



24th September 2010

Engineers' Hse, Clifton, Bristol

GP Teacher Workshop

For Years 1-5

Guest speaker **Prof. Paul Kinnersley**
(Cardiff University)

Contributors

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David Memel
Trevor Thompson
Sian Johnson
Barbara Laue

Topics

Teaching consultation skills
Overview of undergraduate teaching
Year 5 teaching
Teaching clinical skills
Being an OSCE examiner
Teaching evidence based clinical practice

Dear GP Teacher,

Welcome to this workshop report. You may remember that this workshop was in lieu of the cancelled summer education day and ran in parallel with the Year 1 workshop. The Year 1 report has already been sent to Year 1 GP Teachers.

We introduced you to the new Year 5 teaching and hope that you feel enthused to have a go at teaching 5th year students. This is a new course and you have a chance to help develop it through your teaching and feedback. We are still looking for more Year 5 GP teachers in North and South Bristol. Please contact Kimberley Wooster if you are interested.

In this report you will find brief summaries of the sessions. It is intended as a teaching resource and we hope that you will find this report interesting. If you would like the full set of slides for any of the talks please email Kimberley Wooster.

We are always pleased to have suggestions for future workshops and topics. Please email your ideas to Barbara Laue.

Many thanks from all of us for your enthusiasm for teaching and the hard work you put into educating the next generation of doctors.

Kind regards

Andrew, David, Sian, Trevor and Barbara



'Feeble, Precarious, Existence'
Elizabeth Connolly Laker Nyeko

The student artwork in this report is from www.outofourheads.net. Please visit!

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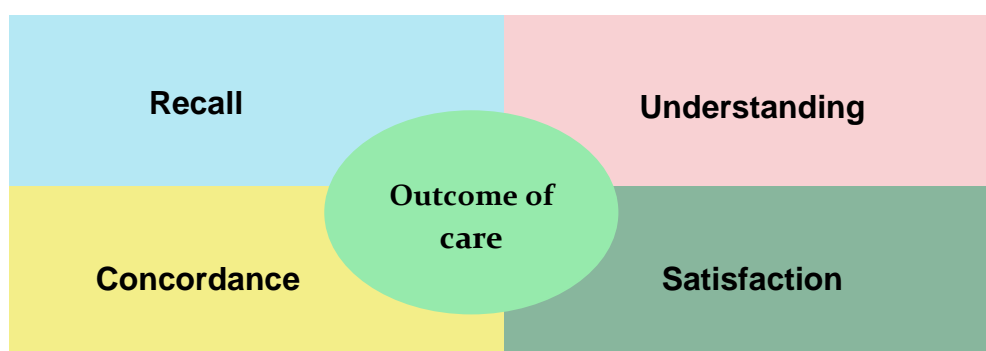
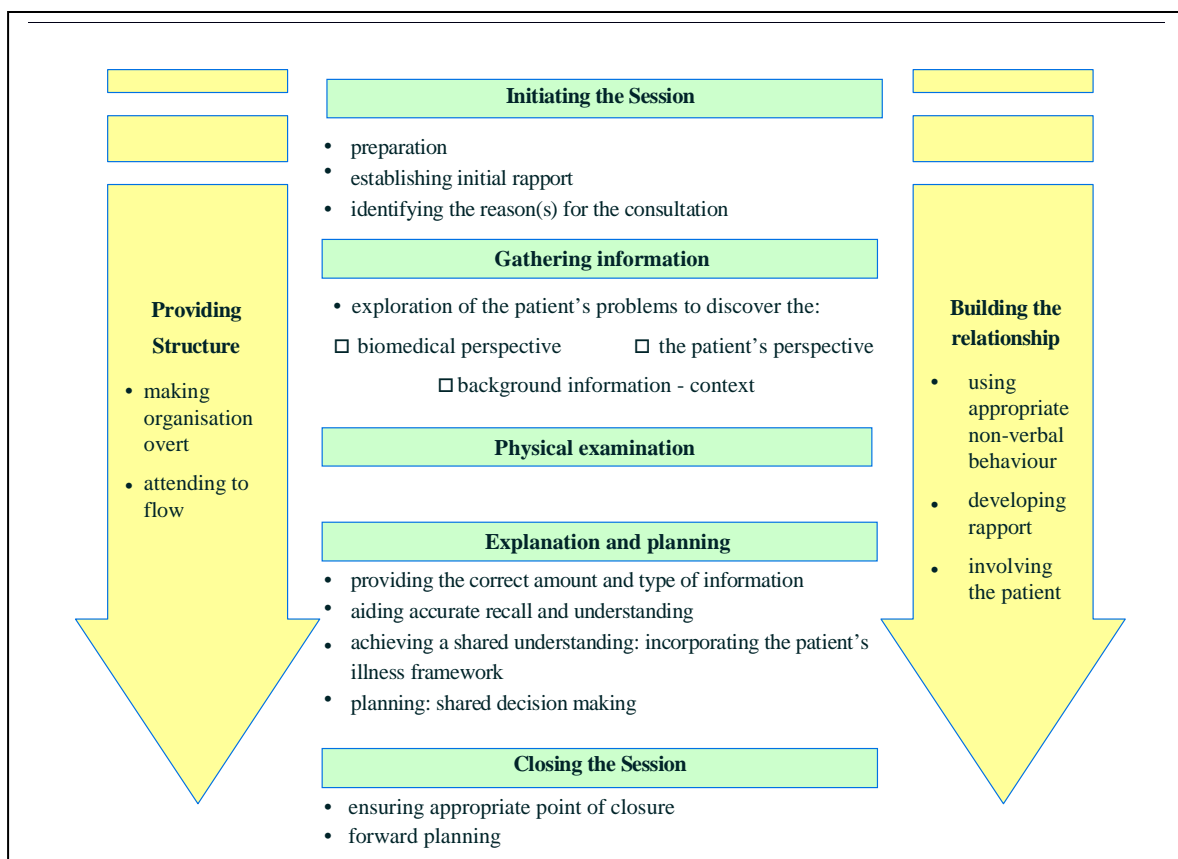


