Report

2010 Workshop for Year 2&3 GP Teachers

From http://outofourheads.net/oooh/

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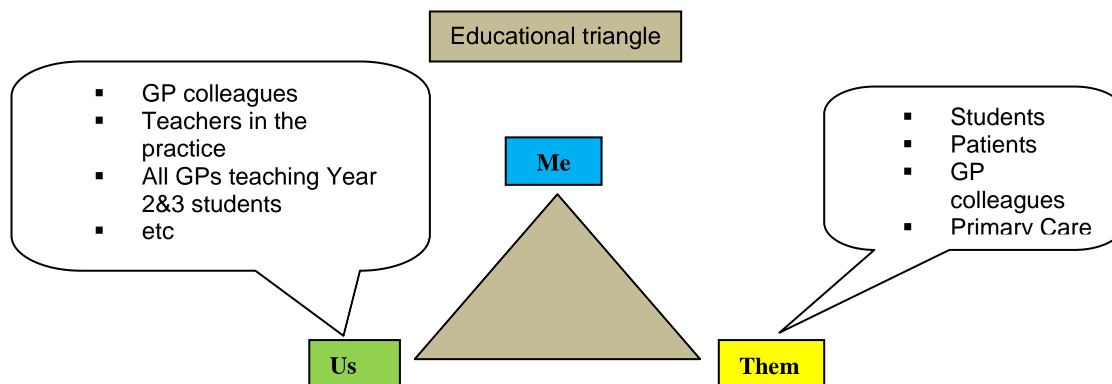
Top tips and troubleshooting session – 'Teacher Talk'

We started off this session with brief reflections on 'When I think of myself as an educator…'
Participants were invited to reflect on themselves as teachers with the 'educational triangle' in mind



To ease ourselves into a reflective mood we used postcard images as hooks and metaphors to express our thoughts and feelings. The picture of a man sitting on the branch of a tree and sawing off the branch on the trunk side struck a cord. Prior to starting a session it can all feel quite precarious. Will the students get here on time? Will the patients turn up?

Year 2 Top Tips

- Shared list of interesting patients in the practice
- Email students the week before and ask about learning needs/indicate what areas they will be dealing with
- Agree learning objectives in the session
- Plan for the last session
    - Allow time for feedback
    - Prepare students for feedback
    - (Possibly only have one patient)
- Whole person care – take students to visit a person with disability at home
- Warn students that they will be asked to give constructive feedback to their colleagues often so that they observe well and don't fall asleep
- Write to patients afterwards with your appreciation

Questions from new teachers and 'Top Tips' from experienced ones for Years 2&3

Finding the patient and ensuring that they turn up

- Book 1-2 in advance
- Confirm 24 hours before
- Create patient database on computer, code patients willing to see students
- It is easier if you know the patient
- Patient selection -ask colleagues and nurses
- Advertise in waiting room that you are looking for patients to help with teaching students
- Vary the patients, gets a bit dull if you always use the same patients
- Keep a log when patient has done a teaching session
- Say thank you (card, standard letter)

Payment for patients, taxis etc?

- The consensus was that this would be going the wrong way and could be difficult to administer. Also, no money for this at present. Patients often want to help and enjoy the sessions
- Could visit at home where transport is an issue
- Thank you card/letter afterwards to acknowledge patients' effort

How long is the assessment? – exam, history

- In year 2 you need to guide your students
- 2 patients per session
- Alternate students in pairs. One starts with the history, other continues with exam., then swap pairs for next patient
- More patients if good signs
- Short cases, i.e. more than 2 patients per session especially suitable in Year 3 in MDEMO

Group size?

- At present the planned for group size is 4 students in Years 2 and 3.
- In Year 3 the group size varies from 3-5. This is due to the Erasmus scheme, being spread over six academies with student numbers in each academy not being divisible by 4 and students being in groups with different timetables.
- If we had fewer students per group we would have to pay less per session. The sessional fee is based on four students per group session.
- We also do not have enough GP teachers to deliver the Year 2 and 3 teaching if we had smaller and therefore more groups.

Entry level – what do they already know?

