Primary Health Care Teaching Office
Centre for Academic Primary Care
phc-teaching@bristol.ac.uk
http://www.bristol.ac.uk/primaryhealthcare/

University of BRISTOL

2013 Report

Workshop
For COMP2 GP Teacher

Organisers and contributors
Jessica Buchan, Barbara Laue, Tim Davis, Trevor Thompson, Finn Caitling, Andrew Blythe, Sue Wensley, Shalini Narayan

Welcome

To the

2013 COMP2 GP Teacher workshop report

Content

Dear GP Year 4 GP Teachers,

Many thanks for coming to our GP teachers' workshop on Tuesday 19th February. Whether you are an experienced Year 4 tutor, or just starting out with a Year 4 student I hope you found it useful.

We started the morning with an overview and update of COMP2 (Community Orientated Practice 2) the Unit that the GP placement is part of, along with Medicine for Older People and Dermatology. Each GP placement is 4 weeks long with Dermatology teaching scattered throughout the Unit. When students are not timetabled for a surgery or Dermatology teaching they should be studying Primary Care. Blackboard has on line e-tutorials. You can access blackboard at www.ole.bris.ac.uk . The log on and password is in the email we sent with this report.

Students should also be learning from the study guide. Websites such as www.patient.co.uk www.evidence.nhs.net and www.gpnotebook.co.uk are recommended to them along with core reading material listed in their study guide.

COMP2 is one of 4 units that make up the fourth year at Bristol Medical School. Students also cover:

- COMP1 (Child Health, Public Health and Epidemiology)
- RHCN (Reproductive Healthcare and Care of the newborn: Obstetrics and Gynaecology)
- ACS (Applied Clinical Sciences—covering anaesthetics and pathology)

Each Unit is 9 weeks long and COMP2 has central teaching for 2 days at the start of the Unit and 3 days at the end. Students have lectures as well as getting a chance to practice consultation skills with actors and disabled patients.

The Aims and Objectives of the course are in the GP tutor handbook. Available at:http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/four

The Aims have been expanded to include learning about prescribing as a core aim of the 4th year Primary Care course. This is in light of the new PSA (prescribing skills assessment) that all 5th medical students will have to pass in order to work as a foundation doctor.

The Objectives are 16 core clinical topics that the students have to learn about. The students are given the curriculum as a list of possible scenarios that patients present with. We want the student to learn how patients present in Primary Care with the topic in question, how they should conduct a full consultation and manage that patient.

Problem	**Patient scenario**	**Learning Objectives**
HT and CV risk	**"The nurse said my blood pressure was high"**	Demonstrate how to diagnose and manage hypertension including choosing treatment options. Demonstrate how to estimate the risk of someone developing cardiovascular disease over the next 10 years. Be familiar with the indications for prescribing statins including the risks, benefits and monitoring required. Describe the role of a GP in managing patients following a myocardial infarction. Discuss the use of sildenafil in a patient presenting with erectile dysfunction.

Students do most of their learning on placement in Primary Care. To learn this effectively we hope that the students will spend their attachment with you first observing consultations, then taking part in consultations then seeing plenty of patients on their own both observed by you and also seeing them first alone and then with you. We also hope the students see some Dermatology and Medicine for Older People when they are with you and we spent some of the day discussing how to teach these topics in the consultation.

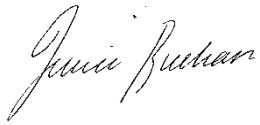
There have been no structural changes to COMP2 or year 4 this year but there is:

- A new lead (Dr Jessica Buchan)
- A new assessment which increases students clinical exposure in Medicine for Older People (the students clerk and present 5 patients which has replaced the internal SSC—student selected component that some of you used to mark)
- A new protocol for reporting concern about students (discuss concerns with Dr Jessica Buchan or your GP academy lead and where appropriate these will be referred on to the Academy Dean and a student concern form filled in.) Full details in the new tutor handbook (next version due in March 2013).
- A return to collecting feedback from students via BOS (Bristol on-line survey) at the end of their block. Feedback will be distributed at the end of the year so please also collect your own feedback for your own teacher development and appraisal—a form is available in the handbooks.

