2012

Preparing for Professional Practice GP Workshop

Preparing to teach Year 5 students

Report from the workshop for GP tutors held at Engineer's House, Bristol on Friday 9th November 2012. Provides summary of advice from the workshop for GPs who will be teaching Year 5 medical students in Primary Care for the two week preparing for professional practice placements in 2013.

Contents

Tim Davis
University of Bristol

12/20/2012

Contents

Introduction and review of Year 5 PPP Primary Care placement
David Memel - Year 5 Primary Care Lead

David gave us an overview of the Preparing for Professional Practice Course. It happens for 12 weeks in the spring, after the students have completed their finals exams (except Long Cases) in December. They are therefore able to concentrate on the skills and attitudes that they will need when they commence their F1 jobs in August.
The students have 12 weeks at one Academy. They spend a large part of their time shadowing Foundation Doctors, as will be described by Karen Forbes in her presentation. They have regular Academy tutorials, including two from Primary Care on

- Advanced Consultation Skills
- Primary Secondary Care interface

The students come to General Practices for a two-week block within the course. They come in pairs, which give opportunities for them to observe and learn from each other.
There should be a lot of emphasis on the students doing complete consultations, including **Management Plans**. In addition to normal surgeries where students see patients (either with or without the GP present) one surgery per week should be a designated **Medical Student Surgery**, where patients are told specifically that they will be seeing the students first with the GP observing.

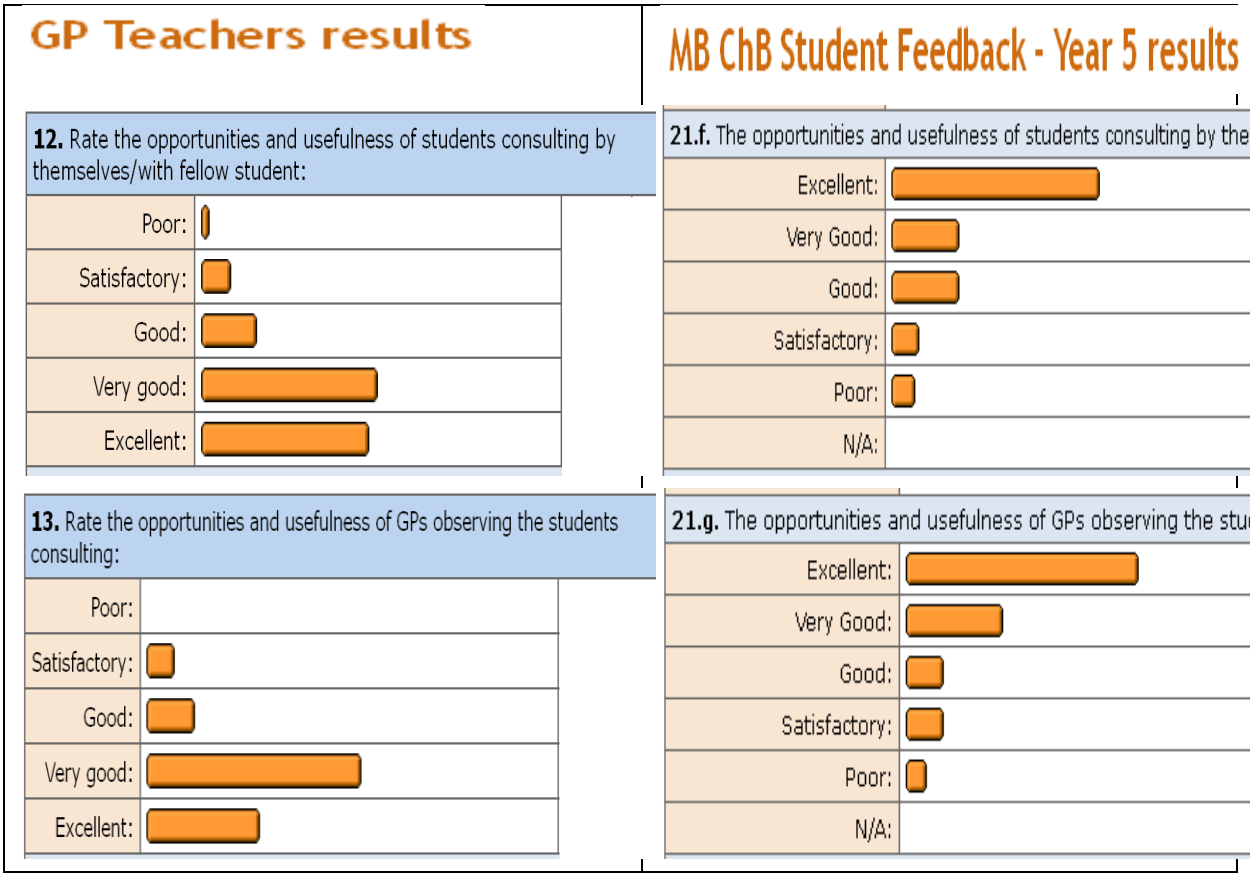
There is a particular focus within the Primary Care Attachment on the following themes:
1. Prescribing and Therapeutics
2. Advanced Consultation Skills
3. Communication between Primary and Secondary Care
4. Complex Patients with Multi-morbidities
5. Exploring Unexplained Symptoms