- Ask the students and be guided by their learning needs
- In the first session especially and also at the start of subsequent session find out what they know already about the topic/patient problems chosen for the session. Jointly set learning objectives for the session and revisit these at the end of the session
- Information in the Year 2 and Year 3 GP teacher handbooks

What are the essentials to cover/curriculum? Checklist for us

See GP teacher handbooks for detailed information

Year 2

- Basic history taking and examination skills relating to the 4 clinical weeks

Year 3

- Revision of basic history taking and examination skills, additional skills, diagnosis making, organising further tests/investigations/referrals, safety netting, follow up and review

Are we teaching 'normal/routines' or 'abnormal'

- Students need to know when something is normal and when it is abnormal. You are looking for a mixture.
- It can sometimes be difficult to find patients with good signs or you may have a patient with a good history but no current signs, i.e. PE and vice versa.
- It is a good idea to find patients with 'signs' so they learn what to look for and how to find abnormalities, i.e. not missing a very large spleen etc.

Agenda – theirs? Ours?

- Year 2 start with full systematic history and examination
- Towards the end of Year 3, or end of Junior Medicine and Surgery Unit you could guide them to more focused history taking and examination.
- The key is that they must be able to do every examination when needed, even though once qualified we all focus history and examination and take short cuts. These need to be safe shortcuts which means that students need to acquire solid and confident knowledge of history taking and examinations.
- Students will learn for their exams. It is therefore important that we get the exam right, so students are motivated to learn the relevant stuff in an effective way. For example having to do a clerking portfolio (32 patients) means that the students practice clinical skills a lot. The Primary Care OSCE station in year 3 tests complex skills – putting together history and examination and coming up with a sensible diagnosis and plan.

How long should the sessions be? Break up to allow discussions and questions?

- Plan for length of time with patient, time for feedback, teaching without patient present
- It helps to write down the plan and to try and stick to it - timekeeping
- Students regularly feed back that they like the 'topping and tailing' of the session with introduction to the topic, brainstorming, setting learning objectives at the beginning and revisiting of learning objectives, added information and feedback at the end of the session.
- You may have to curtail the history if patients are too expansive and students unfocussed.

Here is a tried and tested way of running the sessions in both years.

Session plan – 180 min.

20 min. introduction to session and 1st patient
60 min. with 1st patient – history and examination
(first pair of students plus everybody elicits abnormal sign, i.e. listens to murmur, palpates liver etc)
20 min break
10 min introduction to 2. Patient
60 min with second patient - history and examination
(second pair of students plus everybody elicits abnormal sign
10 min. revisiting learning objectives, general feedback, planning next session

Does each student need to do the history and examination?

- All students need to take histories and examine. A good pattern is to have two patients, divide students into pairs, and in each pair one student does the history the other the examination. At the next session students do the opposite, examine if they were taking the history before etc.
- Think about how you will keep all students interested while one of them is actively doing something
- History taking: ask all students to be prepared to give a 1, 2 or 3 sentence summary of the problem/history. They will struggle with it at the beginning but it is a really good exercise for them. One could feed back on the body language (patient and interviewing student) they are observing
- Examination: divide the observing students into 'good cops' and 'bad cops' to feedback what was done well and what could be improved

Do we chase DNA students?

- It is up to the student to let you know what is happening, not for you to chase them.
- GP sessions are compulsory and there needs to be a record for non-attendance. It is part of the professional behaviour we assess – if they can't come due to illness or other legitimate reasons they should inform you prior to the session
- There is an 'absence hotline' the students have to phone if they don't turn up for sessions
- If you have not had any information from the absent student ask the other students in the group whether they know what is happening.
- Check with the student at the next attendance why he/she didn't come. If there is a reasonable answer accept it, but you might mark the student as 'reservation' on the professional behaviour form if they didn't let you know at the time (unless that was impossible, i.e. stuck somewhere else due to volcanic ash and mobile not working etc)
- If the student is missing a second session please let me know by email barbara.laue@bristol.ac.uk I will then email the student to find out what is happening
- If you have serious concerns regarding the welfare of the students or the student's professional behaviour please let me know regardless whether they have missed a session or not.
- You do need to keep an attendance register and tell us on the attendance and payment form what sessions the students have attended.