We discussed feedback which is generally excellent. Students love the opportunity to be part of your surgery team and feel involved. They enjoy one to one teaching, especially when feedback is specific and helps build their confidence by giving a clear and achievable plan for what to learn and how to improve. Students say they want more consultation practice, and they appreciate when you have been able to timetable or deliver tutorials based on their learning needs rather than what you have done before.

Keep up the good work.

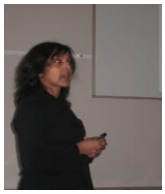
Best wishes



Dr Jessica Buchan

Talks





Teaching Prescribing in Primary Care by Finn Caitling

4th year student

Finn presented the amazing prescribing skills assessment resource he created in SSC time This is a resource for students to practice for the national prescribing skills assessment which will become mandatory from 2013-14 onwards. He demonstrated some examples.

You can access the resource here www.prepareforthepsa.com

Innovations in Teaching – Sustainable Healthcare SSC by Dr. Trevor Thompson

Reader in General Practice

Trevor provided us with an overview of the new SSC (student selected component) he created for 2012-13. He is passionate about sustainable healthcare and has recently published a book on this topic together with another local GP Knut Schröder.

Trevor encourages his students to be critical of all materials and information presented. He views students as assets who bring a tremendous amount of knowledge to the sessions. Teaching methods are mostly active and experiential, including a visit to the local Astra Seneca pharmaceutical factory, a trip to the renal unit at Southmead Hospital in Bristol, distribution of out of date food to people in need and more.

We had a little taster of his teaching methods with a ‘concept walk’. Delegates were each given a piece of paper with a ‘concept’ written on it, for example ‘climate change’ and were then asked to walk around and find another person to talk to about the concept on their piece of paper. This was followed up by two questions ‘Did you learn something new?’ and ‘Were you surprised but how much you did know about the topic?’

Trevor showed us a checklist for greening our practices. You can find this at www.greenerhealthcare.org/1010-gp-checklist

We discussed whether it would be a good project for students to score GP practices on this 10:10 checklist.

We also discussed clinical waste in General Practice. For example we wondered how good the evidence is for discarding ear pieces from the otoscope rather than cleaning them.

For more information about this innovative SSC please read Trevor's intro in the appendix.

Medicine for Older People Overview from Dr. Sue Wesley

Consultant Physician, Frenchay Hospital, Bristol

Sue provided us with an overview of aims and objectives and the core teaching topics for MOFP

Some key inpatient statistics

- Dementia 30 % of hospitalised population
- Delirium 30% of medical take
- NBT (North Bristol Trust) 5 month follow up medical inpatients mortality 25% of which 40/100 referred to palliative care
- 75% complex older people
- 50% cognitive problems-mix dementia/delirium, half unrecognised

Aims

- Formulation of appropriate diff diagnoses and Investigations
- Effective communication with patients and carers
- Therapeutic decision-making
- Understanding different health professional and team care

Learning objectives

- Describe common problems in old age
- Carry out clinical assessments
- Define investigations and management
- Name teams and roles
- Perform and interpret functional/cognitive assessments
- Describe the processes of assessment and rehabilitation
- List services available

Core Curriculum

- Delirium
- Dementia
- Stroke
- Complex therapeutics
- Falls/fractured hip
- Dizziness and syncope
- Immobility
- Frailty
- End of life issues
- Legal and ethical aspects
- Carer strain
- Hypothermia
- Parkinson's disease
- Pressure sores
- Urinary and faecal incontinence

How to teach dermatology to students from Shalini Narayan

Consultant Dermatologist, Bristol

Shalini explained that the dermatology sessions are placed at various points over the whole of COMP2 to provide enough outpatient opportunities for all students.

