



Report of
Year 5 GP Teacher Workshop
3rd December 2015



Workshop Organisers: **Barbara Laue and David Kessler**

Dear GP Teacher

Thank you for coming to the 5th year GP workshop on Thursday the 3rd of December. We hope you found it useful.

We started the day with a brief overview of the year and of student feedback. We then split into smaller groups. Some of us practised role play on giving feedback to students. While we were doing this others listened to a talk from Annie Noble on running the Mini-Cex, the new assessments that have been introduced into year 5 this year.

Before lunch Andrew Blythe, who is the new head of Assessments for the medical school, talked to us about how the assessments will be run.

After lunch Barbara Laue introduced us to the curriculum changes; it was exciting and challenging to hear that the proportion of time spent in primary care will be substantially increased in the near future.

We then split into smaller groups again and heard from a student about consultation skills relating to LGBT patients. We also developed some useful thoughts on 'Best Teaching Practice' in PPP.

In this report I have tried to create a record of the day. We have included slides and notes from the presentations and have drawn together the notes from the small group sessions on giving feedback and best teaching practice. I hope you find these helpful.

Thanks again for all your excellent work

David Kessler

Contents

Workshop programme

Workshop objectives

Update on teaching in Year 5

Update on University News and the new curriculum

Delivering the Mini-CEX assessment

Giving feedback to students

Update on assessments

Explore 'Best Practice' for Year 5 teaching with GP colleagues

Learn about consultation skills for LGBT patients

List of speakers and facilitators

Primary Care Administrative team

Objectives

- Update on the Primary Care PPP attachment
- Update on the development of the new curriculum
- Share Year 5 best teaching practice with colleagues
- Develop knowledge and skills to conduct mini-CEX in your practice
- Further develop feedback skills
- Teaching how to care for LGBT patients

Teaching competencies addressed

- Assessment of clinical skills (mini-CEX)
- Understanding assessment structure for Bristol MBChB
- Effective feedback giving
- Teaching complex clinical skills

Programme

Morning			
09.00	Coffee and registration		Mel Butler
09.30	Welcome Year 5 Update and student feedback		David Kessler Mel Butler
10.00	Mini-CEX	Giving Feedback	Annie Noble Small groups
10.50	Coffee		
11.20	Giving Feedback	Mini-CEX	Annie Noble Small groups
12.10	Assessment		Andrew Blythe
12.40	Lunch		
Afternoon			
13.40	Update on curriculum development		Barbara Laue
14.00	Best Teaching Practice in PPP (Primary Care)	LGBT patients: role modelling and consultation skills	Small Groups 4 th year med. student
15.00	Tea		
15.15	LGBT patients: role modelling and consultation skills	Best Teaching Practice in PPP (Primary Care)	Small Groups 4 th year med. student
16.15	Conclusions and Q&A		David Barbara
16.30	Depart		

Speakers and facilitators

- David Kessler Reader in Primary Care. GP lead for Year 5
- Barbara Laue Senior Teaching Fellow
- Annie Noble Lecturer in Medical Education (TLHP)
- Andrew Blythe Director for Assessment
- 4th year medical student

Support and administrative team

Mel Butler, Teaching Administration Manager

Alison Capey, Assistant Teaching Administrator

Kirsten Gill, Teaching Support Administrator

Jenny McGee, Teaching Support Administrator

Becky Wilkinson, Communication Skills Co-Coordinator



The Bristol Doctor - New curriculum for 2017

Developments so far



Barbara Laue



Opportunity for Primary Care



Prof. Sarah Purdy
Associate Dean of the new Faculty of Health Sciences
Practicing GP and health service researcher

<https://www.youtube.com/watch?v=gP-s7QV71Vg&feature=youtu.be>



🌟 Opportunity for Primary Care



Andrew Blythe, Director for assessment
GP partner in South Bristol



Current number of GP sessions/student

Y	No of students	No of sessions	Teaching task
1	3, 4 (6)	8	Visits to patients in pairs Observing surgeries WPC (whole person care), linked to HBoM (Human Basis of Medicine)
2	4 (5)	4	Clinical skills
3	4 (5)	8	Clinical skills (extended), diagnosing, investigations, management, prescribing
4	1	4 weeks =30 sessions	Core curriculum of common presentations
5	2	2 weeks =17 sessions	Complex patients, prescribing, 1 ⁰ /2 ⁰ care interface, acute care, consultation skills, chronic disease mx, multi-morbidities and medically unexplained physical symptoms
		67 sessions 5 years	

Plus SSC options (Student selected component) in years 3, 4 and 5

GP teaching in the Academies and GP Leads

	N. Bristol	S. Bristol	N. Somerset	Bath	Glouc./ Chelten.	Somerset	Swindon
Year	Nick Halsey	Claire Pugh	TBA	Melanie Blackman	John Salter	Andy Eaton (Yeovil) Laurence Huntley (Taunton)	Kate Digby
1							
2							
3							
4							
5							

Current curriculum

- Clear division between pre-clinical and clinical
- First 2 years mainly lecture based
- Little patient contact in first 2 years

What will be different?

