

# 1<sup>st</sup> Year GP Teachers Workshop Summary 27<sup>th</sup> September 2011

## Day Overview

This document summarises the GP workshop 27<sup>th</sup> Sept 2011. The morning was spent reviewing the 1<sup>st</sup> year GP attachment, the new course aims which fit with *Tomorrow's Doctors* (see <http://www.gmc.org.uk>), the importance of talking to students about professionalism, considering using HBoM and vertical themes in the consultation, online marking and use of Blackboard, use of the new mark schemes and giving feedback to students. We also showcased some of the students creative work.

## Workshop Agenda

**9.30** Introduction : 1st Year GP teachers and WPC Teachers (Trevor Thompson and Jessica Buchan)

**9.45** Vertical themes updated - 'iconic' (Trevor Thompson)

**10.00** Course outline and context

Course changes and delivering the teaching

Tutor time—sharing tips and ideas (Jessica Buchan and Louise Younie)

**11.15** Coffee

**11.35** Introduction to assessment on the GP attachment

**11.40** PARALLEL SESSIONS:

Assessment workshop: use of the new mark sheets to assess assignments ( Jessica Buchan)

Reflective workshop: enhancing student learning through feedback (Louise Younie)

**12.35** Sharing good practice and ideas – assessment and feedback

**12.45** Lunch and Depart

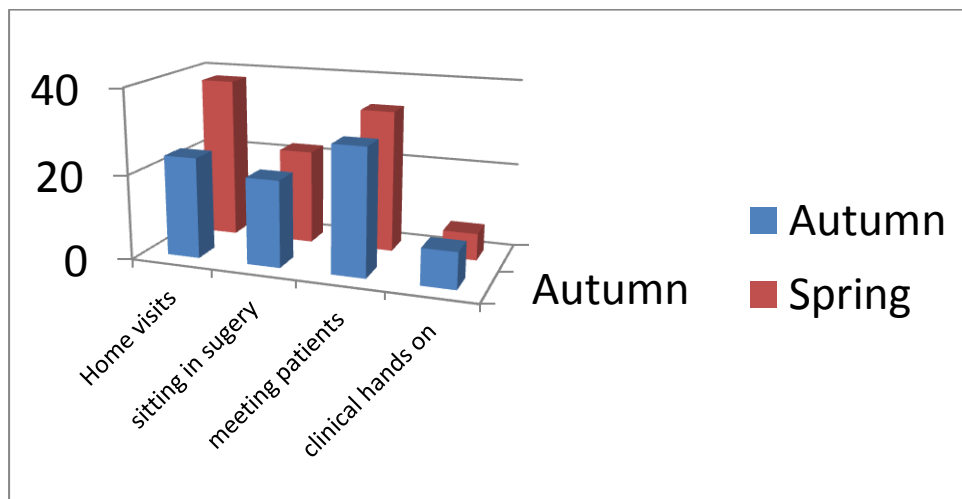
## Course Overview

The brief summary of the course is contained on p10 of GP handbook. If you are a seasoned teacher then you might want to check this brief summary along with course changes for this year (summarised on the 2<sup>nd</sup> contents page--p3 of the GP handbook). A more detailed course overview can also be found with suggestions on how you might run the student sessions in the GP handbook p12-23.

## Key points

- Please send the patient consent letter to patients that students will be making a home visit to (appendix of GP handbook). In the interest of patients being aware of how we use their stories it seems important that we use this form of consent. I will also be asking the students to take the letters out with them on their visits and they are in the student handbook.
- Teaching of clinical skills was well received by the students this year, spring students mentioned wanting “more clinical hands on” when we asked them about ways we could improve the course more than any other aspect (for Autumn students it was help with travel). We discussed that you do not need to cover whole systems but that “hands on” practice enhances student’s engagement and meets the course aims which fit with the GMC’s “*Tomorrows Doctors*”. The basics they should be introduced to are: taking a pulse, temperature and BP (p20-21 GP handbook). Students can do this on each other, or patients and it is clear that many of you are doing even more than this with venepuncture being well received by students in some surgeries. This is part of a medical school wide detailed teaching/documentation of clinical skills learning. Students will need to be signed off for these skills in year 2.

