

<http://www.bristol.ac.uk/primaryhealthcare/>

# 2014 Report

## Workshop for Year 2&3 GP Teachers



Student creative work at

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

This piece is called  
**'The Knot'**  
By Elfrieda Power

Read her reflections at

<http://www.outofourheads.net/oooh/handler.php?id=358>

This was great, the speaker was clear, engaging and enthusiastic about his subject. Really helpful

- + Update Years 2&3
- + Teaching ENT
  - o Overview of ENT teaching
  - o Teaching ENT examination
  - o Common conditions and what to do about them
- + Top Tips for teaching in Years 2&3
- + Leading Junior Medicine and Surgery
- + Teaching Neurology
- + Teaching for 'putting it all together' (OSCE)

Barbara Laue  
Angus Waddell

Small groups  
Alastair Wilkins  
Alastair Wilkins  
Barbara Laue

Organiser      Barbara Laue

Dear colleagues,

Many thanks for coming to our 2014 Year 2&3 GP teacher workshop.

Your comments on the day and your written feedback showed that you all felt enthused about teaching ENT. A big thank you to Angus for making it all look so easy.

Thank you also to Alastair for coming to our workshop. He is leading JMS (Junior Medicine and Surgery) and has also recently taken on the challenging task of being the overall Year 3 lead. He provided us with an overview of JMS and took us on a journey of the various assessments in that Unit. He talked about the challenge of making exams valid and reliable. It was good to see that the Primary Care OSCE station had performed well in the recent JMS OSCE exam.

Alastair also showed when in the curriculum students learn about neurology and highlighted that there is less Neuro teaching at Bristol compared with most other UK medical schools. Unfortunately there was not enough time for Alastair to show us all his MS slides. We have emailed them out with this workshop report. They provide a succinct summary of epidemiology, presentations and management of MS.

You gained a bit more insight into OSCE stations by marking two Mock OSCEs, one excellent student and one failing student. These two scenarios cover the range of ability we see in the Year 3 OSCEs. Our teaching should be aimed at helping students 'to put it all together', to make sense of the information they are gathering and to take appropriate action.

Please take a look at the summary of the Top Tips session. Hopefully this will be useful for your own teaching.

There are a lot of changes going on in the Year 2 and 3 curriculum and we will keep you informed. Please continue to let us know your concerns. Any suggestions you have for improving undergraduate teaching are always welcome.

We hope that the workshop enthused you to continue or to start teaching second or third year students and that you will find this report a useful teaching resource for your sessions. Don't forget to add this workshop to your CPD log. A reflective template is included with the report in case you would like to use it.

This year's **Summer Education Day is on 24<sup>th</sup> June**. We have invited two guest speakers. Nicola Taylor, a clinical lecturer in Psychiatry from Bristol, will lead an exploration into teaching Psychiatry and mental health in the five years of the medical curriculum. In the afternoon, Sophie Parks, a Bristol graduate and now a Principal Teaching Fellow at UCL will talk about findings from her systematic review of the literature on undergraduate medical education in General Practice in the UK. She will have lots of interesting information for us. Mark the date in your diary, more details to follow.

Best wishes from all of us in the Teaching Office



Barbara

## Update for Year 2

### Survey of Year 2 GP Teachers regarding the shortened clinical weeks

This showed the following results (15 GPs completed the questionnaire)

- 40% thought that students were less well prepared
- 40% adapted their teaching in some way
- One GP was teaching less

Mixed comments in response to 'How is it working for you?' See slides for details

### Year 2 student feedback for 2012-13

The collated results had been sent out in July last year. Overall the feedback was excellent.

By far the best way to build confidence and get some one on one teaching. I did enjoy the hospital too but I feel I learnt the most here at the GP

Good to explore ideas of differential diagnosis and to concentrate on open questions. Great examination tips - very encouraging teacher

The session is an amazing opportunity to get really personal feedback and advice on your history taking/examinations skills. Learn more in these 3 hours than the rest of the week

Please remember to send in your attendance and payment forms and student feedback. I am planning to send out the feedback in early April this year.



### Year 3 teaching in Swindon

From 2014-15 Year 3 students will also be taught in the Swindon academy for the first time. We are keen to recruit GPs in the Swindon area to teach 3<sup>rd</sup> Years. If you are interested, please email the Teaching Office or Lindsay O'Kelly the GP lead for the Swindon Academy. We have organised a teaching workshop in Swindon on 15<sup>th</sup> April. Information will be sent out shortly.