- More early patient contact
- Case based learning
- Longitudinal clerkships
- Embedding in clinical teams as ‘junior member’ in year 5
- Revisiting science in later years
- Formative progress testing
- Clinical reasoning
- 4 Helical themes (with subthemes)
 - Doctor as scholar and scientist
 - Doctor as practitioner and educator
 - Doctor as professional and agent of change
 - Doctor as person and citizen



What is happening?

2014-15

- Basic framework for the new curriculum has been decided

2015-16

- Year groups have been formed
 - Mixed groups (hosp. clinicians, scientists, GP)
 - Work out learning objectives for the year
 - Integrate the helical themes into the years



	Day 1	Day 2	Day 3	Day 4	Day 5
AM	GP	Joint surgery	Engagement	GP	GP
PM	GP	GP	Teaching	GP	Community
Additional: Two out of hours sessions, duty doctor role every 3 weeks					

- **9 week primary care and community assistantship**
- **Outline week above**
- **1:1 teaching**
- **Community ‘patch’ of 4-8 practices**



	Day 1	Day 2	Day 3	Day 4	Day 5
AM	GP	Joint surgery	Engagement	GP	GP
PM	GP	GP	Teaching	GP	Community
Additional: Two out of hours sessions, duty doctor role every 3 weeks					

- Joint surgery once a week
- ‘Engagement’ – a community project running in the patch across the 9 weeks e.g. Primary school teaching
- ‘Teaching’ – a ‘patch’ tutorial. Similar to VTS, facilitated by a GP. Discussion of students own cases then one of nine ‘core cases’
- ‘Community’ – student selected community time e.g. District nurse, leg clinic, community hospital



Assessment

- Similar to postgrad
- CbD, mini-CEX, PSQ, MSF
- Minimum number of consultations (?200)
- Clear list of descriptors against which student can be assessed by GP



Key messages

- Students will take responsibility
- Students will be missed
- Significant flexibility needs to be built in to allow model to fit local services
- This is only a skeleton – it is being taken out for wider consultation and very open to change
- Is it deliverable in the current climate?
- Any suggestions/comments please let me know simon.thornton@bristol.ac.uk



How could you get involved?

- Delphi process for deciding learning objectives for each year
- Email in your thoughts and suggestions



Giving feedback to medical students

We held small groups on giving feedback to medical students. Group leaders have summarised these groups and we have collated the comments into some tips which we hope will be helpful.

General thoughts

The feedback meeting has some things in common with the consultation;

- Need to elicit concerns and expectations
- Establishing a rapport; friendly (but not their friend or their doctor)
- Empowering students to address problems and come up with their own solutions

If all is not going well:

We need to begin the discussion in an open way:

“Can we have a few minutes to discuss how it is all going?”

We need to share concerns in a non-judgemental way:

“I just have this concern that you might not be up to the required standard if things don’t change for you between now and F1”; “I fear you might struggle ...”

It is important to be specific in the feedback:

“I noticed on that home visit that you missed a couple of important cues in the history ...”

And to offer support, especially in the context of the student concern form:

“I am concerned FOR you not about you”

And to clarify your position as a teacher by offering help, including an *action plan*

Action plan

This might include the following:

- Asking them if there is anyone they are already getting support from / or anyone else they considered seeking help from
- Using the GP academy leads / year leads at the university
- Offering a follow up discussion
- Altering their exposure to certain conditions / situations - as we might reasonably do for a partner when a personal situation is very raw, then help them to face it at an appropriate time
- filling out a concern form - share it with the student first, invite feedback on the content, seek express permission to escalate /share the information
- University GP services / own GP / Student Welfare

- Signpost to local GP practice if in peripheral academy — each academy has a designated practice (that usually doesn't take students)
- Student counselling services
- Reassuring them it is unlikely to herald the end of their career if they seek help now (if appropriate) - you'd be more worried if they go through their career not disclosing this problem

Top Tips for best teaching practice in PPP GP sessions

We held small groups where we shared our thoughts on best teaching practice and we have collated some of these:

General philosophy for GP in PPP

- Set the bar high
- There is nothing you don't expect them to know
- Everything is relevant to them

Metaphor to share with students at the start of their attachment from Cheryl Atter, Cadbury Heath Healthcare, Bristol