What did you like best? (the top 4 rated aspects of the GP attachment from student feedback 2010/11)

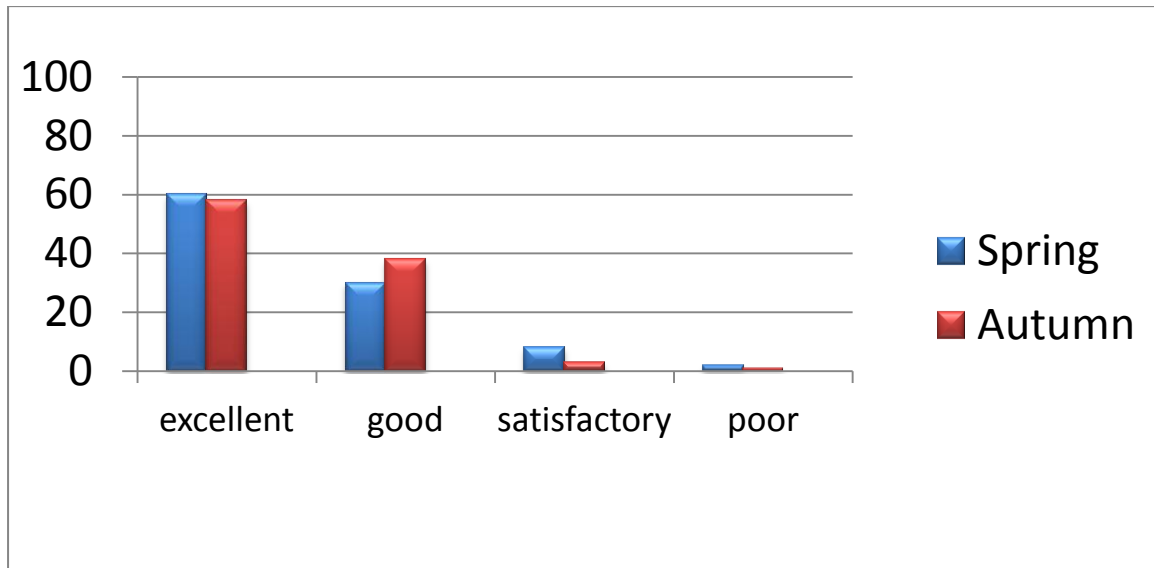


- Assessment has changed. There are now only 2 assignments: The Applied Case and The Reflective Assignment. The marking schemes can be found on p26 and p28 of the GP handbook respectively. **Please note that in response to discussion at the GP workshop there is now an additional grade of “very good” for students whose**

**assignments score from 35/50 to 40/50. This is not in the handbook marking schemes as these have been printed. When you mark on Blackboard you will be asked to input the score out of 50 and this will be set up to automatically give the student a grade of poor, satisfactory, good, very good or excellent.**

- GPs often find the marking challenging. Please review Blackboard for some of the excellent work students are capable of producing. Also there is an Applied Case with comments in the student handbook and advice on marking both the Applied Case and Reflective Assignment in the area “Tutor info” on Blackboard, this will also be available in the web version of the GP handbook (see: [www.bris.ac.uk/primaryhealthcare/teachingundergraduate/year](http://www.bris.ac.uk/primaryhealthcare/teachingundergraduate/year) ) Note that the grade is formative and does not count towards their exams; the feedback is potentially more important to student development than a grade that is given. Regarding the Reflective Assignment (especially creative work) please remember that it is the quality of engagement with the patient and conveyance of the patient story or situation and student reflection or learning that is primarily being marked rather than pure artistic talent.
- The student handbook has been shortened with more details about the assignments in response to the student feedback: 73/75% thought handbook definitely relevant and useful but the comments about improvement concentrated around making it clearer, highlight key points, and asking us not to duplicate HBoM info and better advice on doing assignments. Please make sure you point your students to the tutorials on Blackboard or other learning material. Also for you to help with any tutorials you run there will be HBoM lecture notes on Blackboard in “tutor info”, these should not be made available to the students please and are only for your own use in planning student sessions.
- The case log in the student handbook is a blank page where consultations of note should be jotted down whilst observing GP surgeries and used in discussion both in general practice and in tutorials in Ethics, Clinical Epidemiology, Whole Person Care and Society, Health and Medicine.
- **Feedback** is a high priority as it contributes greatly to student learning. The recent National Student Survey [www.thestudentsurvey.com](http://www.thestudentsurvey.com) highlighted that students want more feedback. Good feedback is specific, constructive, non judgmental and affirms what the student what is doing well and areas they can improve in. You should feedback to your students on their professional behavior—dress, attitude, attendance, working as a group and on their assignments. (see p31 of the GP handbook) Students will also be asked in their course feedback forms whether they received feedback, in what form and how they rated it.