Themes 4 and 5 are particularly important, as they emphasise the reality and complexity of medicine, and yet are not widely covered elsewhere in the curriculum. We suggest that at least one surgery focuses on each of the themes, although some GPs prefer teach the five the themes across all their surgeries. There are various student tasks in the handbook related to each theme, including somewhere they go away, find out and report back to the GP. More details are available from the PPP Primary Care workbook which is on the primary care website
http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five

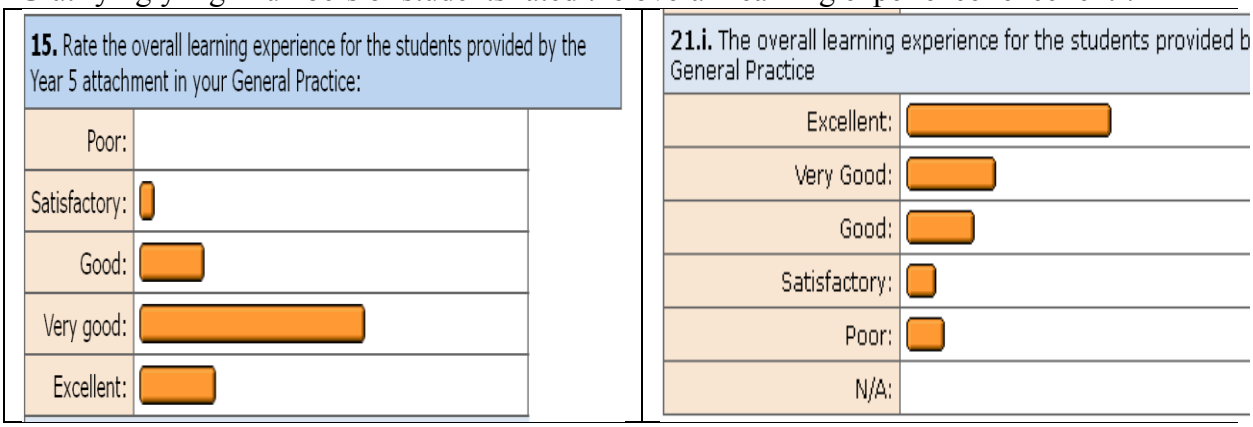
Feedback on the Course

This was obtained from students and GPs using Bristol Online Survey. There was 100% response rate from GPs, but only 32% from students.

The students and their GP teachers rated most highly the opportunities for students consulting by themselves/with fellow student, and being observed by their GP teachers. More students rated this excellent than their GP Teachers.



Both the students and GP teachers generally valued the teaching of the various themes of the course, with little variation between the different themes. The GPs generally gave high ratings for the handbook, whereas the students had a mixed response. This is a typical response of students to handbooks throughout the MBChB course. In contrast, students had few complaints about the admin arrangements with the University Primary Care Centre, and Academies. Some GPs complained about receiving information late, especially about Academy teaching sessions. Gratifyingly high numbers of students rated the overall learning experience 'excellent'.



Changes for 2013

There are no major changes to the course planned for 2013. As last year, GP teachers can be flexible about the way that they teach the themes. Some prefer to emphasise a particular theme in a surgery, others prefer to teach the themes across the two weeks. It is important to coordinate this with the other GP teachers in your practice.
There will be increased emphasis on monitoring student attendance this year, and GP teachers have an important role in monitoring and reporting less than 80% attendance promptly. This year we will ask students to feedback on the course online, on their last day in the practice. This should lead to higher response rates, and hopefully we will be able to give feedback to individual practices.

It is important to plan the teaching of this course well in advance. Most practices find it works best if the teaching is shared between 2-3 GPs.
Details of the various planning tasks are in the Workbook.

Top tips for teaching in primary care
Tim Davis -Academic GP registrar

We divided into four small groups to discuss highlights and challenges for teaching year 5 students and four specific topics; facilitating students learning, feedback, timetables, supervision.

Highlights of teaching year five students:

1. Students are enthusiastic and knowledgeable and realising that they are just about to be doctors
2. Students loved consulting particularly doing the complete consultation, seeing genuine patients and being involved in developing management plans
3. Students wanted to know about prescribing
4. The GPs learned a lot from the students and it provided a new stimulus
5. Patient presentation and study in more detail – GPs learnt a lot about their patients from more detailed histories post home visit
6. Using the Multidisciplinary team of Pharmacists, hypertension clinics and Community matrons worked well
7. Setting homework for students to report back on provided a useful structure
8. Giving encouragement to students and it related well to their F1 jobs
9. Students like being in pairs and they learnt from each other
10. Multi morbidity interesting for teacher discussing complex patients
11. Like the 'Themes' – provides a framework that can be flexible adapting it around consultations
12. Timetabling students together and apart worked well
13. Consult on their own early during attachment helped grow their confidence

Challenges

1. Busy timetable and ensuring dedicated time can be difficult, particularly in getting colleagues on board
2. Post finals and applying to hospital jobs and only present for short time so can be difficult to engage
3. Certain points in the year more difficult students poorly motivated in march and February difficult as half term and ST doctor changeover date
4. Dealing with students' who are off sick, Non-enthusiastic, overconfident or when there is disparity between pairs of students
5. Logistical problems such as transport, room size too small.
6. Whilst consulting avoiding students passively sitting in
7. When student consulting with that patient - tending to look at GP
8. Delivering the theme of medically unexplained symptoms
9. Getting appropriate feedback from students
10. Finding out what students want to do