Passing finals is like passing your driving test. You are now the driver. What is the difference between that and learning for the test? You now have responsibility for your actions. When students are turning round during consultations and asking you for help, put them on the spot and ask 'What are you going to do doctor?' and encourage them to talk it through 'What are you thinking?' Patients love to get some insight into how doctors think. The reward is that you can see the students' confidence grow over the two weeks

Running the Mini-CEX in primary care

This is a new task for us and it was useful to discuss it in detail

From the main session

- Give a mark sheet to all patients arriving for that surgery
- Send the student out when you are discussing the feedback with the patient. This gives a chance to moderate unfair or inappropriate feedback
- If patient turns out to be unsuitable that could be a valid reason for the mini-CEX not to count
- It was agreed that the other student should probably not observe
- Don't do both mini-CEXes on same day for same student
- The GP needs to complete the form and return it to Primary Health Care at UoB along with the Attendance and Payments form.
- Probably best for the GP to take a copy
- All info for assessment will be placed on the primary care website
- Some students like to write while they are taking a history. Try and discourage them, takes time and means they make less eye contact. They may need to practice that if they are not used to it.
- For students who do PPP GP attachment last – the mini-CEX in GP is the very last exam they will do before qualifying
- No consultations with children

From small groups

Timing

- Students are in GP for very short time which makes it more challenging
- Aim to complete 1st Mini-CEX end of 1st week to prevent having to rush 2x in second week
- Could aim to complete both in the first week as the students might then be better able to concentrate on other learning

Suitable consultations

- Patients coming in for review
- Home visits

Organisation

- Allow 10 minutes for consultation, 10 minutes for assessment, 10 minutes for discussion
- Receptionists to tell the patients at booking that they will see a student first
- Collect patient from the WR and check that they are ok and also happy to give feedback to the student
- Feedback
- Should be tailored to the consultation and can be directive

General Top Tips

- Send an email to the student in advance of placement with timetable to confirm it's ok and highlight and specific learning / placement wishes
- Daily reminder to colleagues to call students in if they see something interesting
- Spending a bit of time with the practice manager can be invaluable to give insight into business side of primary care
- Lunchtime activities can be wide ranging – visiting patients, learning topics from morning clinics then presenting, online modules, small audit etc
- Themed surgeries
 - These have been dropped now and were definitely not liked by the majority of GP teachers
- MUS
 - Students need to understand that quite often there are no definitive answers
 - It's vital to understand when to stop investigating
- Managing 2 students
 - This can be challenging as the consulting room is quite full with a patient, 2 students and the GP teacher
 - If students have very different abilities – split them up to address their individual learning needs better
 - Make learning flexible, students can be doing different things at different times
- Organising surgeries
 - Students could consult with urgent patients at the end of the morning
 - Organise specific 2 hour session
- Other sessions
 - Within house pharmacist
 - Going to a nearby pharmacy
 - Consultant outreach clinics (in some areas)
 - Phlebotomy session
- Activities
 - Get them to complete a death certificate
 - Get them to write a referral letter and highlight that they will be the one reading that letter in 6/12 time
- Themes
 - Note them during the consultation/surgery and discuss later
 - Multimorbidities
 - Attend nurse clinic
 - Visit housebound patients with community matron

- Give the student a repeat prescription slip – take a look, what conditions do you think the patient has?
 - Urgent care - Students to keep a log
 - Poorly children
 - Admissions
 - Chest pain
 - *Take them on urgent visits*
 - *Review any recent admissions*
 - *Make sure they know how to nebulise and use an oxygen cylinder*
 - Prescribing
 - ‘TOP OF THE POPs’ script quiz is a fun way to test students and create learning goals by quizzing students about medications as you sign repeat scripts
 - Go through repeats
 - NICE guidance, antibiotic guidelines, referral guidelines
 - Prescribing in minor illness
 - What to do if it doesn’t work
 - Cost of drugs
 - Students are not used to prescribing simple analgesia and antibiotics
 - Get them to write a prescription
 - Peer learning
 - F2s and GP registrars if you have them
 - Students could watch CSA
 - Looking after yourself
 - Talk about the idea of the ‘good enough’ doctor
 - Talk about dealing with death
 - Talk about dealing with complaints
 - Talk about making mistakes: go through significant events with them

General tips

- Teach management not diagnosis
- Teach them how to recognise when someone is acutely unwell
- Talk about uncertainty

Further information can be found on the following web page:

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

Specific links to documents are:

Mini-CEX marking form:

<http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/UoB%20Mini-CEX%20CCA%202015.pdf>

CCA guidance on mini-CEXes:

<http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/CCA%20Assessor%20guidance-Modified%20GP%20Teachers-v1.pdf>

Mini-CEX hints and tips:

<http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/Mini%20CEX%20tips%20FINALai.pdf>

Information can also be found via our Blackboard site www.ole.bristol.ac.uk –
MEDI35190_2015:Preparing for Professional Practice 2015 > Primary Care > Mini-CEX examiner
information. For this you will need to use your Blackboard logon:

Username: med021

Passworde: primcare

LGBT healthcare issues

One of our medical students ran a workshop on LGBT issues in health care. This was the first time we have done this in primary care

She gave us a questionnaire before and after the workshop, to measure attitudinal change. I have summarised the results:

Before

Only 3 out of 24 had had any formal teaching on LGBT healthcare issues

After

Feedback was positive on the whole, and I have selected a few of the comments:

Useful to discuss heterosexism – I had not heard of it before (x3)

Good to be able to understand new terminology and discuss how medical students can be affected by our language and opinions

Different cancer screening needs for trans patients (we have 3 at least at my practice)

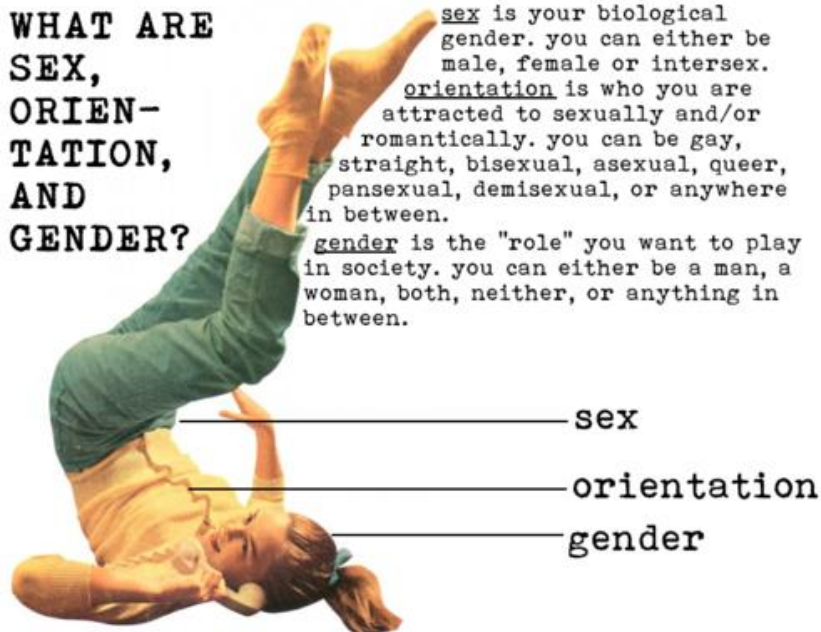
Challenges for transgender patients and GP registration

How we record gender and sexual orientation – and should we?

To give a flavour of the talk I have included the content of two of the slides

- **Prior to 1987:**
 - **Homosexuality was seen as a mental illness**
 - **Included in the DSM IV and ICD10**
 - **Inhumane 'curative' treatments e.g. electroshock therapy, hormone replacement**
- **Patient perceptions:**
 - **Doctors are part of the 'conservative' establishment**
 - **Concern about second-class service or discrimination**
 - **Internal censorship throughout interactions with doctors**
- **Remember:**
 - **Patients with less life experience or education are less confident about coming out**
 - **Less than half of LGB patients are out to their GP**

WHAT ARE SEX, ORIENT- TATION, AND GENDER?



sex is your biological gender. you can either be male, female or intersex.

orientation is who you are attracted to sexually and/or romantically. you can be gay, straight, bisexual, asexual, queer, pansexual, demisexual, or anywhere in between.

gender is the "role" you want to play in society. you can either be a man, a woman, both, neither, or anything in between.

sex

orientation

gender

We were also given a number of useful resources which I have listed here

Improving access to health and social care for lesbian, gay, bisexual and trans (LGBT) people:
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078354.pdf

Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)
Mercer et al *Lancet* 2013; 382: 1781–94

And two useful guidelines from the RCGP

<http://www.rcgp.org.uk/rcgp-near-you/~media/Files/Do-Not-Use-RCGP-near-you/Northern%20Ireland/RCGPNI-Guidelines-for-the-care-of-LGB-patients-in-primary-care-2015-web.ashx>

<http://www.rcgp.org.uk/rcgp-near-you/~media/Files/Do-Not-Use-RCGP-near-you/Northern%20Ireland/RCGPNI-Guidance-for-the-care-of-Trans-people-in-primary-care-2015-web.ashx>