Key tips

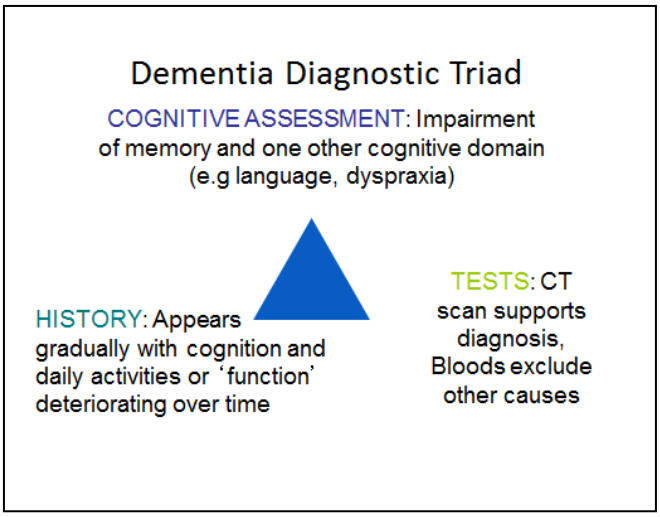
- Benzoylperoxide is irritant to the skin, just use x2-3/week in conjunction with topical retinoids. Patient may be better able to tolerate this
- Exorex (coal tar) lotion is useful in Psoriasis
-

Dementia – Teaching in practice by Tim Davis

Academic GP Registrar

Tim encouraged us to complete a pre and post session questionnaire re teaching dementia. He then provided a brief overview of key teaching topics n dementia and an introduction to the new toolkit and protocol for dementia which is being trialled in North Bristol (see appendix for full version).

Key teaching topics in Dementia



Knowledge

- Definition of dementia
- Confirming dementia diagnosis
- Recommended tests and investigations
- Common presentations of dementia

Skills

- Gathering a history
- Breaking bad news
- Social impact
- Supporting patients and carers
- Prescribing

Attitudes

- The "D" word, taboo surrounding dementia

Cognitive assessment

- What do students think this means?
- Plethora of different tests available.
- When discussing with students use one that you are comfortable with.
- Details of how to perform some of the common ones (miniCOG, GPCOG) are on the handout
- Signposting to the more advanced tests are on handout as well (ACE-R)

History in Dementia

- What are they able to do for themselves at home?
- When was the onset of memory problems? Who noticed them?
- Was there behavioural change before memory disturbance?
- Any history of head trauma?
- Hallucinations? Check all modalities not just visual and auditory

Teaching points

- What do students need to think about in the history to diagnose dementia?
- How could you facilitate this?
- **A collateral history is essential**
- **Could they be depressed?**

Top Tips from small group discussions

Involving the Whole Practice Team in Teaching

1. Discuss student teaching at practice meeting in advance of student's arrival

2. Enlist help of practice manager in planning the attachment – need to know rooms & staff available.

3. Start preparing timetable for student 4-5 weeks before start of placement. Circulate draft timetable to all doctors & nursing staff to seek their comments. Take into consideration when doctors are on holiday and be prepared to amend the timetable.

4. Try to allocate some teaching time to all doctors so that no-one feels excluded.

5. When creating the timetable don't just think in terms of sessions. One hour chunks can be very valuable (e.g. observing smoking cessation clinic, dressings, spirometry and new diabetes appointments) and can help to break up the day for student & teacher.

6. Brief the nursing team on what the student needs to know – particularly what the nurses might be able to teach and sign-off in the Consultation and Procedural Skills (CAPS) logbook.

7. Circulate the list of 16 core problems to all GPs just before the student arrives.

8. Explain purpose of student attachment to receptionists and make sure that they tell all the patients that the GP will be teaching a student.

9. Put up a notice in the common room welcoming the student.

10. Consider putting up a notice in the waiting room (on TV if you have one) informing the patients that there is a medical student in attendance.

11. On the first morning of the GP attachment spend an hour with the student introducing them to everyone & then conduct a learning needs analysis.