Student Feedback 2010/11 *How would you rate the feedback you received from your GP teacher (session 8)?*



- At the end of the course you will need to grade student work and upload grades onto Blackboard and also to complete the feedback questionnaire (the link is on Blackboard in tutor info) They will include a tick box for you to affirm that you have delivered some feedback to students in week 8. Payment to you/the practice is linked to you completing the feedback form.
- We will gather feedback from you and the students and report on this on an annual basis at the end of the academic year. Please remind students to do this (follow link on Blackboard) in week 8 and if you can provide computer access for them to do this that is very helpful. If you would like your own feedback on teaching the students you are welcome to gather this yourself for your own reflection on your teaching skills.
- Blackboard marking is simplified this year as there is a new version of Blackboard. Students will be asked to email you their work (and put it on Blackboard as this is how they will be able to receive their feedback and grades). We ask that **ALL GP TUTORS** log on to Blackboard, open the students work to check it is the same as the version they gave you directly and as a minimum: go to the “needs marking” area of the control panel—under Grade Centre. Find your student name and enter the grade (out of 50) for each of their 2 assignments. Then enter your feedback directly in the text box “feedback to user”—you can type this in or copy and paste from a document on your computer. Please think about 3 good points regarding their assignments and 3 things they could improve. If you find it easier you can just download the students work from blackboard, mark directly onto this document and save it, then upload your feedback on the mark sheet we will send you by clicking on the upload icon in the far left of the feedback to user textbox (see **BLACKBOARD INSTRUCTIONS P 29 OF GP HANDBOOK** )

- Please nominate outstanding students for the **prize**. Usually this will be a student graded as excellent in both assignments (Applied case and Reflective assignment) they should also have been (in your opinion) an excellent student during the attachment. They should also have noted in their essay or creative piece that the patient has seen the consent form (patient letter appendix of GP handbook) and is willing for the student to base their assignment on their story. You will nominate the student in your feedback.
- Peer learning is especially useful to enhance student learning so in week 8 you might get the students to present their work and feedback to each other, or discuss points they learnt from the GP attachment and where they think they did well and what areas they would like to improve. This is also important as it teaches students to learn how to give feedback to each other.

## Course Changes

1. There is now no grade for professional behaviour but if you have concerns about a student (p5 GP handbook) you should discuss this with me (course organizer) and a professional behaviour concern form will be emailed out to you to fill in where necessary.
2. Practices are now advised to let their indemnity organizations know that they teach medical students; I will also inform students that they should get their own (free) indemnity cover.
3. The course aims and objectives are more aligned with "*Tomorrows Doctor's*" please familiarize yourself with these (p7 GP handbook) The GMC outcomes are available from <http://www.gmc-uk.org>
4. The Applied Case now has a word count of 1500 words and has an updated marking scheme to reflect feedback from students and GP's that it was too easy to do well on last year's marking scheme. Please note that a change to the mark schemes since your feedback in the workshop from your handbooks is that a student gaining 35-40 marks out of the maximum 50 (70-80%) will equate to "very good" when you enter the grades on Blackboard.
5. There are now only 2 assignments: Along with the **Applied Case**, the **Reflective Assignment** is a name change from the previous "creative piece" and "Reflective Essay" that the students previously had to choose between. This is to emphasize that the assignment aim is to get the students to reflect on themselves and the patient's narrative more than produce a piece of work of artistic merit. It was also clear from student comments that some of them were put off doing a creative piece by the name—they didn't feel "creative enough" or good enough at art. However some students like doing a more structured piece like a reflective essay and chose this for positive reasons, so the scope of the "Reflective Assignment" is broad and can encompass an essay approach if the student so wishes.