Small group work Top tips

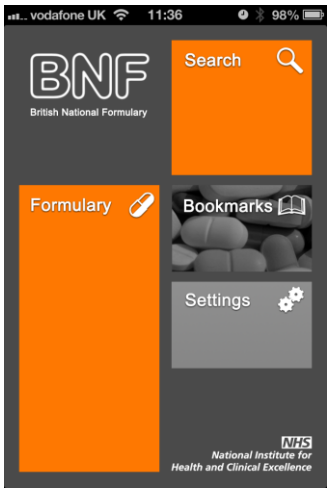
Timetable

1. Emailing and checking timetable before hand 'draft' with GP/tutor contacts
2. Flexibility depending on students needs
3. Tie in with what their learning needs are
4. Early on - timetable an observed surgery
5. Identify who their nominated GP is
6. Give a flavour of GP pace when observing - two to three consults and then discussion
7. Difficult consultations - Gynae, psych, male problems. Reception highlights early on that students are present and encourage them to book with students.

Supervision

1. One person should be in charge of the pair of fifth year students overall. This person should collect and collate feedback from others who are supervising
2. Supervising a wide range of activities
3. Direct supervision
    - Easiest way to supervise as you are seeing and hearing everything the students are doing
4. Student presenting
    - Need to ensure history is complete and comprehensive, but how do we know the student hasn't missed some cues?
    - If patient is present at student presentation, ask patient to add or correct anything
    - If students consulting in pairs, ask other student to feedback
5. Progression during the 2 weeks
    - Development of trust, students' gain in confidence and you will develop a better understanding what they can do
6. Non-doctor supervision
    - For example practice nurse, phlebotomist etc.
    - Communicate your expectations and information clearly
    - Consider what information other health professionals need if they are supervising fifth years taking blood, giving injections etc.
    - Students could join practice nurse in smear clinic, discuss with nurse how to deliver supervision
7. Ask all supervisors for feedback on your students – verbal, email etc.
8. Summarise each session at the end of it
    - What have you seen?
    - What learning objectives have been covered?
    - Ask students to reflect back
    - Will 'punctuate' learning experience and help to make students aware of what they are learning
    - May need to point out to them what they have done

Facilitating students learning



1. Noting down learning needs and encouraging them to do puns(Patient's unmet needs) and dens (doctors education needs)
2. Identifying of curriculum and learning needs, suggest initially by email prior to attending
3. GP resources that we use every day, sign and nice guidance, BNF online plus being aware of the free BNF app for Smartphone's; http://www.nice.org.uk/aboutnice/nicewebsitedevelopment/NICEApps.jsp
4. Demonstrating ok to "not know" and how to use resources
5. Applying knowledge using real patient situations, dosset boxes, prescriptions
6. Asking other team members as a resource, fellow doctors, other professionals, other students
7. Encouraging opportunities for feedback of information they have gathered to check understanding

Feedback

1. Get students to feedback to the tutor, as a way of breaking ice
2. Tally of specific cases for each student giving examples
3. Be flexible about having students together/separate, ask students, adjust depending on whether equal needs or different
4. Be practical - make it relevant to students
5. Fellow up on feedback, reviewing suggestions later in the week
6. Get to know the students, makes for a more relaxed environment
7. Be robust if you have strong concerns, contact medical school
8. Encourage students to critically appraise each other
9. Think about timing of feedback: immediate, end of sessions, during tutorials

Multi morbidity
Chris Salisbury – Professor of Primary Health Care

We had a very engaging talk from Chris Salisbury about Multi-Morbidity and divided into small groups to discuss how we would reorganise care to improve management of Multi-morbidity.

MULTIMORBIDITY:
IMPLICATIONS FOR GENERAL PRACTICE AND FOR TEACHING STUDENTS

GP TEACHERS DAY
9TH NOVEMBER 2012

Chris Salisbury

Multimorbidity

Multi-morbidity: 'co-occurrence of multiple chronic or acute diseases and medical conditions within one person'

Co-morbidity: 'Any distinct additional entity that has existed or may occur during the clinical course of a patient who has the index disease under study'

Mrs P. Aged 66

- Sore eyes. Sent by Kidney specialist
- Brought 2 letters
- Multiple problems:
  - Diabetes 1979 on insulin 1995
  - COPD 1996
  - Hypertension 1996
  - Stage 4 chronic kidney disease 2005
  - Stroke 2007
- 11 regular medications

I dealt with:

- **Presenting complaint:**
  - Conjunctivitis
- **While I'm here:**
  - Bad chest, green phlegm
  - Non-healing gash on leg
  - Poor circulation, sensation in feet
- **Opportunisitic:**
  - Reviewed medication

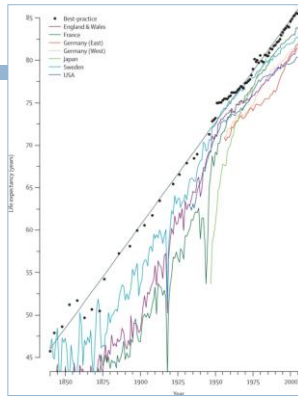
Multimorbidity

- **Increasing specialisation within medicine**
- **'Organising principle' is disease focus**
- **In hospital but also in general practice**
  - Disease focused care pathways
  - Specialist nurses
  - Chronic disease clinics
  - Incentive payments and quality control

But:

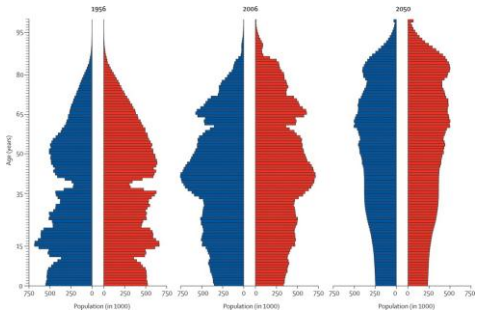
- Aging population
- Increasing proportion of population have multiple long term conditions

Increasing life-expectancy



Increasingly elderly population

Germany. From Christensen K. Lancet 2009



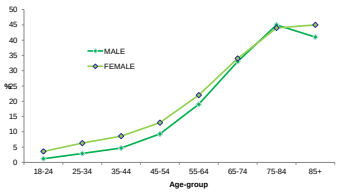
Why does this matter?

- System level
  - Do we need generalists?
  - Should everyone go straight to specialists?
  - Should be have choice of easily accessible providers of primary care?
- General practice level
  - How we organise appointment systems, recall programmes, record systems
  - How we conduct consultations
- Training:
  - What we teach medical students

Epidemiology of comorbidity

- How many people have multimorbidity and what are their characteristics?
- 100,000 adults aged >18, stratified by practice,age, sex
- Identified morbidities at index date 1 March 2005, followed up 3 years
- Defined multimorbidity in terms of 17 QOF diseases and in terms of 115 chronic diseases

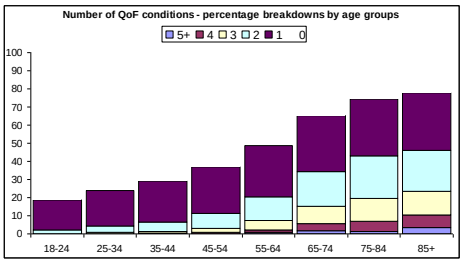
Percentage with more than one QOF condition by age and sex



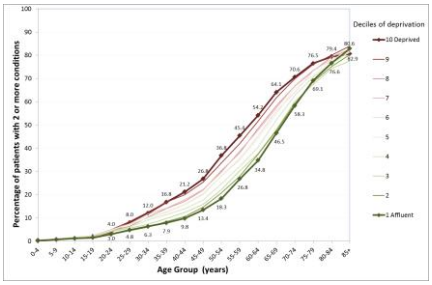
Overall:

16% of population have QOF multimorbidity

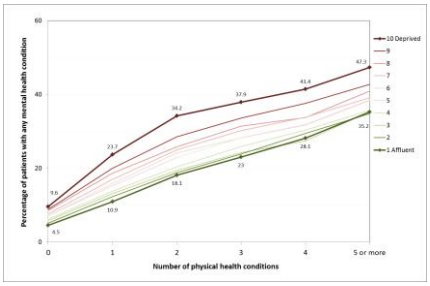
57% have wider multimorbidity (115 ACG diseases)

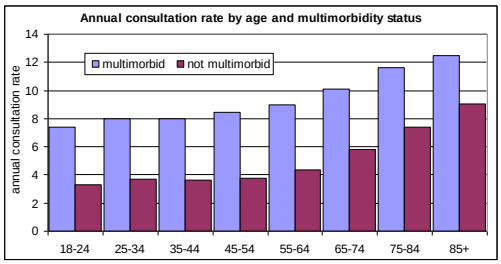


Multimorbidity is more common in deprived areas and starts younger



Multimorbidity related to poor mental health

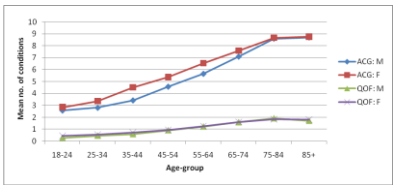




Consultation rate increases with age, but is high for multimorbid at all ages

People with multimorbidity account for 16% of the population but account for 33% of all consultations

Number of conditions encountered in consultations



Average consultation in elderly involves someone with 1.9 QOF diseases and 6.7 chronic diseases

Impact of multimorbidity: patients

- Poor quality of life, higher mortality
- More likely to be depressed
- Complex care needs
- Multiple medication
- Less likely to adhere to treatment
- Inconvenience of multiple appointments
- See lots of different health professionals
- Focused on QOF priorities not the patients priorities
- Lack of personal, holistic, care

Impact of multimorbidity: health care system

- High consultation rate in general practice
- Frequent referrals and hospital admissions
- Duplication of effort and inefficiency
- Increased health care costs
- Complex, time consuming management
- Poor co-ordination of care

Difficulties

- Inconvenience
- Unco-ordinated care
- Inefficiency
- Lack of personal care
- People who trust their doctor:
  - Are more satisfied with care
  - comply better with their medication
  - Go less to emergency departments
  - have fewer hospital admissions.

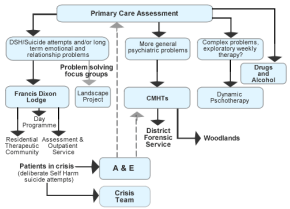
Implications: How we organise healthcare

- "GPs are a waste of space. I don't bother with them. We don't need them any more. They don't have a future. There'll be squeezed out by nurses on one side and proper, specialist doctors on the other."