Difference between Year 2 and Year 3 student teaching

	Year 2	Year 3
Teaching task	Basic history and examination	Extended history and exam., diff. diagnosis, investigations, mx
Focus	Body system	Clinical area
How many patients/session	2-3	2-3
Formative assessment	Yes	Yes
Summative assessment	No	Yes Primary Care OSCE station

- Students have different needs in Year 2 and 3 and also at different stages in the year.

- In the first session in Year 2 students will only have laid hands on a patient once or maybe twice. In their last session they will probably already be more comfortable with touching patients and asking questions.

- Year 3 is the first full clinical year. In the course of this year they should become proficient in all basic examination techniques, their history taking should have evolved to more focussed history taking and they will be more used to making diagnoses and suggesting investigations and mx plans. Skills will vary depending on which Unit they start with and between the start and end of Year 3.

- It is a good idea to start with a brief group 'learning needs analysis' at the beginning of each session and to encourage the students to log their individual learning needs.

Issues not aware off at the beginning

- When we teach Year 2 and/or Year 3 students for the first time we probably all worry a bit whether we are getting it right.
- You will very quickly find your feet.
- We have put a lot of information into the GP teacher handbooks. It is a good idea to look through the whole handbook so you know what information is in there.
- If you have organisational questions, contact your academy administrator or Jacqui Gregory for Year 2 and Melanie Stodell for Year 3 in the central Teaching Office.
- For teaching questions contact your GP academy lead or me.

Consequences of completing PBF (professional behaviour form)

- Students don't fail on the basis of one negative PBF unless there is a serious (GMC type) conduct issue (extremely rare).
- All clinical teachers complete a PBF for each student they are teaching. There are quite a few forms for each student at the end of the year.
- PBFs are centrally collated and seen by each year exam committee.
- They are also all seen by the director of undergraduate studies.
- This means that a picture builds up for each student.
- If necessary the exam committee/ director of undergraduate studies will take action.
- Students can fail a Unit due to poor professional behaviour.
- There is a remedial programme for students failing PBF assessments.
- We all need to take responsibility and note poor behaviour on the PBF form if necessary. If you are not sure, please discuss it with your academy lead or me.

Expectations? Geared to GP work/hospital? Time?

- The consideration given to GP teaching by our hospital colleagues is variable and in some places not as good as we would like it to be. The GP academy leads and I in my role as GP lead for Year 2 and 3 are continually working to maintain and improve these relationships.
- Year 2 is a simpler year in terms of clinical experience for the students. They only have 4 clinical weeks and everything has to be fitted into these weeks. The regular Thursday sessions have worked well for GPs (as far as I know. There have been no complaints about it).
- In year 3 we have 3 different Units and are dealing with 6 academies as well as the Erasmus programme. It is up to the GP leads and the GPs in each academy to decide together with their hospital colleagues the best way for organising the GP sessions.

Practical issues

- Who to invoice?
  Information regarding payment is in the GP teacher handbooks. You will need to send in an attendance record and payment form per group and an individual assessment form for each student

Formative assessment
Tricia Thorpe, Teaching Fellow, TLHP

We are assessing, making judgements all the time.

- Tell students when, what and how you will be assessing him/her
- Feedback is the most important thing you do as a teacher (evidence based, it makes a difference)
- Say it as it is in a nice way and be hones
- Feedback frequently
- Teach self assessment and peer assessment

Formative assessment in a Year 2/3 teaching session

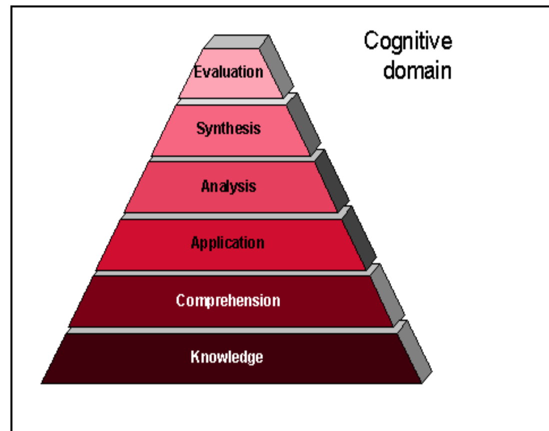
More usually used methods

- Present a patient/case
- Peer feedback
- 1-sentence summary
- **Questioning**

Further suggestions

- Problem/case study to work on
- Design game/activity to embed material
- Creative piece – poem?
- Devise quiz or MCQs
- 1 minute paper
- Role play with feedback
- Draw a mind-map
- Present your learning as news bulletin
- Design patient information leaflet