### Year 3 student feedback for Units 1&2 2013-14

Absolutely great teacher, good style and good knowledge of our curriculum and how we're examined 10/10



Brilliant feedback - very very detailed and well thought out and individual and tailored to each one of us - always something to reflect and hopefully improve.

# Teaching ENT

Angus Waddell, Consultant ENT surgeon and teaching lead for ENT

Angus made teaching ENT look simple and enthused us to do more of it. Please take another look at his slides which we sent out with the workshop report email.

Angus showed us that Bristol students have very little ENT teaching in their curriculum. It would therefore be good if we could maximise ENT teaching opportunities in our practices.

## ENT teaching at Bristol

- Junior Medicine and Surgery
- 1 Week clinical attachment to ENT in small groups
- Tutorials within JMS
- Additional practical experience in Primary Care and Paeds
- Knowledge base
- Clinical Skills
  - History taking
  - Examination of Ears and Neck
  - Assessment at year 3 OSCE/year 5 DOSCE

## ENT knowledge for students

- Basic anatomy
- Conditions
  - Wax, Otitis Externa, Foreign Bodies
  - Glue Ear, Otitis Media,
  - Deafness, congenital / acquired
  - Vertigo
  - Rhinitis, Nasal Polyps
  - Tonsillitis
  - Stridor / Epiglottitis
  - Head and Neck Cancer overview
  - Facial Nerve weakness



## ENT teaching script

### Introduction

- Introduce yourself, wash hands, consent, ask patient which is the worst ear

### Inspection

- From the front—look for asymmetry
- Inspect both ears individually—scars, deformity, erythema, pinna lesions

### Otoscopy

- Examine better ear first
- Chose 4mm otoscope speculum. Hold the otoscope like a pen not a hammer
- Pull pinna gently up & backwards when placing speculum. Get up close to the otoscope
- Look at the external ear canal, the ear drum itself, and through the drum into the middle ear

## Tuning fork tests (Where is the hearing problem?)

Use 512 or 256 Hz tuning fork

### Weber **Weber localises towards conductive loss and away from a sensorineural hearing loss**

- Tap the tuning fork on your own elbow or leg to vibrate
- Place it on the patient's forehead, stabilising the head with your other hand
- Ask the patient which ear they hear it loudest in

### Rinne **Rinne test is loudest in front of the ear**

- Place the vibrating tuning fork alongside the ear canal
- Then place the base of the tuning fork on the mastoid tip, stabilising the head
- Ask the patient if it is loudest in front or behind

Positive Loudest in front of the ear—normal hearing or sensorineural hearing loss.

Negative Loudest behind the ear—conductive hearing loss

### Whisper test

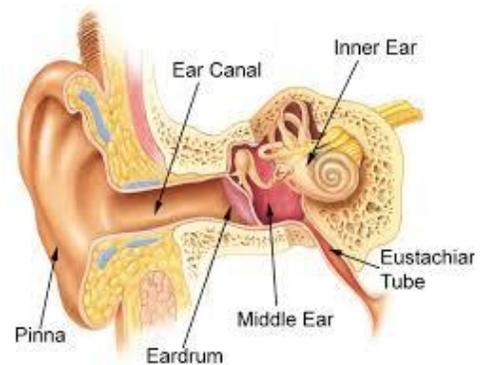
To test the left ear mask the right ear by pressing on the tragus

Whisper different 2 digit numbers into the unmasked ear (i.e. 63)

Whisper more and more quietly until the person can't hear you

Repeat for the other ear

- |                              |       |
|------------------------------|-------|
| ▪ Loud shout                 | 110dB |
| ▪ Speaking voice approx.     | 60dB  |
| ▪ Quietest whisper is approx | 25dB  |



## Teaching ENT to medical students in GP placements

- It was felt that teaching ENT would fit well as a short part of a session in the 3<sup>rd</sup> year med/surg sessions. Students enjoy being taught how to use the ophthalmoscope. It was felt that ear examination could also fit in well – probably in a neurology session.
- Obviously the 4<sup>th</sup> and 5<sup>th</sup> year placements are an ideal time to practice ENT examinations
- Chronic perforations – code them, keep spreadsheet with relevant patients incl. ENT signs and symptoms
- Get students to look up U-tube clips. One site mentioned was 'geeky medics'
- Hippocrates basic examination skills
- Hippocrates clip for cranial nerve examination was thought to be very good; adding one of ear examination would be excellent.
- Teach as part of neuro session (Year 2)
- Quick practice in between patients. Could fit in any time
- As a last minute replacement if patients don't turn up
- Introduce this to CAPS logbook
- Look out for ENT problems in other patients
- One GP had been at Liverpool University where they had had a Clinical Skills lab which included model ears to practice on

# Teaching Top Tips session

## Year 2

One GP had the impression that the students' skills had declined and wondered whether the teaching had changed. Before they used to have 'the spiel' but now seem to need more guidance.