12. Share out the tutorials amongst the doctors.

13. If you have them, ask F2, ST2 & ST3 to contribute to teaching

14. Consider buying a dual telephone headset so that students can learn about telephone triage or put your phone on loudspeaker

15. At the end of the attachment collect feedback from everyone in the practice.

Managing the problem student

Half of the members of the group had taught fourth years before and half of those had had concerns in the past. Minor concerns had related to behaviour (in terms of dress, punctuality) and lack of knowledge. We discussed ways in which these had been addressed and resolved, and how we could apply these ideas and use the new protocol. We found it most straightforward where concerns were minor or serious as the process was very clear. More unclear were concerns of unclear/moderate severity or those relating to behaviour/attitudes rather than knowledge and skills. We came up with the strategies below.

- Own your concern, share it and act on it
- Communication is key
    - with student first – aim address problems, resolve where possible, tell them what further action you plan to take (where appropriate)
    - colleagues for triangulation or second opinion
    - university, can discuss with year lead (all years) or Academy lead (except yr 1)
- Ensure documentation
- Student concern forms – sent to Academy Deans - essential to copy in PHC teaching team
- Aim prevention - learning needs analysis and review the student expectations and your expectations of them at the beginning. Address any concerns early

We also discussed the problem of students who are lacking enthusiasm and interest in GP

- Emphasise the benefits of experience and knowledge of GP for those not pursuing GP
- Tailor their GP experience to maximise learning and enjoyment for these students

Feedback giving

Tips for good feedback giving

- One to one discussion
- What do students want FB on?
- Useful to illustrate your thoughts
- Adjust to students' personality
- Actual examples to talk through
- Start with positives – specific examples more powerful
- Avoid value judgments
- 2-3 minutes to feed back after each surgery – students later on know to expect this, so it makes them think differently during the consultation
- Atmosphere – safe to discuss anything
- Treat as a 'peer group' and value your student(s) observations and thoughts
- Not right/wrong, just different
- Build it up, become more challenging

Eliciting FB on your teaching

- Ask students to give feedback to you
- Anything you saw that I could have done better or differently?
- Anything you saw that puzzled you?
- Start by critiquing yourself 'not sure I gave this patient any options with the treatment.'

Feed forward

- Offer suggestions
- Ask what student will do as a result of the feedback, what changes will they make
- Will they have a chance to practice what they have learned as a result of the feedback?
- Does the student have a learning plan?

Feedback dysfunction

- Appreciate different learning styles
- Complicit in learning styles and maybe not challenging enough?
- Timing is important – explain at the start how and when feedback will happen
- Feedback needed throughout to allow for change and development
- Check students' feedback expectations

Teaching Dementia

At present, some group members felt inadequately skilled to teach dementia, as it is largely still managed in secondary care, especially the medication. It was felt that it is inevitable that it will be mostly managed in general practice in the future and that all GPs will need to get involved. GPs may need to address their own learning needs first, especially with regard to legal issues (e.g. driving, power of attorney) and local community services. It was felt that General Practice may be the best place learn and experience it

Key teaching points

- Condition with no cure, marginal effect of current dementia drugs
- Best help is social! Support and social care are the outcome. Important for student to realise this
- Complexity of assessment e.g. capacity, is difficult to convey to a 4th year student
- Remember, despite assessments, patients are individuals
- Assessments can reassure if negative
- It involves all doctors

Teaching methods

- Ask your student re their experience – personal or working, i.e. as HCA
- Ask questions of the students
- Audit project re dementia – help students to feel useful
- Case based teaching very helpful
- Get students to follow patient's journey, i.e. even attending 2. Care appointment