Bloom's taxonomy for the cognitive domain



Questioning is a key teaching skill

Questions can be asked at different levels of the cognitive hierarchy described by Bloom

Applying **Bloom** to questions about COPD

- Knowledge: List signs of COPD, name drugs used in the treatment of COPD
- Comprehension: Explain how Salbutamol improves symptoms in COPD
- Application: What medication would you prescribe for this patient with COPD?
- Analysis: Why is this medication not working in this patient?
- Synthesis: Finding a compromise between patient preference and recommended treatment
- Evaluation: What would be the most cost effective way of managing this patient with COPD

Giving feedback

Always remember to **frame feedback**: 'I am going to give you some feedback now…'

Opening lines

- 'How do/did you feel…'
- 'Is everything ok?'
- 'How are you finding things?'
- 'How do you think it is going?'
- 'Can I help with anything?'
- 'What are you doing well?' 'What are your strong points?'

Useful phrases

- 'I noticed…'
- 'Have you thought about…'
- 'Have you ever been in a similar situation?'
- 'Have you ever talked to anyone else about…?'
- 'What I sometimes find useful…'
- 'What do you find most comfortable?'
- 'When you were examining the patient you came across as…Why do you think that is?'
- 'What might make it easier for you?'
- 'How do you think the patient found that experience?'
- 'That is understandable, it is your first patient'
- 'How do you think it affects others when you are late?'

Teaching cardiovascular history and examination
Kate Mitchell, Clinical Teaching Fellow, Bath

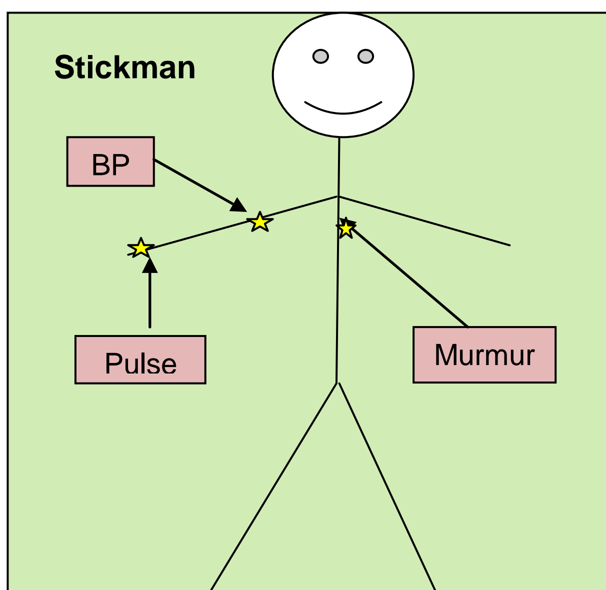
Teaching students to become 'diagnosticians' rather than 'information gatherers'

Kate's teaching of history taking is based on the hypothetico-deductive model. This can be done with the whole group taking turns to ask questions or with a single student leading the history taking.
She stops the student after one or two history questions, asks the group for their differential diagnosis at that point and writes them on a flip chart. The students ask more questions and Kate continues to stop them at appropriate points. This teaches the students to focus on the problem and leads them down a diagnostic path rather than just amassing a lot of information with their questioning.
It is important to outline this method for the patient and students beforehand so they understand the rationale behind this process. The patients need clear instructions at what point to begin their story, i.e. when symptoms started, not to divulge too much information in one go and not to give the diagnosis away.

Here is an example for 'I get a pain in my chest'

Kate	Students
What is your diagnosis at this point?	Students brainstorm possible diagnoses
Kate draws a mind map	
How will you differentiate between these diagnoses?	Students ask questions about type of pain, radiation, etc
What does this type of pain sound like? What can we rule out at this point?	Rule out tumours and pneumonia
What other questions could you ask to differentiate?	Ask about risk factors
What have you learned from that?	Angina is less likely
What is more likely/less likely at this point?	Aortic stenosis more likely
Would you like to ask some questions about that (AS)?	Students ask about collapse
What does that tell us about the diagnosis?	