Editor of a major medical journal

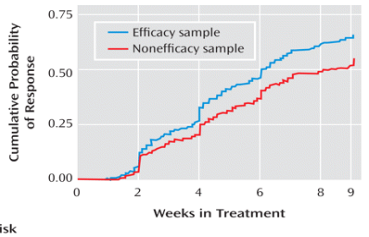
Possible implications

- Specialist services for each disease based on care pathways?



Possible implications: How we conduct research

The Star*D trial



N at risk					
Efficacy	635	574	412	277	123
Nonefficacy	2,220	2,042	1,547	1,068	496
Total	**2,855**	**2,616**	**1,959**	**1,345**	**619**

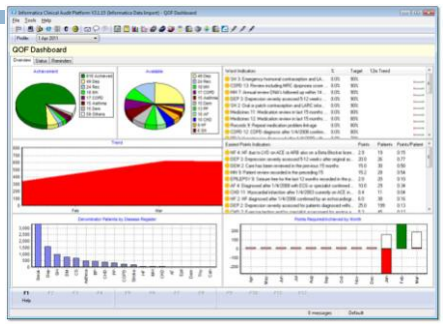
Possible implications

- How we write guidelines
  - Recognising the limitations of the evidence
  - Making decisions based on the patients priorities

How we assess quality

- Mrs J
- BMI 52
- Hypertension
- Diabetes
- Hyperlipidaemia
- Agoraphobia
- Depressed

How we incentivise GPs



Possible implications

- **How we organise General Practice?**
  - Imagine your mum is aged 80....
    - Diabetes
    - Stage 3 CKD
    - past history of an MI
    - COPD
    - Depression
  - What would she like and not like about how general practice is organised at present?

How **should** we organise General Practice?

- Start with a mental 'blank sheet of paper'
- What would the ideal general practice look like to suit your mum's needs? How would it be organised differently?
  - Appointment system?
  - Recall systems?
  - Staffing and who conducts her consultations?
  - Continuity of care?
  - Length of consultations?
  - Types of consultations?

Implications

How we teach medical students

Where they are taught

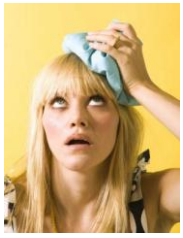
- 85% of consultations in primary care
- 6.7% of curriculum taught in primary care

How they are taught to take a history

Difficulties for students

- Taught different things in hospital and general practice
- Learn by disease, but real people are messy
- Integrating the bio – psycho- social
- Maintaining structure in the consultation
- Just too much to think about

The patient with a list



Priorities for students to learn

- Multimorbidity is the norm
- These people are the biggest users of general practice
- Guidelines don't replace judgement
- Listen to the patient's priorities. Shared decision making
- Think about quality of life not just disease
- Be aware of depression
- Strategies for dealing with multiple problems in consultations

How can we teach these things?

- Small groups

Multi-morbidity small group work

How could we re-organise primary care to improve management of multi morbidity?

Continuity of care is really important, different methods of accessing GP and nurse, having a responsible usual GP. With better continuity prioritising in consultations will become easier to consider what is most important to the patient and most important to the doctor.

Restructuring clinics
One surgery already has a home visit clinic every day by a nominated GP who has more time to address social and medical concerns. Longer appointments could be helpful with a one hour consultation with GP to address multiple problems, but does risk a lot of unused time if patients do not attend. This could also work with innovative ways of managing co morbidity such as single longer nurse appointment. We will still need prospective and reactive care

Managing Expectations
Listen to the patient, can't always sort out problems. Important to acknowledge them and impact on their life. Early mention of change in expectations this could take the form of being more patient focused and less concerned regarding targets and not feeling pressured by guidelines. Recognising that the GP is not an expert in everything and using the team.

How could we teach multi-morbidity to students?

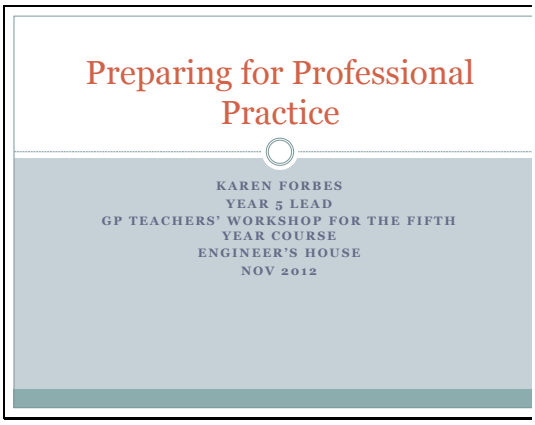
Consultations - Encourage them to think about social setup; where do they live? Who do they live with? Who visits them every day? Emphasise the importance of listening initially. Students could start with social content of patient to use as ice breaker. Go through notes in surgery and consider observed consultation videos. Encourage students to summarise complex patients.

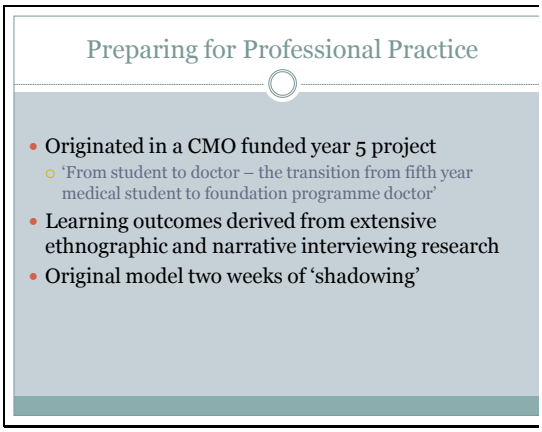
Home visits - teaching visits or by themselves help to gain an agenda and problem list. Follow up multi-morbidity patients seen in clinic at home.

