make time for learning needs analysis on first day and review of timetable.
- Student sessions don't have to match with supervising GP, so students don't have to do a long day and takes away the pressure from running two separate clinics

Resources

- GP notebook
- Patient.co.uk
- BNF

Tutorials

- Case based discussions – not topic led, instead use letters or blood tests and other results as discussion points
- Think about it more as ‘professional conversation’
- Could happen in car on the way to a patient
- In first session, have a discussion and work out what topics they want to cover
- Address domestic violence and other topics they are less likely to have come across
- Self-care, resilience – what does it look like in practice?
- Prescribing – they will have done their prescribing exam, but good to get them to practice writing prescriptions, they won’t have done much of that
- Primary/secondary care interface
- Random and problem case discussions
- Discuss project
- Sessions with pharmacist

QIP

- Could be a hard sell if not compulsory
- Carrots
- Good on CV
- Could get poster out of it
- Could then apply for bursary from Severn Faculty or Bristol, Alumni
- Good practice for the future if they have never done an audit
- Useful for practice, could present to practice team
- Could be individual or shred
- Engages them with the team

Managing disengaged students

- First meeting important – meet 1:1. What do they want to get from the teaching block?
- This is not about becoming a GP but preparing for F1.
- What are they worried about? Prescribing? coming up with management plan? Managing diabetes.
- Timetable can be adapted to incorporate their learning needs.

Filling the lunch break

- Home visits – could go ahead and you could meet at the end
- Workflow – Could look at sign only repeat prescriptions – For each drug – what is it used for? What is the dosage? what are the side effects? What are the contraindications? What are possible drug interactions? Does it need any specific blood monitoring?
- Treatment room – dipstick urines, phlebotomy, assist with urgent tasks – ECG, nebs etc
- Critique discharge letters – phone patients who have recently been discharged to check all actions have been followed up, medication changes been made etc
- Review morning surgery – pick out key learning points – draft referral letters – send texts with self-care information
- Follow patients seen earlier in placement
- Include in meetings – attending significant events meetings can be used to as a sign off for EPAs.

- Student Initiated project: Ideas from workshop: Update staff photo board – include interesting facts. Improved facility for patients to make comments – comment box- white board
- Selfcare – go to pharmacy and see/talk with pharmacist about what self-care is provided

General feedback

- Get feedback from patients – prompt for specific areas if vague response.
- Start a list of practice audits/QIPs that students could look at to decide on project.
- Damien Kenny – Neurolinguistic programming – has useful phrases for teaching communication skills.

Mini-Cex

- We received a lot of positive feedback about this session and several of you asked for more teaching on this for future sessions. Please see attached slides and a summary of this session below.
- You can also find more information on Mini-Cex on our website with some example consultations.
[http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five.](http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five)

A summative MiniCex needs to include

- History/Information gathering
- Communication skills
- Professionalism
- Management planning
- Organisation/efficiency
- Patient opinion
- Global opinion of competence

Optional

Physical examination and Diagnosis

In GP

- MiniCex serves as **LNA - learning needs** analysis on day 1 of the 4-week GP placement
- To guide student's learning during GP placement
- Students have to pass at least one summative MiniCex in GP
- Up to 3 MiniCex in GP can count towards the 5 summative MiniCex they have to pass in Year 5

Telephone Triage

We had an excellent session on Telephone Triage by Dr Andy Eaton who is a medical educator in Somerset and delivers telephone triage workshops for Bristol GP education.

Telephone triage is not taught specifically in the Bristol medical school's curriculum. There is a practice scenario in one of the advanced consultation skills sessions, but it is an area we would like the students to have more exposure to.

Interestingly none of the GPs present at the workshop had involved students in their calls.

Please see his slides attached and top tips below.

Top tips for supervising

- Student observes you first using speaker phone or headset.
- Consider running mock phone consult during first tutorial.
- Focus on preparation and planning prior to call.
- Ask patient consent then hand over the phone
- Start with simple calls first – e.g. phoning to discuss lab results.
- Progress to data gathering – perhaps they call the patient first without you then summarise then you phone patient to complete consultation and reflect on any gaps – key information for decisions made
- Finally try and encourage them to manage – if they don't feel they can manage on the phone get them to bring patient up into one of their slots then reflect afterwards if the patient really needed to come up- what did it add seeing them etc?
- Have a time out sign – Student will then say they just need to discuss with their supervisor. Have a pen and paper to write questions or thoughts.

Top tips for student

- Check who they are speaking too?
- Check patient has time to talk?
- Listen and establish ICE – what are they hoping for tonight?
- Early empathic statement
- Is it much the same, getting better or worse?
- Summarise and check

Components for successful telephone triage from Andy Eaton's talk

- Awareness of the barriers and how to overcome
- Confidence (ours and the student)
- Safe environment
- Good nonverbal communication between teacher and student
- Appreciating some of the pitfalls in triage and how to avoid them
- Having a range of strategies to safely involve and engage students in the process

Summary of Telephone Triage Top Tips - Andy Eaton 2018

Prepare

- Read the notes
- Past encounters
- Longitudinal trail of events

Rapport

- Intro
- Early empathic statement
- Speak to patient / address concerns of caller / relative
- Listen as attentively as you can for “the golden minute”
- Keep your energy up

Watch for bias

- Wellness bias (e.g. in daytime hardly any rare things most patients well, in OOH you get everyone’s rare conditions and see it all and most people calling are not as well)
- Confirmation bias (only asking for things that prove one hypothesis you have in your mind)
- Wrong train syndrome (i.e. correct outcome for that diagnosis but you jumped on the wrong train and didn’t switch when new info came to light)
- Verbalising a clear summary can give the patient the opportunity to confirm your understanding

Possible Outcomes

- I don’t need to see them
- Give me a good reason to see them
- Give me a good reason not to see them
- I’m going to see them

Wrapping up

- Have you addressed today’s problem? (their agenda NOT just yours)
- Have you reached a conclusion about what is going on - and shared it with the patient?
- Are you and the caller aligned / on the same page?
 - “If you don’t get a YES you’ve got a NO”
- Have you safety netted & documented your worsening advice?
- Have you been mindful of any possible sources of bias?
- Have you put yourself in a good enough state to tackle the next call?
- Consider waiting until the caller hangs up first (can be a source of enlightening feedback)