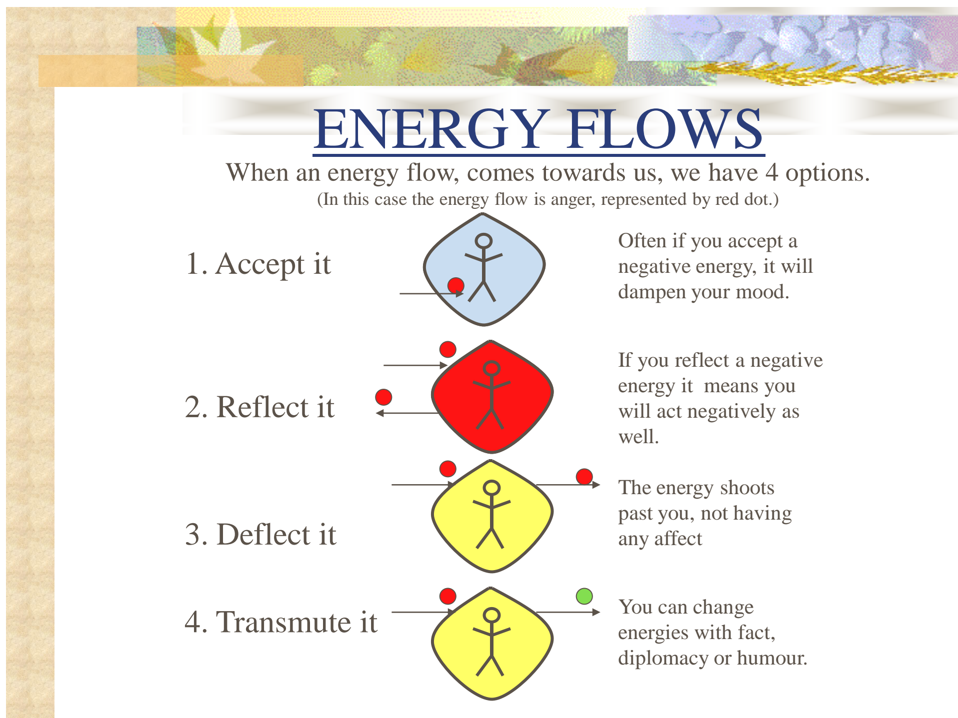
<u>Anticipating clinical findings</u>
Kate teaches examination skills by making students visualise the different parts of the examination with the help of a 'stickman'. She draws a stickman on a flipchart and asks the students what they would examine and what they would expect to find. She marks this on the stickman.
This helps the students to anticipate what signs they could expect to find with a given history



<u>Keeping up the interest of the group while one student is examining</u>

- Student to give running commentary on what other student is doing
- Summarising
- Sharing examination

Andrew introduced us to the idea of emotion as energy flow. Emotions are involved in all our interactions and there are different ways how we can deal with these 'energy flows' with different consequences



This simple model can help us to understand dysfunction and how a person can get out of balance.

<u>We all have the ability to choose our responses</u>
We can choose to be angry…loving…sad…happy… etc…
And don't forget-These choices have consequences!

Your evaluation of the workshop

What are the main things that you have learned in this workshop?

- It has refreshed my whole way of teaching – so lots of new ways of running the sessions
- I have a much better 'feel' for what is expected from year 3 teachers and the students' needs at this stage. I have new ideas re ways of teaching and especially ways of feedback.
- Very useful sharing of top tips; useful insights into secondary care [???]; some interesting ideas on teaching self care.
- I want to renew how I teach year 3 in GP and this will help greatly. Structure of session, content, clerking portfolio.
- Understanding formative assessment is the biggest gain from today. Some very useful tips and pointers.
- Logistics of having year 2 students. I aim to be helpful to year 2 students and their development. Emotional energy – never come across this before.
- I've taken several practical tips away – patient selection, books to read etc.
- Useful tips for CV examination and formulating ideas for developing a focused Hx.
- Top tips for 2nd and 3rd year student teaching from other teachers.
- Excellent presentations – good to have practical/admin stuff, excellent provision of some models – schemata to help structure sessions

How could we improve our workshops for Year 2&3 teachers?