6. The GP handbook is a shorter and hopefully clearer version of the previous handbook with additional information in the web based handbook and on the “Tutor info” tab on Blackboard on the menu on top left of screen when you select this course (MEDI10005-HBOM-Introduction to Primary Care element)

## Ideas arising from the GP workshop

It is one of the aims of the course that the students “understand how to behave according to ethical and legal principles”. The course objective for this is:

“The student will be introduced to professional behaviour through discussion of expectations in the introductory session and discussion of ethical principles with their GP tutor. The student will demonstrate maintaining confidentiality during their attachment and gaining consent to use patient narratives in their assignments.”

### We discussed: How do you introduce professionalism?

- Confidentiality discussion with the student: What are the boundaries of confidentiality?
- Don't have to use patient name to break confidentiality. E.g. if describing patient's story on bus, people might be able to recognise who is being talked about. Don't leave notes lying around.
- One GP says “Welcome to the medical profession” and sees where the words land. Important to emphasize that being a doctor is different to the general public. You can question with students what is the difference/otherness? What does it mean? Impacts on how student conducts their personal life too.
- Explain that the patient is revealing much personal information – be aware and appreciate this.
- Balance of privilege and responsibility.
- We discussed dress code and how one GP had struggled to get the message across that a very short skirt and revealing clothing was inappropriate as the student seemed to ignore this. We wondered if getting the student to consider this from the patients' perspective or asking other members of the group for feedback would have more impact.

## Pastoral Care

Do you talk about your student's home life?

We discussed how the GP tutor is often a mentor and guide for the students over the course of the attachment. It is important you help the students feel comfortable in the surgery but also that you know of any issues that may impact on their performance/interaction with colleagues or may affect them directly e.g. A patient facing similar illnesses to a relative of the doctor or student.

One GP offers each individual student a couple of minutes each in week 1 to let Dr know if there are any issues going on that they wish the GP tutor to be aware of as they can impact on how that student interacts with colleagues and patients and their attitude on the course.

## Preparation for the GP attachment

How do you prepare for students?

- Think chairs and room space
- Consider which patients are coming to the surgery. One GP discussed how her regular patients were often less suitable for teaching so they block out appointments and leave for same day appointments so not patients are not all follow up.
- A couple of GP's mentioned pre-organising surgeries e.g. Specify e.g. only children allowed to book into this slot or around one of the HBoM themes. It is helpful to have the HBOM timetable for this (enclosed) and the email summaries from that week's lectures.
- Another idea was to invite someone in who needs QOF data doing e.g. diabetic and go through this with students present, introducing them to chronic disease and its implications.
- We discussed how to let patients know it is a teaching surgery. Briefing the receptionists is thought to be important. A reminder on front desk –all slots to say teaching surgery is a useful reminder to reception staff. The booking screen should remind patients it is a teaching surgery as well as if the student is present is male or female (especially important in some cultures/religions).

### What do you do in week 1?

- Send them out to look around the area and notice how many people are smoking, drinking, overweight, with disability, how many clothes shops etc.
- Ask them to share what they did before coming to university – students don't know each other very well at this stage
- Share your story of how you came to be a doctor/your training route or stories.
- Go round group and intro self with what attracted them to medicine and to share something they love doing.
- Using hobbies to discuss in what ways they do their hobby well and how could them improve and what stops them...starting reflective process
- Cups of tea and buns important!
- Get students to sit in the waiting room and observe.