Teaching topics

- Home visits
  - Case study of a complex patient, multimorbidity, psychosocial aspects, holistic care, multidisciplinary teams etc
  - Take student on home visit to someone with dementia – to assess impact on patient & their carer
- Carers
  - Their needs, their guilt when residential care becomes inevitable
- Communication skills
  - Conveying uncertainty about the future to patients, carers and students
  - GP teachers must emphasise the importance of collateral history and communication between primary and secondary care and families
  - When taking student to nursing and residential homes take time to demonstrate how you modify your history and examination to take account of someone's dementia
  - Address the advanced communication skills needed to consult with patients with memory problems and with family members also present in a consultation
- Memory screening tests
  - Students can do screening and full cognition tests to practice them and understand what domains are assessed by different parts of the test
  - Useful for students to see cognitive assessment on real patients
- Prescribing skills
  - Opportunity to review and discuss prescribing – often polypharmacy, possible compliance issues. Link in with PSA exam/preparation
- Social and other support
  - We considered the value of students spending a few hours in a day centre or dementia carer support group
  - EMI home visit possible for students in some practices
  - Students could do an internet search of local supports/facilities for dementia patients
  - Useful for students to do visit with community nurses for the elderly
- The value of GP input
  - Longitudinal continuity very important for those patients – which is why GP is a key player
  - GP often also knows other family members
  - Chronicity of dementia
- Prevention
  - Link to lifestyle factors for vascular disease – part of a prevention strategy

Memory illness diagnostic toolkit and protocol

Toolkit to be used for patients with suspected memory problems. To be used in conjunction with a full history from the patient and collateral from main carer.

Patient name:	Carer name:
Address:	Carer address:
Date of birth: _____/_____/_____	Carer relationship to patient:
Contact number:	Contact number:

Step 1 **Screening Tools**

MiniCOG[1] ___/3

Clock normal / abnormal

GPCOG[2]

Patient interview result ___/9 - lower score shows more impairment
Informant result ___/6 - lower score shows more impairment

Depression screening

PHQ9[3] score ___/27

Depression affects scoring on all cognitive tests – needs to be adequately treated for at least 6 weeks before re-testing.

[1] http://www.cks.nhs.uk/dementia/management/scenario_screening_diagnosis_and_assessment/confirming_the_diagnosis/mini_cog_assessment_instrument

[2] http://www.patient.co.uk/doctor/General-Practitioner-Assessment-of-Cognition-(GPCOG)-Score.htm

[3] http://www.patient.co.uk/doctor/Patient-Health-Questionnaire-(PHQ-9).htm

Step 2 **Blood tests**

NICE recommend[4] the following blood tests to exclude other causes of confusion and delirium in conjunction with focused examination and history.

Full Blood count - Haemoglobin	Normal	Abnormal
Haematinics – Vitamin B12, Folate	Normal	Abnormal
Urea and Electrolytes (Urea, Sodium)	Normal	Abnormal
Liver function tests (Bilirubin)	Normal	Abnormal
Calcium (Ca2+)	Normal	Abnormal
Thyroid function tests (TFTs)	Normal	Abnormal
Glucose	Normal	Abnormal

If bloods are abnormal or delirium is diagnosed repeat cognitive testing 8 weeks after recovering from delirium to exclude a memory illness.

Step 3 **Scan results**

NICE recommend brain imaging to confirm cause of cognitive decline and exclude stroke, space occupying lesions and other structural abnormalities.

Request CT head with temporal views? Dementia

CT Head	Normal	Consistent with Alzheimer's	Other:

N.B. Further testing including MRI scans can be done under guidance of specialist if frontal dementia or other diagnosis needs to be excluded (do with caution as long wait for test and may not affect management plan)

[4] http://www.nice.org.uk/CG42

Step 4 Further psychological testing

If results of CT head normal or doubt remains as to diagnosis perform Addenbrookes Cognitive Examination (ACE-R) or request memory nurse review, which normally includes ACE-R assessment.

Addenbrooke's Cognitive Examination – Revised (ACE-R)[5]

ACE-R Score	_____/100
MMSE score	_____/30
Breakdown scores	
Attention and orientation	_____/18
Memory	_____/26
Fluency	_____/14
Language	_____/26
Visiospatial	_____/16

Step 5 Diagnosis

Alzheimer's disease	Mixed disease
Vascular disease	Fronto-temporal
Dementia with Lewy Bodies	Other:

Signpost **all patients** with a diagnosis of memory illness (including those not currently licensed for treatment) to Alzheimer's society for support.