- Would have liked more feedback from experienced year 2 & 3 teachers.
- Maintain mix of usefulness and thought provoking talks (i.e. self care).
- Very good overall – include postcode for sat nav!!
- Start of afternoon session was a little disorganised. Room allocation to each group was not clear.
- Group discussion and sharing experience useful.
- Involving some students to express their opinion.
- ?Could there be any value in having a brief session with a few 2nd and/or 3rd year students present – get their perspective on what they would like from their GP placements. Also teaching CV exam was really good session – get Kathryn back to future workshop and show example of eg. neurology exam (this one potentially very challenging).
- Send out a synopsis beforehand.

Any suggestions for future GP teacher workshops?

- Revision of systems examination tailored to students' requirements…. always useful.
- Keep Tricia as a speaker!
- Maintain link with TLHP. Communication skills next time?
- Having GP trainees here is very useful – give them more prominence?
- More information from Clinical Teaching Fellows.
- Include discussion of tips for dealing with tricky behaviour in students/patients.
- More mixture of clinical skills teaching and learning/teaching methods seminars.
- More group exercises.
- Delegates to bring some case studies.
- Please do a musculoskeletal workshop and a psychiatry workshop.

What will we do as a result of your feedback?

Organisation
We will
- provide clearer information regarding groups
- give you the postcode so you can use your sat nav
- endeavour to include a synopsis of the session with the programme

Students
We have tried in the past to get students to come to the workshop and it has proved very difficult, partially because their timetables are very full and the workshop is close to their exams. We also have to pay a delegate rate per student to the venue and money is tight for workshops. We agree with you that it would be good to have students present at the workshop and will keep trying.

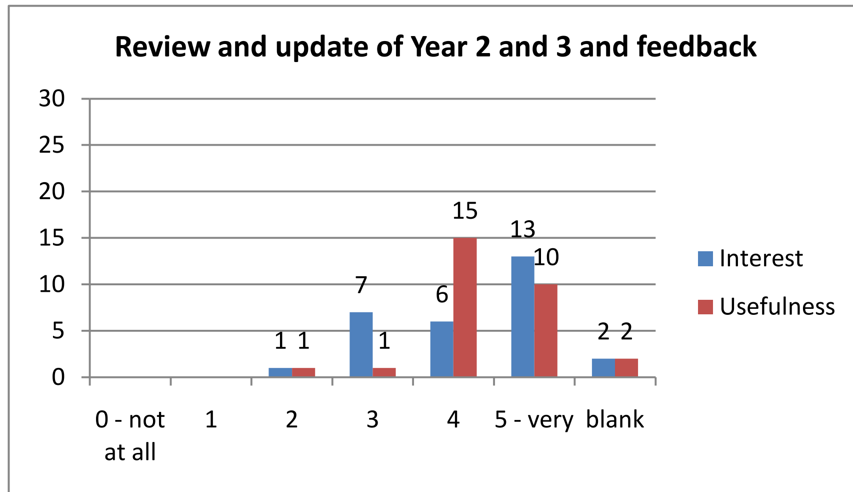
Guest speakers
We are pleased that you liked our guest speakers and will continue to bring in clinical teaching fellows and TLHP colleagues if possible and involve academic GP registrars (when we have them).

