Introductions

Veronica Boon Karen Pond Sam Walker



#### Overview



- Structure of GP5 Placement
  - •New for 23/24
  - Example timetables
- Student project
- Cluster Teaching
- Assessment
- •Q+A and Top Tips
- Student concerns

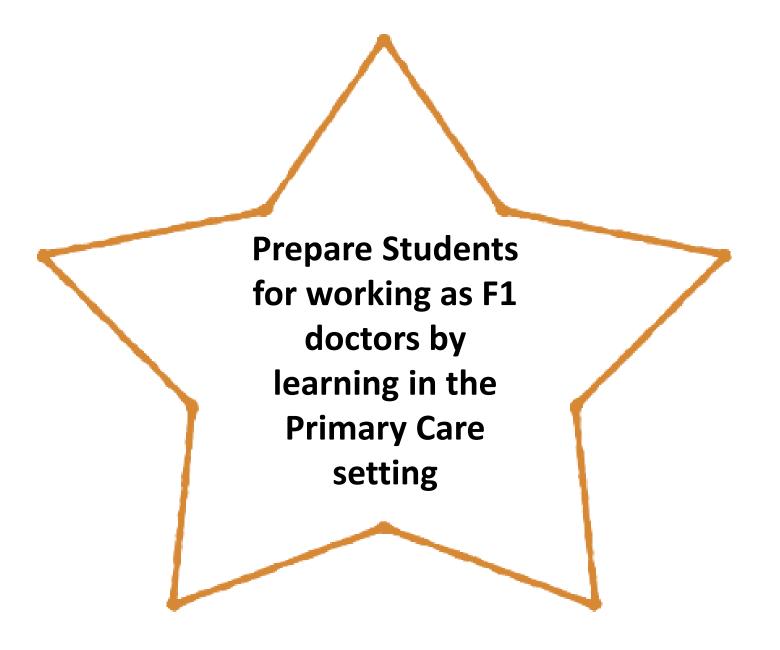
".....most enjoyable placement of medical school. By the end of the 9 weeks, I felt very comfortable seeing patients in our own clinic (even those that were challenging), and felt supported at all times. The focused feedback from weekly observed clinics helped in improving my consultation skills and managing the uncertainty that GP brings. I am fully swayed into considering GP as a career!"

## Year 5

	Year 5 Teaching Dates
Block	Dates
Α	2 <sub>nd</sub> November 2023 - 19th January 2024
В	22nd January 2024 – 22nd March 2024
С	8th April 2024 - 7th June 2024

MBChB we	ek	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	Н	Н	16	17	18	19	20	21	22	23	24	25	26	27	Н	Н	28	29	30	31	32	33	34	35	36	37	38
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		04-Sep	11-Sep	18-Sep	25-Sep	02-Oct	09-Oct	16-Oct	23-Oct	30-Oct	31-Oct	06-Nov	13-Nov	20-Nov	27-Nov	04-Dec	11-Dec	18-Dec	25-Dec	01-Jan	08-Jan	15-Jan	22-Jan	29-Jan	05-Feb	12-Feb	19-Feb	26-Feb	04-Mar	11-Mar	18-Mar	25-Mar	01-Apr	08-Apr	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May	03-Jun	10-Jun	17-Jun
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#### Aim of GP5



#### What do the students want?

- Welcoming
  - All practice aware of students
  - Made to feel part of team
- Well organized
  - · Timetabled teaching
- GP tutor Enthusiastic, supportive and caring
- Fair Stick to the core elements
- Consulting with patients
- Being observed
  - Individual constructive feedback
- Clinical skills practice
- Opportunities to get assessments done (Mini-CEX, CBD, EPAs, CAPS)

I felt welcomed by the staff and everyone in the practice and it was nice to feel useful!

It has been a great last placement and it has given me a lot of confidence for f1!