If certain of diagnosis	If diagnosis not clear
Proceed to Step 6 "Prescribing pharmacological management"	Proceed to step 7 "Assessing risks" Discuss with memory nurse and consider further discussion and testing with help of secondary care memory service.

[5] http://www.stvincents.ie/dynamic/File/Addenbrookes_guide.pdf

Step 6 Pharmacological management

If Alzheimer's, mixed Alzheimer's/vascular disease or dementia with Lewy-bodies is diagnosed treatment can be started.

Discuss with patient and family about starting treatment with cholinesterase inhibitor such as Donepezil.

Explain that aim is to slow decline in memory and symptoms but it cannot stop it nor reverse symptoms. Cholinergic side effects occur in a number of patients so consider carefully. Advice that medication should be reviewed regularly (every 3-6 months initially) to assess if any benefit – if no benefit in functional or cognitive stability it should be stopped.

Important cautions from BNF for Donepezil

Sick sinus syndrome or other supra-ventricular conduction abnormalities
Susceptibility to peptic ulcers
Asthma
Chronic obstructive pulmonary disease

Starting dose of Donepezil

Introduce gradually on lowest dose for one month and review for side effects before increasing to full dose.

Donepezil 5mg once at night for 4 weeks (supply 28 tablets)

Increasing to

Donepezil 10mg once at night – on-going dose

If Donepezil contraindicated or not tolerated consider there is fifty percent change alternative cholinesterase inhibitor will work. If this doesn't work then consider talking to Memory nurse ore starting N-methyl-D-aspartate (NMDA) type receptor antagonists such as Memantine still amber drug usually started by secondary care.

Important caution from BNF regarding memantine: History of seizures – can provoke seizures.

Discuss with memory nurse or specialist for further advice at this point prior to starting induction regime of Memantine.

Step 7 **Assessing risks**

Is the patient still driving?

Anybody with a diagnosis of dementia is required by law to notify the DVLA who normally will contact us as GP or specialist for opinion of their current mental state. Their insurance will be invalidated and they risk fine and imprisonment if they do not notify the DVLA.

Patients with a diagnosis of dementia who still wish to drive can be tested locally in Bristol but are required to pay a fee (about £100): -

Living, The Vassall Centre

Gill Avenue, Fishponds, Bristol BS16 2QQ

Tel: 0117 965 9353

Fax: 0117 965 3652

Email: mobserv@thisisliving.org.uk

www.thisisliving.org.uk.

Warn patients that they need to bring somebody with them who can drive them back, as if they fail the test they will not be allowed to drive home. There are psychometric tests prior to the full driving test which can be tiring for some patients. The centre writes direct to DVLA and GP with report, if successful licence lasts for 1 year before re-testing.

Step 8 Ongoing support

What Social Support do they have?

Lives with partner	Informal Carer (e.g. relative, friend)	Formal Carers (e.g. Council funded carers)	No formal support

If concerns consider referral to social services for:

supported housing
residential
nursing home
home for people with dementia

Planning for the future

Lasting power of attorney
Enduring power of attorney
Advanced directive
Last will and testimony

Citizen's advice bureau - good source of information

Step 9 Challenging behaviour

Common in later stages of memory illness presenting with verbal aggression, physical aggression, sexually disinhibited.

Always exclude acute causes:-

- Infection, Pain, Bowel disturbance, Depression, change in medication

Any form of infection or trauma will worsen dementia and **can take up to 8 weeks to recover function**.

Review environment

Distractions such as television and bright colours can sometimes increase confusion particularly when eating

Changing staff (carers and workmen at home)

Poor lighting and vision

Hearing

Correct reversible causes and use non-pharmacological management by reassuring patient and explaining in appropriate language what is happening e.g. we are sitting down to have some dinner.

Sometimes despite correcting above agitation can remain, avoid using sedatives (unless trying to correct day-night time cycle with short course).

How can I teach about Dementia?