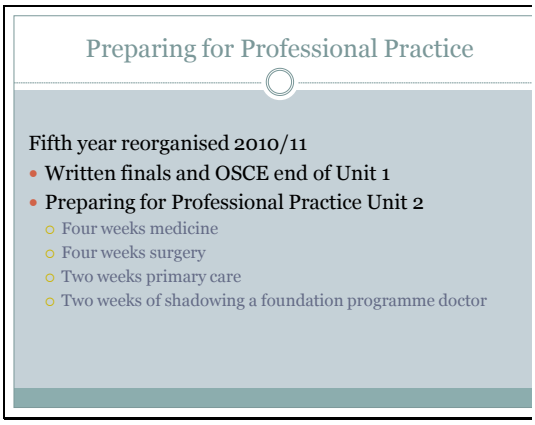
Patient's perspective - The patient is a person, a relative, and their quality of life, feelings and views of chronic disease are important. Think about the patient's agenda "what is important to the patient". Encourage them to reflect on problems with guidelines including the emotional frustrations they may have with these patients.

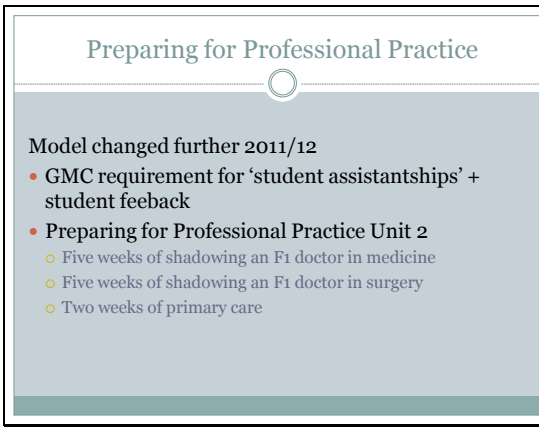
Doctor's perspective - Acknowledge GP's own difficulties with multi-morbidities to normalize that it is a difficult problem but something we see every day. In GP multimorbidity is always there which is a positive of being a generalist and treating holistically. Use of 'doctor as drug'.

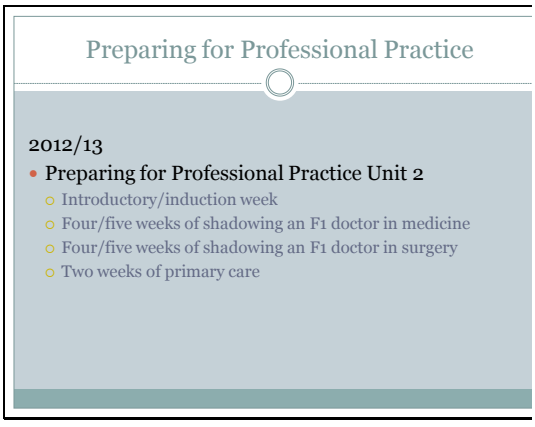
What happens in the rest of the Preparing for Professional Practice course?
Karen Forbes - Professor of Palliative Care and Year 5 Lead

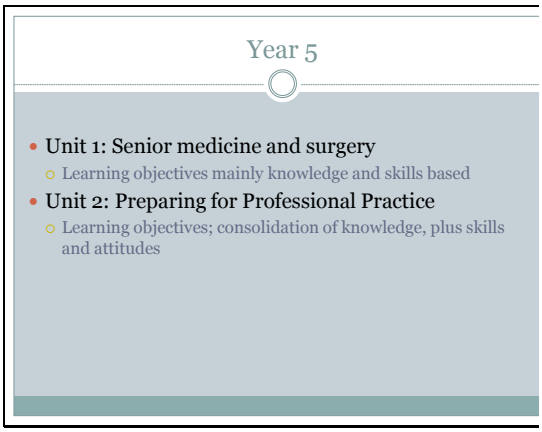












Preparing for Professional Practice

Unit 2 Aims

- To prepare for the transition from student to F1 doctor through the practical clinical experience of assisting an F1 doctor
- To consolidate the practical knowledge, skills and attitudes essential for beginning the foundation programme

Preparing for Professional Practice

Description

- During the nine weeks of PPP student assistantships the student should accompany and assist a junior doctor in medicine for 4-5 weeks, and in surgery for 4-5 weeks. The purpose of the assistantships is for the student to gain direct experience of working as an F1, as a member of the team within the Trust. The student should begin to translate academic knowledge into the work environment without the responsibility that will be theirs from August.