#### GP5 Core elements

- > NEW 6 timetabled sessions in practice / week
  - > This may be divided across 3 or 4 days.
  - ➤ Out of practice every Wednesday (Cluster based teaching and independent study)
- **Each week** students should have:
- ➤ 4 student-led surgeries
  - ▶1 observed surgery
  - ▶1 session for a student-initiated project
  - ➤ **NEW** Allied Health Sessions optional

## Example timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
			(Out of Practice)		
AM	Student led	Student led	Cluster	Student led	Student led
	Surgery	Surgery	Based Teaching (CBT)	Surgery	Surgery
Lunch	Home visit	Practice Meeting		Home visit	Treatment room -
					skills sign off
PM	Project	Private study	СВТ	Joint	Private Study
			preparation/Outside	Surgery/Tutorial	
			the Box project		

## Example timetable (3 days)

	Monday	Tuesday	Wednesday	Thursday	Friday
			(Out of Practice)		
AM	Student led Surgery	Student led Surgery	Cluster	Student led Surgery	Private Study
			Based Teaching (CBT)		
Lunch	Home visit	Practice Meeting		Break	
				Treatment Room for	
				clinical skills sign off	
PM	Project	Student led Surgery	СВТ	Joint	Private Study
			preparation/Outside	Surgery/Tutorial	
			the Box project		

#### Student Clinics



- Start with 4 x 30 minute appts with some catch-up slots
- Mixture of telephone and face-face
- New problems
- Increase in complexity during attachment
- Increase number of patients or reduce length of appointment
- Minimum of 2 sessions of individual clinics
- Assist with at least one duty surgery

## Example – student clinic

9-9.45: 1st booked patient

9-9.20: Student consults patient

9.20-9.30: Student presents patient to GP tutor and discusses management plan. GP tutor reviews patient. GP tutor has one slotted booked.

9.30-9.40: Student explains diagnosis to patient and discusses management/safety netting

9.40-9.45: Student completes record keeping.

**9.45-10.30:** 2nd booked patient

**10.30-11.15:** 3rd booked patient

**11.15-12.00:** 4th booked patient

**12-12.30:** admin and patient follow-up



## Joint clinic/tutorial

- WEEKLY Whole session blocked
- Observe students consulting
- Complete Minicex and CBDs
- Discuss complex cases
- Discuss pre-learning for cluster based teaching
- Check progress with EPAs
- Discuss project
- Review placement and adapt to learning needs

## Student Initiated Project

- One session a week Should be in practice
- Working with public health
- Live introduction to audit/QIP and supporting handbook
- Formative mark sheet
- Option to do a supported project
- •Have 2-3 other ideas of projects
  - Suggestions in handbook
  - Ask colleagues/pharmacist
  - Adapt to student interests

"The students reviewed high salbutamol users and discussed converting to MART therapy and changed patients on low dose steroid MDI to DPI's. This helped with our IIF project work on inhalers, improved patients control as well as improving sustainability"

## Brainstorm – Project ideas

- •HRT audit are they having annual reviews, have they got adequate progesterone cover
- •Opiate overuse phoning patients on over xx amount of opiates to discuss reasons and ways of reducing.
- •Cervical screening uptake ringing to explore reasons for not attending. Accuryx template with link to information on the screening process.
- Nursing home education around urine dips
- Social prescribing PIL
- PIL on vaping
- Spending time with third sector organisations and updating clincal team
- Audits
  - Amoxicillin 5 day prescribing
  - Vit B12 im to oral.

## Cluster Teaching

Small groups 4-8 students

#### •AIMS:

- Meet with colleagues to share experiences and learning from GP placement
- Reflect on patient cases and how this relates to current guidelines
- Develop advanced consultation skills
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered
- Reflect on General Practice as a speciality and potential career option
- Further expand on non-clinical areas to develop as a well-rounded practitioner.
- Please be aware of pre-learning and integrate into timetable