Confidence rating scales. 1 = least confident, 5= most confident

Please mark the following boxes for confidence scale **BEFORE the introductory talk begins**					
How confident are you in teaching students about:-	**1**	**2**	**3**	**4**	**5**
Definition of dementia					
Confirming diagnosis of dementia					
Recommended tests and investigations					
Common types of dementia					
Gathering a history					
Management options (including social support)					
Challenging the taboo around dementia					

Please mark the following boxes for confidence scale **AFTER the small group session**					
How confident are you in teaching students about:-	**1**	**2**	**3**	**4**	**5**
Definition of dementia					
Confirming diagnosis of dementia					
Recommended tests and investigations					
Common types of dementia					
Gathering a history					
Management options (including social support)					
Challenging the taboo around dementia					

What idea(s) will you take away from this session to improve your teaching of dementia?

What will you do differently as a result of this session?

Sustainable Healthcare

An SSC for Second Year Medical Students, Bristol University

October – December 2012

Introduction

This SSC is a chance for you to go global, to extend your imagination beyond the body and to consider medicine's place within the planetary system. The Earth is under stress. Healthcare is part of the problem and has to be part of the solution. The concepts of sustainability seem to offer a way forward. This SSC is an invitation to explore the ideas of sustainability in a relaxed yet exacting group environment. As well as understanding the issues, the SSC is an opportunity to engage in practical projects to influence sustainability awareness amongst different target groups.

Aims

1) Gaining a thorough understanding of sustainability from a systems perspective
2) Exploring the impact of human activity on health and the global environment
3) In particular, understanding the environmental impacts of the healthcare industry
4) Developing a vision of a sustainable NHS and our part in realising that vision
5) Taking a scholarly look at one particular subject area linking sustainability and health
6) Learning to work together in small and large groups in achieving clear objectives
7) Learning about effective behaviour change in individuals and organisations

Learning Methods

You will learn on this SSC through a combination of interactive lectures, group discussion and debate, private reading of key articles, environmental audit and direct action, research and presentation. We hope to include at least one field trip.

Course Philosophy

In signing up for this SSC we are assuming that you are interested in the global environment, ready to take responsibility for your learning, on for the challenges of learning and working in a group and ready to ask questions, wrangle with paradoxes and have fun. We see students as assets, learners, researchers, activists, teachers and even as artists. Not as receptacles.

General Structure

The SSC has four areas of activity:

a) "**Seminars**" where we meet as a group and have an interactive session on a particular topic for which there is some preparatory reading. These sessions usually include a short talk by a subject expert (or enthusiast!). There are six of these across the SSC.

b) "**Personal Learning Options**" (**PLOs**) where you draw from a list of environmentally themed options which are self-organised or available across the city. Your experience is written up.

c) "**In-depth Assignment**" (**IDA**) is an essay of 1500-1800 words exploring an aspect of sustainable healthcare in greater depth. This is an assessed piece of work done in pairs.

d) "**Sustainability in Practice Project"** (**SIPP**) is an opportunity to do an educational, audit or campaigning project with a group of other students.

Workshop evaluation – Here is what you thought of the workshop

1. Which Academy is your practice attached to?			
Bath:		16.7%	8
Gloucester:		16.7%	8
North Bristol:		16.7%	8
South Bristol:		8.3%	4
North Somerset:		4.2%	2
Somerset:		25.0%	12
Swindon:		12.5%	6

2. Introduction and COMP2 update			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		22.9%	11
Good:		58.3%	28
Excellent:		18.8%	9

3. Teaching prescribing in Primary Care			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		4.2%	2
Good:		41.7%	20
Excellent:		54.2%	26

4. 'Bumps and rashes' How to teach Dermatology to students			
Poor:		0.0%	0
Below average:		4.2%	2
Satisfactory:		39.6%	19
Good:		47.9%	23
Excellent:		8.3%	4
well done with the pictures			

5. Innovations in teaching - Sustainable Healthcare eSSC			
Poor:		0.0%	0
Below average:		8.3%	4
Satisfactory:		29.2%	14
Good:		45.8%	22
Excellent:		16.7%	8