PPP Learning Objectives

To:

- understand the roles and responsibilities of the F1 doctor
- identify and reflect on the clinical skills needed by F1
- consolidate the communication skills required of a F1
- consider how to prioritise clinical and administrative work
- become familiar with relevant administrative procedures
- appreciate the nature of team work
- appreciate the roles and responsibilities of other professionals; to identify areas of interface with F1 r role
- consider when, how and whom to ask for help

Preparing for Professional Practice

Specific activities during PPP medicine and surgery:

- clerking portfolio
- on call, on take and weekend working
- at least three (to five) nights
- elective preparation

Preparing for Professional Practice

Other activities:

- ILS course
- Second part of the surgical skills course (first part in Unit 1)
- two PALS support tutorials and student-led teaching
- at least four simulator sessions to facilitate skills in providing acute care
- final palliative care and oncology tutorial
- weekly tutorials/case discussions to facilitate understanding of specific PPP learning objectives as laid out within Tomorrow's Doctors

PPP tutorials
Professional Behaviour learning outcomes

TD	no	Section	Brief description topic/learning objective	How observed, recorded by student and assessed	Signature
20f	33	Professional	Understand and accept legal, ethical and moral responsibility	O/A – student assistantship R – reflection upon legal, ethical and moral dilemmas raised by the care of patients seen by students A – CBD during tutorials and portfolio review	
20a	28	Professional	Behave according to ethical and legal principles	O/A – student assistantship R – reflection upon any situations where how to behave ethically or legally was unclear, if these arose A – discussion of worked examples in tutorials eg end of life issues in palliative care and oncology A – professional behaviour forms	
20c	30	Professional	Professional behaviour – integrity, honesty, maintain confidentiality, respect for privacy and dignity, importance of consent	O/A – student assistantship R – reflection upon issues around informed consent and any situations, if these arose, where own or others' professional behaviour was lacking A – CBD about informed consent A – discussion around worked examples in tutorial	
23i 23j	47	Professional	Consider own and others' health needs and protect patients from any risk posed by own or others' health	R – reflection upon any situations, if these arose, where own or others' health could have posed a risk to patients A – discussion around worked examples in tutorial	
23f	44	Professional	Respond constructively to appraisals, performance reviews and assessment	R – reflection upon one-to-one feedback in portfolio A – response to feedback signed off by tutor	

Professional Behaviour tutorial

Students should attend tutorial able to discuss:

- the legal, ethical and moral responsibility of being a doctor and its implications
- any situations where how to behave ethically or legally was unclear, or where their own or others' professional behaviour was lacking, or where their own or others' health could have posed a risk to patients
- examples of obtaining/observing informed consent from patients for treatment or management .
- Examples may be taken from a number of patients

Student Feedback

Vast majority of students strongly agreed or agreed that various aspects of the course were good

Eg

- Clinical teaching labs
- Libraries
- Organisation and induction
- Introductory session

Student Feedback

Vast majority of students strongly agreed or agreed that various aspects of the course were good

Eg

- Learning opportunities
- Opportunities to attend on-take and on-call
- Participation in clinical activities
- Appropriate clinical supervision
- Approachability of staff

Student Feedback

Less good areas

- 34% felt available e-learning aided understanding
- 50% had sufficient feedback
- 58% had sufficient formative feedback on clinical skills
- 51% felt unit handbook relevant and useful

Overall Student Feedback

Placements

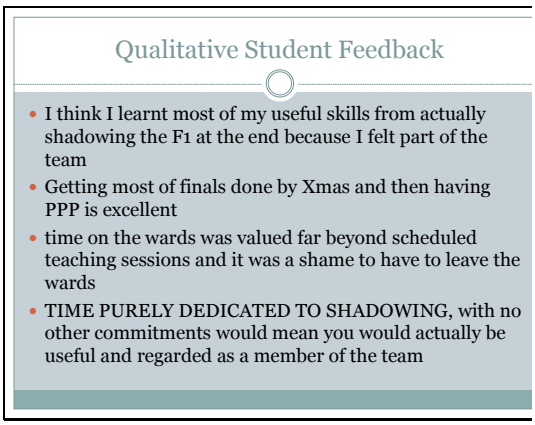
- Excellent 31.7%
- Good 57.3%
- Average 9.8%

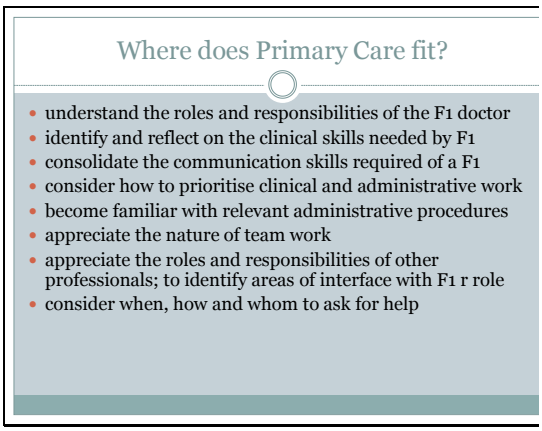
Learning experience

- Excellent 30.5%
- Good 59.8%
- Average 8.5%

Would you recommend Bristol Medical School?

- Yes 50%
- Yes with reservations 40.2%
- No 9.8%


Qualitative Student Feedback
I think I learnt most of my useful skills from actually shadowing the F1 at the end because I felt part of the team
Getting most of finals done by Xmas and then having PPP is excellent
time on the wards was valued far beyond scheduled teaching sessions and it was a shame to have to leave the wards
TIME PURELY DEDICATED TO SHADOWING, with no other commitments would mean you would actually be useful and regarded as a member of the team


Where does Primary Care fit?
understand the roles and responsibilities of the F1 doctor
identify and reflect on the clinical skills needed by F1
consolidate the communication skills required of a F1
consider how to prioritise clinical and administrative work
become familiar with relevant administrative procedures
appreciate the nature of team work
appreciate the roles and responsibilities of other professionals; to identify areas of interface with F1 r role
consider when, how and whom to ask for help