Week	Topic	Pre-learning
Week 1	Common Primary Care conditions/R emote consulting	<ul> <li>Find out about practice demographics         (example questions provided to facilitate this)</li> <li>Read through this remote consulting resource for students prior to the session. The document contains a link to an interactive sway tutorial.</li> </ul>
Week 2	Urgent Care	<ul> <li>Look at post-event communication from Integrated Urgent Care (IUC)</li> <li>Contact ONE patient who has had a recent discharge from the primary care out-of-hours provider to find out about their experience</li> </ul>
Week 3	Investigation s and results	<ul> <li>Find a patient case with abnormal results, review how they were managed and present this back to your group</li> <li>Review a set of results and discuss how you would deal with them</li> <li>Look up local guidelines on interpreting blood test results</li> </ul>



#### Lunch times

- Home visits/ Housebound reviews
- Prepare for cluster teaching
- Review notes and follow-up patients
- Student project
- Assist with admin referral letters, processing docman
- Review care plans, medications reviews
- Get clinical skills signed off
- Pick off duty list

#### Prior to Placement

- Read GP5 tutor Guide!
- Who is doing teaching?
  - Continuity important, 1 main tutor, up to 3 GPs in total
- Contact Students few weeks in advance
  - Special requirements/Known absences
  - Timetable
  - How to get to practice/Emergency contact numbers
  - Dress Code students will come in scrubs
- Set up computer access 4 weeks before
  - EMIS/SystemOne/Docman/E-consult log ins
  - Students will need an nhs email to access Office365/Accuryx
  - ICE
- Get a set of equipment ready
  - Oximeter, otoscope, fundoscope, BP machine, thermometer, tendon hammer, tape measure, dipsticks, tuning fork



## First Day

#### Induction

Joint Clinic/Tutorial

- Mini-Cex
- LNA's (Year 5 workbook (EPAs)/CAPS)
- Student initiated project
- Review Timetable/Plan for attachment
- Getting to know your students
  - 1:1, Student Support Plan (SSP).

Completing a MiniCex on the first day was a great way to get the ball rolling and helped me quickly assess their confidence levels and what we needed to work on throughout their placement.

## Typical Day- 3 contact points

**CHECK OUT** CHECK IN **Debrief** Hello and welcome How did it go today? How did it go? Concerns? Learning points? Icebreaker What learned, what Learning needs? Plan for morning sticks out? Plan for Planning for the next lunch/afternoon day

#### Assessment

- Satisfactory Engagement
- Satisfactory Attendance (NEW 90%)
- •1 MiniCex
- •1 CBD
- •1 TAB (NOV-APR only)
- •Clinical and Procedural Skills (CaPS) logbook now online
- •16 Entrustable Professional Activities (EPAs)
- NEW Recorded on Assistantship Progress Review form



## NEW Attendance – 90% required

GP5

- GMC require 40hrs weekly attendance
- Will check attendance at end of week 3, week 6 and week 9
- Allowable absences
  - Situational judgement test ( Dec and Jan)
  - Prescribing safety assessment and resit (Feb and April)
  - Intermediate life support course: varying dates
  - Resit long cases: varying dates
  - OOH session
- •Flexible Annual Leave 5 day during GP placement. 4 weeks notice.

ear 5 Primary and Community Care Assistantship Progress Review			Final Sign Off for CAPS and EPAs			
nank you for completing this Review with your tutee. Tutors will be asked to sign off with your name a	nd email address at the end of the form.		Please check your response carefully, and respond with 'not applicable' if Refer to the guidance on the MBChB Assessments area for Year 5 for CAPS a	•	ew of the year.	
udent Name				Not Applicable	Not Complete	Complete
				.,		
Mandatory			End of Year Sign Off: Is the student's CAPS record fully signed off and complete?	0	0	0
utor Name			complete			
			End of Year Sign Off: Is the student's EPA log complete?	0	0	0
Mandatory			* Mandatory			
zademy ease select your current Academy:						
Select option		•	Recommendation to Progress/Exam Board  If you have answered 'No' to any of the previous questions this should pron	ant an 'Unsatisfactory Progress' reco	nmendation	
Mandatory			You will be asked to expand on reasons for 'Unsatisfactory Progress' in a free tex			and Vear Leads to discuss this further
ssistantship Progress successfully complete the assistantship, each student should review the following with their Academ	ny Tutor, GP Tutor and/or Academy Lead. The Clinical	Learning Journal and EPA log are accessible from the	By completing this recommendation you confirm that to the best of your knowled			
udent's ePortfolio.				Un	atisfactory progress	Satisfactory Progress
	No	Yes	Decomposition		0	^
is the Clinical Learning Journal (weekly log) complete for this assistantship?	0	0	Recommendation		0	0
is there evidence of sufficient Entrustable Professional Activities (EPA) completion at this point of the year?	0	0	Feedback and Further Plan of Action			
Are you satisfied with the student's level of professionalism?	0	0	Please consider also providing some feedback to the student on their Practice Pro-	oject		
Mandatory						
inical and Professional Progress ease discuss with your student their confidence and progress in developing consultation, clinical and	professional skills (CaPS) and with their Team Assessr	ment of Behaviour (TAB).				
			* Mandatory			
		h				