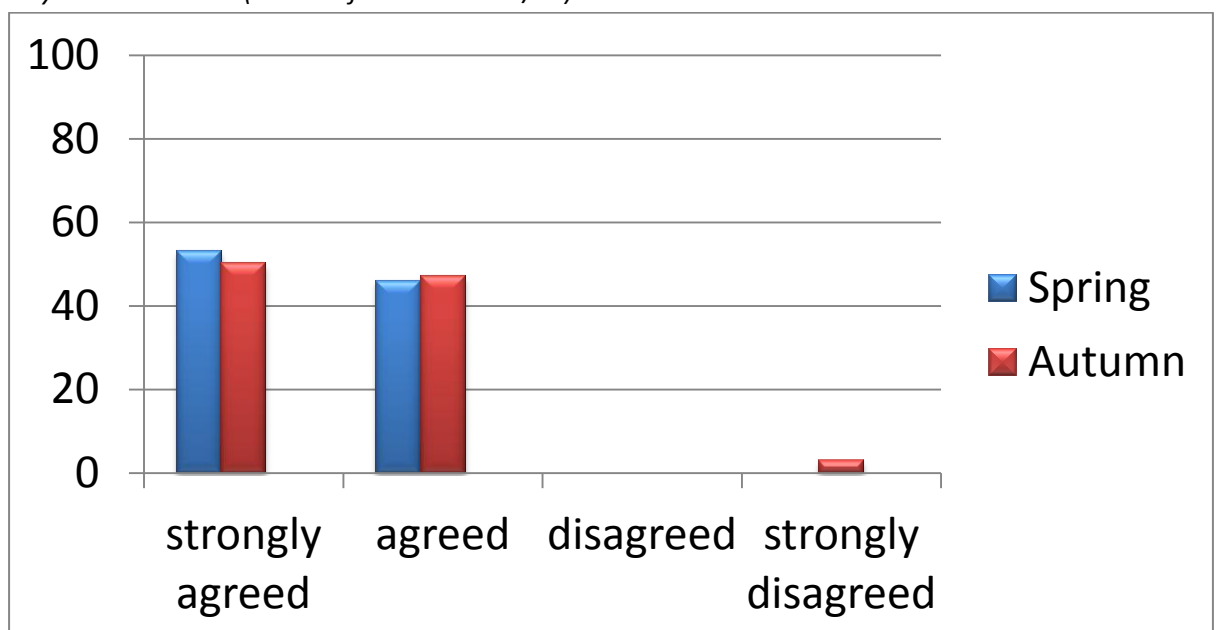
### What are the challenges of having students?

- If student is quiet and shy.
- Student cynical of reflection/poor attitude.
- We discussed that it is important to name problems early on. Let the student know what you have noticed. Ask the student to reflect on how their behaviour may impact on their future training or on the patients e.g. ask a student in inappropriate dress how an elderly patient who dresses smartly to visit the doctor out of respect might feel?
- Peer feedback may be more poignant than from GP tutor in some instances.
- The students have a lot to take in when watching a consultation. Having tasks can help— how long until the GP speaks (use a timer)? What was the patient's mood? What were the patient's expectations? Were their expectations met?
- There is a lot of discussion to fit in, especially being asked to draw on HBoM themes and teach clinical skills. Helps to pre-plan surgeries around a theme. Since the workshop one GP has told me that they start every session with a pre-planned tutorial; this is shared across the practice allowing the GP tutor to be freed up some weeks for paperwork or some patient consultations. Also to use cases seen to draw the issues from the student see HBoM mock GP case below in the separate document "Tutor notes: using HBOM themes in the consultation"

## How do you organize the home visit?

- One GP gets students to do 2 consecutive visits per afternoon. This is a lot of work but has benefits especially if can walk between visits. Allows students to contrast/more material.
- We discussed the importance of home visits—unless student becomes GP often little opportunity to see patient in their surroundings, sometimes shocking which can have positive impact on student's broader experience of medicine, understand more about the whole person.
- Some GP's drive students to visits, discussed usefulness of students being able to walk back.
- We discussed preparation of the students and discussing their concerns e.g. p 22 of GP handbook
- Discussed being able to contact GP if out on a visit e.g. give mobile number.
- Discussed patients cancelling the home visit and having a backup plan.
- We discussed the information the students need before a visit. Some GPs give students print outs, others don't. We agreed that basic medical information is helpful but they don't need detailed records and in fact may focus too much on this at the expense of the drawing out the patient's story.