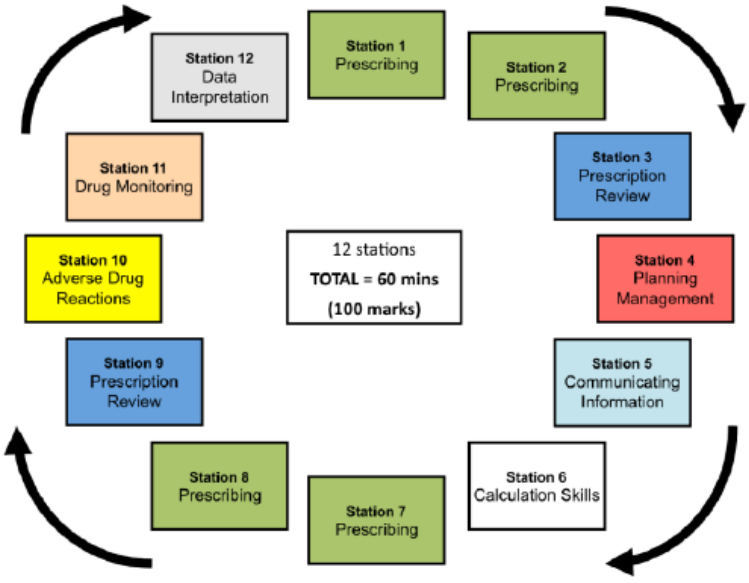
Medical Students learning about prescribing and the new Prescribing Skills Test
Bob Baker – Consultant Microbiologist and Prescribing Lead

Bob is a consultant microbiologist in Taunton and the new Prescribing and Therapeutics Lead at Bristol Medical School. He outlined the importance of prescribing teaching in the curriculum, particularly as there is lots of research highlighting the frequency of prescribing errors. This has been acknowledged by the GMC and there is a new national Prescribing Skills Test.

Bristol Medical School students took part in the Pilot last year, and generally scored well, with 90% passing, though the actual scores are not known, and the pass mark may need adjusting this year. This year all medical schools will be participating in March, and it is expected that this will continue, even though it cannot be compulsory. The timing in March means that GPs are in a strong position to help students prepare during their PPP placements.

Further details of the National Prescribing Test are available from the website:- http://www.prescribe.ac.uk/psa/?page_id=2. The assessment is intended to assess the prescribing skills of final year medical students and is based on the competencies identified by the General Medical Council outlined in Tomorrow's Doctors (2009).

It tests prescribing in nine domains (see figure below). Online examples of the questions are available on the website, and a Bristol medical student, supervised by Bob, has also developed a useful test website as his SSC. http://www.gravitaconsulting.com/pages/menu.php



Bob also described other ways that he is improving the teaching of prescribing and therapeutics. In particular he is developing a student formulary, related to about 100 key drugs.

How should we teach students about prescribing?
Small Group Work

Participants discussed the following issues

How can GPs help students to prepare for the Prescribing Skills Assessment?
It was felt that the existing tasks in the Prescribing Section of the Year 5 Primary Care Workbook are very useful and should cover most of this.
http://www.bristol.ac.uk/primaryhealthcare/docs/teaching/handbooks/year5primcareworkbook-gp.pdf
The Exam questions seem reasonable, although dose calculations are not commonly done in Primary Care.
Encourage students to use the BNF and BNF for children

Student Formulary
Participants asked why not stick to the BNF, which they find a very good teaching resource, particularly with its introductory sections. It was suggested that a student formulary should simply highlight a list of:

1. Drugs that students should feel confident and competent to prescribe
2. Drugs that they should definitely know about
3. Particularly hazardous drugs e.g. Warfarin

They were interested in Andy Levy's list of the commonest medications of patients admitted to the medical wards at the BRI. This was very similar to the commonest drugs used in Primary Care. This should be used as basis for the list in the student formulary.

Why do F2 doctors make more prescribing errors than F1 doctors?
Suggestions included: F2s worse because prescribe in wider range of situations. Not so willing to ask for help.

GPs could help prevent that effect by looking at repeat prescriptions with students, talking about prescribing significant events, and arranging for students to spend time with community and practice pharmacists.

10 stages of prescribing template
Participants were given three clinical scenarios, and asked to use the template. Generally they felt it was useful and should be included in the course workbook (where it can now be found). It makes overt the various stages that experienced GPs use subconsciously. Within the 'inform the patient' section there needs to include emphasis on getting the patient's view to cover concordance.

Workshop Evaluation by GP Teachers

Introduction and review of Year 5 PPP Primary Care placement (David Memel)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

Top Tips for teaching PPP in Primary Care (small groups)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

Multimorbidity and the implications for General Practice (Chris Salisbury)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

How should we teach students about multimorbidity? (small groups)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

What happens in the rest of the PPP course and how do students rate it? (Karen Forbes)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

Medical students learning about prescribing and the new Prescribing Skills Test (Bob Baker)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

How should we teach students about prescribing? (small groups)

Poor:	
Below average:	
Satisfactory:	
Good:	
Excellent:	

Further information

Full details regarding the Preparing for Professional Practice course are available via the website:-
http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five

More detail related to the year 5 course is available via the handbook:-
http://www.bristol.ac.uk/primaryhealthcare/docs/teaching/handbooks/year5primcareworkbook-gp.pdf

Year 5 lead Dr. David Memel:-
david.memel@bristol.ac.uk

Administrator for Year 5 Julia Carver:-
phc-teaching@bristol.ac.uk