6. Introduction to Medicine for the Elderly in COMP2			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		25.0%	12
Good:		64.6%	31
Excellent:		10.4%	5

7. Dementia - Teaching in practice			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		31.2%	15
Good:		52.1%	25
Excellent:		16.7%	8

8. TOP TIPS small group session			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		33.3%	16
Good:		50.0%	24
Excellent:		16.7%	8

9. Plenary from small group session			
Poor:		0.0%	0
Below average:		4.2%	2
Satisfactory:		54.2%	26
Good:		33.3%	16
Excellent:		8.3%	4

10. Please rate the workshop overall			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		20.8%	10
Good:		58.3%	28
Excellent:		20.8%	10

11. What did you enjoy & find most useful at this workshop? Why?

Great sense of camaraderie and support that the team always engender
very useful introduction
As a newcomer to teaching, the outlining of the COMP2 9 weeks was very useful. Networking with like -minded GP's in teaching - Top tips from experienced teachers - very helpful, some good ideas. Great venue and food
This is my first year organising 4th year teaching so it felt good to consolidate some basic information, and learn about the PSA
As usual the best bits were having the opportunities to meet people 2
chatting with others about how they teach and tips x7
talking to other GPs , not just in the small groups but also over lunch , understanding what 4th years need to gain from their time with us. Feedback from others who have had students
talking with other Year 4 teachers and the university year leads.
Nice to get up and about and discuss real problems I've had in teaching
dementia/ student presentation
Fantastic PSA teaching tool. Meeting other tutors. Much food for thought in all the presentations
Mainly presentation by the Medical student around teaching for therapeutics, I might use the PSA website and see how I score!!
The PSA stood out as the best presentation by a good furlong. A good combination of a good presentation and a medical student.
I was rather in awe of your student who designed the prescribing website
Being inspired by an excellent medical student. Trevor's enthusiasm also infectious for a jaded old GP. I found the care of the elderly teaching useful for my own everyday practice
presentation by year 4 student regarding the PSA website and also how to use and update it also dementia- how to teach in general practice
Prescribing bit as this is a new thing to get to grips with, the web link is excellent.
Preparing for PSA. clearly delivered info on a new topic x3
Particularly interesting for me was information about PSA, teaching dementia and managing the problem student.
the small group work x4
Good to tackle a difficult to teach topic
Trevor Thompson - as ever his enthusiasm was infectious x2
Updating on course changes and how to integrate these into my teaching of medical students. Some good "hints" from group work on how to try and improve my planning and consequently teaching further.
Useful and important to hear what we are meant to be focusing on- and how you want us to go about this
Useful to see the sort of training students are receiving in the rest of the year and how it ties in with the GP placement x2

12. What suggestions do you have for future improvements to this workshop?
Clearer goals
Continue as at present
Core topics workshop. You could circulate the core topic list prior to the day and ask people to specify which areas they would like to focus on to improve their teaching- and then perhaps 10-20mins per topic for exchange of ideas
discuss topical issues
feedback from a medical student that has done attachments giving us useful tips to serve them best
First part of morning too long and not interactive without a break
Have a group session in the morning, perhaps based around some practical task
I would find 2 half days easier
Keep small group work in some form as very valuable.
Less of what's going on in other areas of the course and more of what's required/ expected in ours
more feedback and student led sessions - let them help us understand what they want
more focus on how to teach in GP, less on what they are doing in hospital
More small group work
more small group work
more time spent in small groups with feedback
Perhaps a better brief to the presenters
video footage of a gold standard tutorial with a student
we did have slightly less time for topics for group sessions, may need to have more time in future
Wonder if we could work together more to develop teaching topics and approaches so that both we and the students have a more seamless approach (and understanding of the different perspectives)

13. Any other comments?
Great confidence building day , feel enthusiastic about teaching
It would be better to avoid a school holiday week in future! Practice rather under-manned.
keep up the excellent standard
Keep up the good work
Please thank Finn for his contribution. Adobe dream now been added as aspiration to my appraisal!
Well organized, good time management, tasty food.