### **NEW** Assistantship Progress Review



- GP5
- •Final joint surgery Mini-CEX can demonstrate progress
- •1:1 Feedback learning goals for next rotation/first job
- Assistantship Progress Review form (30 minutes)
- Mark/Discuss student's project if not done already
- •Ask students to complete feedback form this is how we get feedback for you!
- Complete attendance and payment form

#### Feedback

- > We will be asking you and the students for feedback at week 3, 6 and 9
  - ➤ Opportunity to raise any concerns
- **▶** If you have concerns PLEASE do raise them asap with us:
  - > Phc-teaching@bristol.ac.uk

# GP5

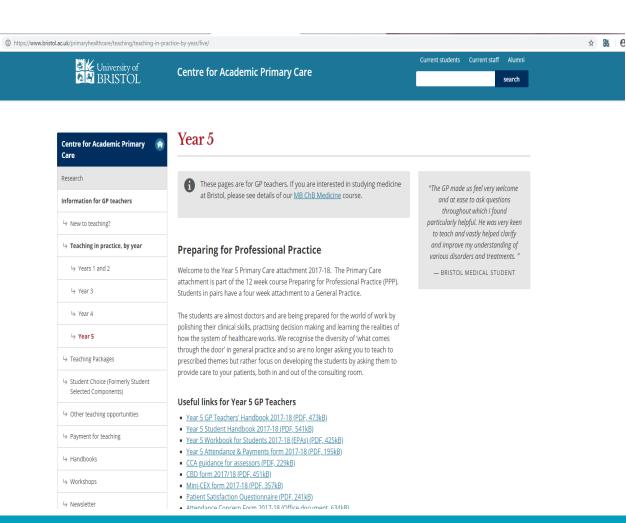
#### Student Prizes

- Monetary award
- Can count for additional points on future job applications
- Criteria
  - At least 90% attendance
  - Excellent engagement and performance
  - Excellent patient and colleague feedback
  - Presented outstanding project work
  - Went above and beyond what is expected

#### Further information

- Workshop Slides/Summary
- Year 5 GP Teacher guide
- Year 5 GP Teacher website

https://www.bristol.ac.uk/primar yhealthcare/teaching/teachingin-practice-by-year/five/





Q+A and Top Tips



# Student Concerns

https://www.bristol.ac.uk/medialibrary/sites/primaryhealthcare/documents/teaching/handbooks/ stu-support-advice-flow-chart.pdf

## Student Referral form

- Supportive process
- Low threshold to complete
- Facts not opinions will be shared with student
- <2% end with formal warning</p>
- Please contact phcteaching@bristol.ac.uk to discuss
- https://www.bristol.ac.uk/h ealth-sciences/studentfitness-to-practise/

#### 22-23 Student Referral Fitness to Practise data

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 <a href="http://www.bristol.ac.uk/health-sciences/student-fitness-to-practise/">http://www.bristol.ac.uk/health-sciences/student-fitness-to-practise/</a> 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

Please be aware that the form will be shared with the student so any content should be appropriately worded.

\* Required

1. Students name of concern \*

Enter your answer

2. Student Programme of Study \*



Phc-teaching@bristol.ac.uk