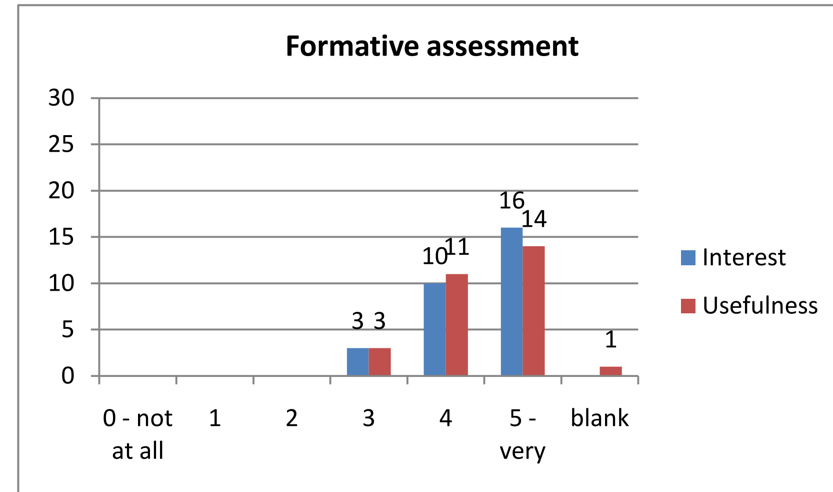
Evaluation

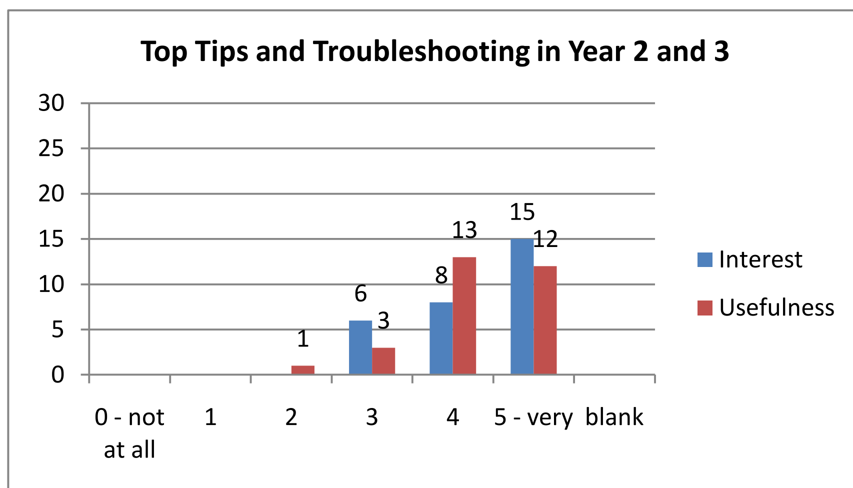
GP Teachers' Workshop for 2. & 3. Year Courses

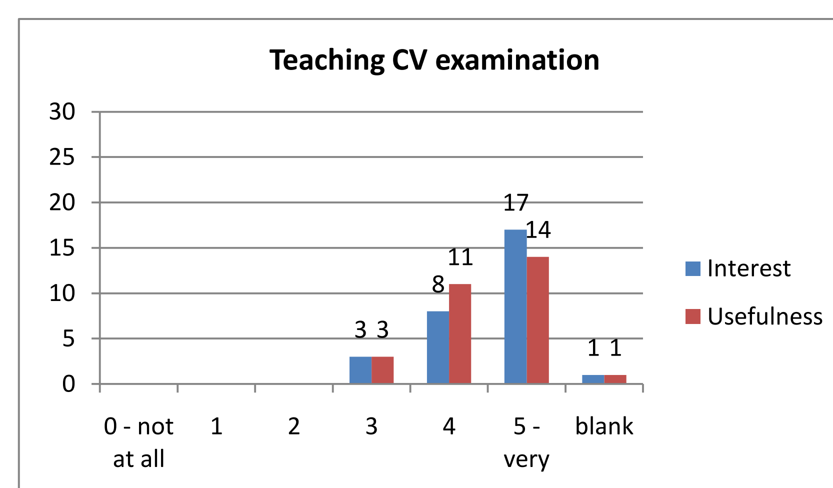
Engineers' Hse, Clifton, Bristol
11th May 2010