- Emailing students before the session getting them to look things up
- LNA – find out what they have done already, start more slowly, go over history and examination before the patient comes in, discuss what questions they might ask
- Need to demonstrate examination as the students didn't really have any experience of examination

### Teaching History taking

- Problem of 'cold histories'
  - Scene setting – direct to a particular symptom
  - Go back to when symptoms started
  - Role play 'chest pain' history – what questions to ask
  - Intervene with questions when the history goes off track 'What did you find out?'
- Write down questions they ask, then reflect on questions afterwards
- Highlight importance and significance of patient's opening statement
- Lots of questions are good, make them think
  - What is that telling you? What does that mean? What are you thinking?
  - What other way can you think of to say that?
  - Brainstorm/role play: 'Let's imagine this patient came for the first time, what should we now be doing?'
- Highlight that standard history proforma is a fall back when you are stuck
- How to involve all students - history taking
  - One student leading on history
  - Second student to take over half way through
  - One acting as scribe
  - One summarising at the end
  - 4 line summary from another student
- Talkative patients
  - We had a couple of teachers who had had patients who didn't stop talking and effectively gave the whole history without the students having to ask anything. On suggestion was to get the students to think of a phrase that could be used to interrupt the patient.

### Examination

- Not so important if there are no signs, students need to know what is normal
- Teach examination routine
- 'From the history, what would you expect to find on examination?'
- How to involve all students - examining
  - One or two students examining
  - One student commenting on what the examining student is doing
- Feedback from patients
  - Ask patient what they thought, ask them to comment on examination
  - 'Did not push hard enough' a comment on student abdo examination

## Neuro examination

Students need to be able to do basics

- Need to be able to pick and choose what needs to be done
- 'When you are doing that, what are you looking for?'
- Teaching for 'meaning'

Tailor to what you are expecting to find

- Visual fields
  - Can do both sides at once for picking up commonest field defects – bilat. hemianopia and quadrantopia
- Sensory examination
  - Peripheral neuropathy – glove and stocking
  - Dermatomal patterns
  - Specific nerve defect – median
  - Spinal cord – sensory level

## Feedback

- Remember to allow time for feedback at the end of the last session
- Encouraging
- Individual
- Specific
- Keep notes

## Patient recruitment

- In winter – patients are more ill or don't want to come before Xmas
- Keep list of keen patients
- Ask patients just seen or about to be seen
- Use Read code for patients willing to be seen by students
- Get a phone number
- When signing letters note patients suitable for students' history and examination
- Patients for neuro session
  - Parkinson's disease
  - Stroke

## Last Year 2 session

- Neurology plus the whole patient - home visit
- Challenge to fit it all in
- Neuro patient might take some time
- Take longer over one patient, brief problem/examination for second patient
- From Alastair Wilkins
  - Focus on motor system and cranial nerves rather than sensory problems and signs

## Forms

- Benefit of using available forms (in teacher guidebooks and on primary Care website) for keeping records of each student

## Connecting to LITHE

- Try and give specific things to concentrate on when they start LITHE
- PDPs
  - Too complicated, not enough time

## Year 3

### Prescribing

- Give print out of medication. 'Tell me about them.'

### Logbooks

- They don't seem to dominate the sessions, students often forget them
- Try and fit in some otoscope and ophthalmoscope practice
  - Patients don't need to have pathology, good for students to see what is normal, range of normality

### Professional behavior

- This seems to have declined. Students often get their phones out or eat when the patient is in the room
- **Need to set ground rules**
- Talk about being professional – patient is seeing them as doctors
- Social skills – talking to fellow professional

### **Teaching pathology**

- There was an idea that grouping the 2 sessions linked with Pathology into one day could work well – one GP already did this and found it very good
- Linking the session with histopathology, e.g. patients who have had cancer treatment (breast / GIT / other) or even minor surgery done in the surgery
- Blood results – anaemia, thyroid disease, abnormal LFTs so patients with non specific symptoms like TATT or weight loss could be good. Thinking about all the tests you could do and possible diagnoses. Linking history taking to aid abnormal results
- Screening tests that are done – FOBs through the post, mammograms or smears. Conditions that are picked up and the integration from screening to diagnosis
- Chronic disease monitoring e.g. DM, CKD, BP, DMARDs, antipsychotics although this area was thought to be slightly more dull
- CKD and renal disease
- Microbiology and the use of tests – UTIs, tissue fluids – joint fluids
- Cover spectrum of problems for one system, for example 'lungs' – Cancer, inflammation, infection
- Look at path results and 'construct' patient history/problem from that
- Liver disease – look at LFT

### **Teaching and learning resources** (some of it also suitable for Year 2)

Mostly aimed at year 3 and above but Year 2 teachers may find it helpful to see what students will learn in the clinical years and how their teaching in Year 2 can link with that.