*Would you say your GP teacher provided you with adequate preparation before going out on your home visit? (student feedback 2010/11)*



## Other tips

- One GP leaves students in surgery (while taking others on home visit) to write Xmas cards/thank you cards to the patients they have seen. The patients are thrilled with this.

## Human Basis of Medicine (HBOM) integration

We discussed a case as a whole group, drawing out themes from the different elements that go to make up the HBOM unit. A summary of this discussion is in a separate document.



## **Applied Case workshop**

We used the marking schemes to look at 4 Applied Cases and discussed general issues with marking. A summary of our discussion including a marked example are enclosed in a separate document.

## **Reflective workshop: Enhancing the educational benefit of reflection through GP tutor feedback**

According to the National Student Survey, lack of feedback is an area that is consistently highlighted by the students. Specific written feedback on student assignments is highly valued by students. In this workshop we reviewed the concepts of reflection and why we encourage students to reflect (e.g. to encourage practice-based learning from their experiences, to consider other perspectives and ways of interpreting an experience, to become aware of the frameworks that are brought to their encounters, to develop interpersonal understanding etc). This was followed by producing written feedback to a selection of student creative-reflective pieces, first without any template and subsequently with a framework. The framework was based on a model described by (Reis et al., 2010) which I have adapted for application to creative-reflective texts. The framework was found to be helpful especially in analysing why a student text might be weaker.

The framework and the original paper are attached separately to this report.

## **Issues raised with the course**

A number of GP's raised concerns that the autumn attachment starts in half term. This affects bonding and is difficult for the GP's left covering the surgery having to manage a group of students as they are already short staffed. We wondered if next year the attachment could start a week earlier, either with a break for half term or at least students would then know the practice and be able to sit in with the nurse/other GPs. I will discuss this centrally.

The marking schedules had been changed to reward students who did excellent pieces of work. However it was felt in the marking workshop that they may now be too tough. We discussed the importance of reading the pieces first and being aware of your "gut feeling" before marking and comparing this to the grade from the marking schemes. There is no perfect marking scheme and development is ongoing.

GPs felt a grade of very good would be fairer as there was a lot of difference in quality between the good students scoring 62% and another scoring in the high 70's. I will introduce this and although not on your current marking schemes if you put the mark (out of 50) in Blackboard it will give the student the corresponding grade (very good will be any grade between 35-40/50).

Concern was raised that Blackboard is not confidential as GP tutors could see everyone's grades. The change to Blackboard will help this as you just select your students under "needs marking". However it is possible for all GP tutors to be set up with an individual log in and something that can be further explored.

Concern was raised that the workshop was not compulsory for all GP teachers in year 1 which has issues for standardizing teaching and therefore the student experience. I will discuss this centrally.

There was a suggestion to have 2 workshops for Year 1. This may be possible and one mid way through the year could be helpful. I can explore this further.

Many thanks to all who attended, I hope you enjoyed the morning. I felt it was especially useful in forming a GP teaching community and I would really encourage you to log onto Blackboard regularly and get involved in the discussion forum set up under “tutor info” in the contents list.

Dr Jessica Buchan

Year 1 GP attachment lead.

### **Additional information you can access:**

If you do not want to download documents now but might like future access, you will be able to find them all on Blackboard in tutor info by Oct 18th: [www.ole.bris.ac.uk](http://www.ole.bris.ac.uk).

- Workshop report (page numbers refer to the GP handbook).
- Student handbook 2011-12 (please email [Liz.Moore@bristol.ac.uk](mailto:Liz.Moore@bristol.ac.uk) if you would like a hard copy sending to you) In your GP handbook you will find: the home visit consent letter (p9 in GP handbook), revised mark schemes for the Applied Case and Reflective template.
- GP handbook (web version)—hardcopy to follow if you have not received this at workshop.
- Blackboard instructions are in the GP handbook p29.
- Timetable HBoM (Human Basis of Medicine) courses
- Tutor notes on using HBoM themes in the consultation
- Tutor notes on marking student assignments and using the marking schemes
- Framework for feedback on creative-reflective work
- Original paper framework based on model described by (Reis et al., 2010)