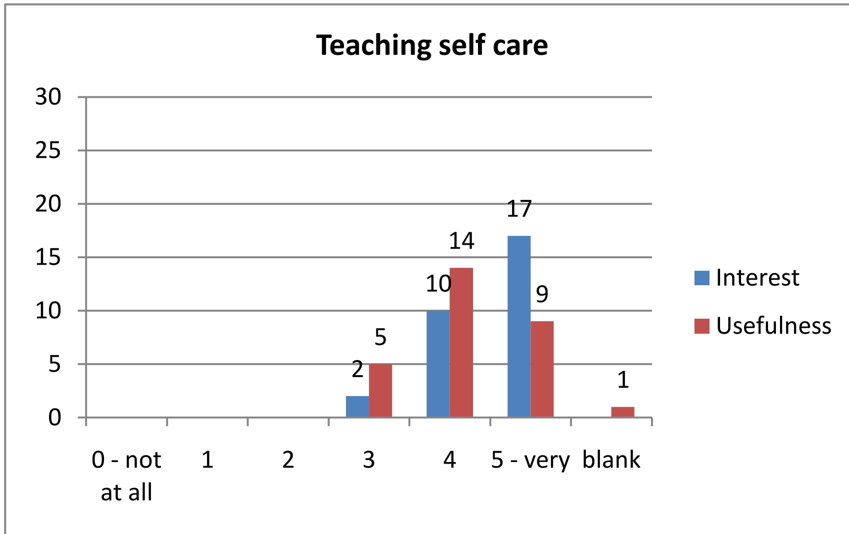
The results are based on 29 completed forms

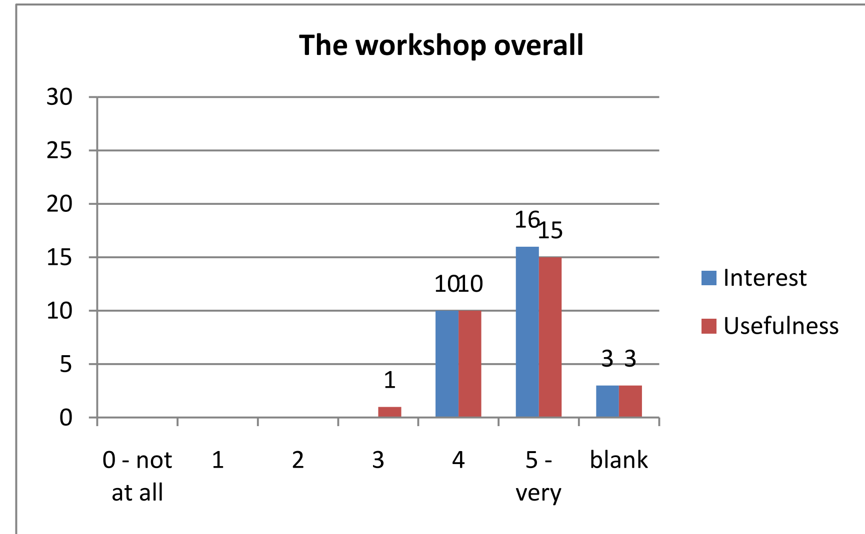




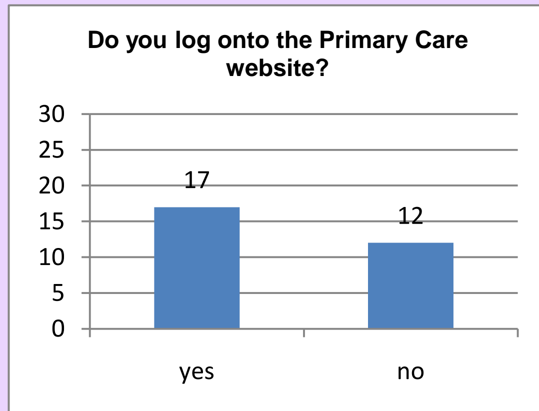


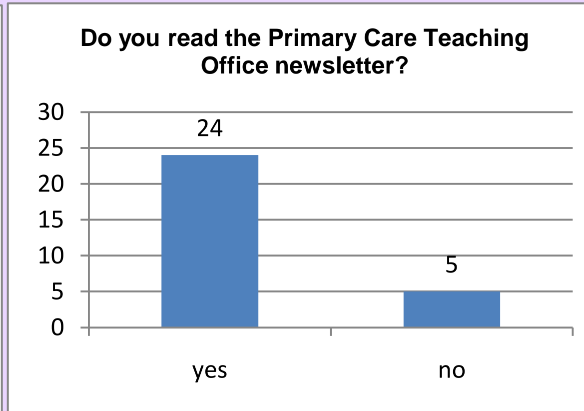






Here is what you said





The End