**Geeky medics** – student produced video clips

<http://www.youtube.com/user/geekymedics123>

### **Hippocrates**

The Bristol Medical School site for Year 3 (open access)

This has learning resources including examination videos

<http://www.bristol.ac.uk/medical-school/hippocrates>

You can also find the curriculum for medicine and surgery here. This includes Junior Medicine and Surgery in Year 3 and Senior Medicine and Surgery in Year 5.

[https://www.bris.ac.uk/medical-school/media/secure/med\\_surg\\_curriculum.pdf](https://www.bris.ac.uk/medical-school/media/secure/med_surg_curriculum.pdf)

# The Year 3 Primary Care OSCE station – ‘Teaching for putting it all together’

What students struggle with in the Primary Care OSCE stations

- Fully exploring the presenting symptom(s)
- Balance of scoping questions and remaining focused
- Doing things by rote rather than analysis and early ‘hypothesis building and testing’
- ‘Problem formulation’ from the information they have gathered
- Management plan
  - Investigations
  - Treatment
  - Sensible timeframe for follow up

## Teaching for meaning

- What is it?
- What isn’t it?
- What must I not miss?
- What does the patient think?

**ICE – Ideas, concerns and expectations**



**Find the MOSCEs (mock OSCEs) in Hippocrates, Primary Care section. Usual GP log on and password needed**

# Evaluation

## Year 2&3 GP Teachers' Workshop

Engineers' House, Clifton, Bristol  
Wednesday 29<sup>th</sup> January 2014

11 GPs completed the questionnaire

1. Which Academy is your practice attached to?			
Bath:		18.2%	2
Gloucester:		9.1%	1
North Bristol:		36.4%	4
South Bristol:		18.2%	2
North Somerset:		0.0%	0
Somerset:		18.2%	2
Swindon:		0.0%	0
Which year do you teach in?			
Year 2:		n/a	5
Year 3:		n/a	7
Not teaching students but planning to start in 2014-15:		n/a	0
Welcome, update and student feedback			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		0.0%	0
Good:		81.8%	9
Excellent:		9.1%	1
N/A:		9.1%	

This was one of the best teaching sessions I ever went to. Engaging, lively, relevant, informative - and entertaining. My attention never slipped, and I really enjoyed the session. I took away many useful learning points, which I'll be able to share with colleagues at my practice. Congratulations to Mr. Waddell!

Teaching ENT			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		0.0%	0
Good:		9.1%	1
Excellent:		90.9%	10
N/A:		0.0%	0
Top Tips for teaching in years 2 and 3			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		27.3%	3
Good:		63.6%	7
Excellent:		9.1%	1
N/A:		0.0%	0
Teaching neurology			
Poor:		0.0%	0
Below average:		54.5%	6
Satisfactory:		36.4%	4
Good:		9.1%	1
Excellent:		0.0%	0
N/A:		0.0%	0
OSCEs -- Teaching for 'putting it all together' in Years 2 and 3			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		0.0%	0
Good:		81.8%	9
Excellent:		9.1%	1
N/A:		9.1%	1

I would have liked more teaching on neurology examination techniques; it was good to have an overview of new ways of marking students, e.g. OSCEs

This was excellent, and really helped me to understand where the year 3 students should be aiming for in terms of skills and knowledge. The videos were really helpful.

Year 2&3 GP Teacher Workshop	
Date/Venue/Hours	29 <sup>th</sup> January, Engineers' Hse, Clifton, Bristol <span style="float: right;"><b>6 hours</b></span>
Description	
Reflection and Feedback	
<p>What did I enjoy?</p> <p>What have I learned for my teaching and for my GP work?</p>	
Forward Planning	
<p>How can I use the ideas from this workshop in my teaching?</p> <p>How could I share the ideas from today with my colleagues?</p>	
Key points to remember	
Name, date, signature	

## *Notes*