Consultation skills teaching by Professor Paul Kinnersley

We were pleased that Prof. Paul Kinnersley accepted the invite to be our guest lecturer. He has been leading the undergraduate consultation skills course at Cardiff University since 1995 and has published several papers on communicating with patients.

- Doctors' non-verbal behaviour in consultations: look at the patient before you look at the computer Silverman J, Kinnersley P, *Brit J Gen Pract*, Volume 60, 571 (February 2010) pp.76-78
- Communication skills teaching comes of age. Kinnersley P, Spencer J, *Med Educ*, Volume 42, 11 (November 2008) pp.1052-1053
- Interventions before consultations to help patients address their information needs by encouraging question asking: systematic review. Kinnersley P, Edwards A, Hood K, Ryan R, Prout H, Cadbury N, MacBeth F, Butow P, Butler C, *Bmj*, Volume 337 (2008) pp.a485-a485

Paul started by going over the consultation skills diagram which shows the Cambridge Calgary Consultation skills guide (CCG) in a nutshell. The CCG provides the structure for undergraduate consultation skills teaching at Cardiff, Bristol and Oxford. It is also used for GP training by the Severn GP School and by Bath University for the independent prescribers' course for graduate pharmacists.



Teaching consultation skills in a small group setting

The following is a brief synopsis of ideas from his lecture and small group sessions.

Set the scene

- Welcome
- How the teaching fits in with what the students have done before, their learning agenda, and the curriculum
- Plan for the session, how much time for the consultation, how much time for feedback
- Reiterate good feedback giving
- Stress that it is formative and you and the group are there to help them
- They can ask for 'time out' if they get stuck
- Make it clear to the students in advance when you may be taking over. Stress that this is not because they are doing badly but to bring out a learning point or address a patient need.
- What would you like to work on today?
- What do you think you need to practise?
- How can I/we help you most?

Watching the interview and feeding back - Agenda-led, Objective, Skills based

- Acknowledge feelings
 - How did that go?
- Refine agenda
 - You said ... Are there other things to discuss?
 - You say you were struggling to get information from the patient and I noticed you were asking mainly closed questions, what other skills might have helped?
 - Can you think of other ways you could build empathy?
- Use the other student(s) – Mary, Jim says he was struggling with ... can you think of other skills he could use?
- **Introduce facilitator's agenda** – and there's another I'd like us to think about – sometimes we also need to
- Clarify, summarise

Rehearsal and re-rehearsal

- So now when you do this next consultation let's see if you can put those changes into action
- How did that go?
- Students act as resource for each other and pass learning baton from one to each other

Teaching advanced consultation skills

Ask yourself how you can maximise the students' learning experience and how you can share your expertise. This means bringing to consciousness and making more explicit skills and knowledge that you may be using subconsciously. Clearly identify content and process for the students.

Teaching complex explanation giving

- Where is the patient coming from?
- Giving information in small chunks and checking understanding
- Negotiating

Some aspects or types of consultations you could teach on

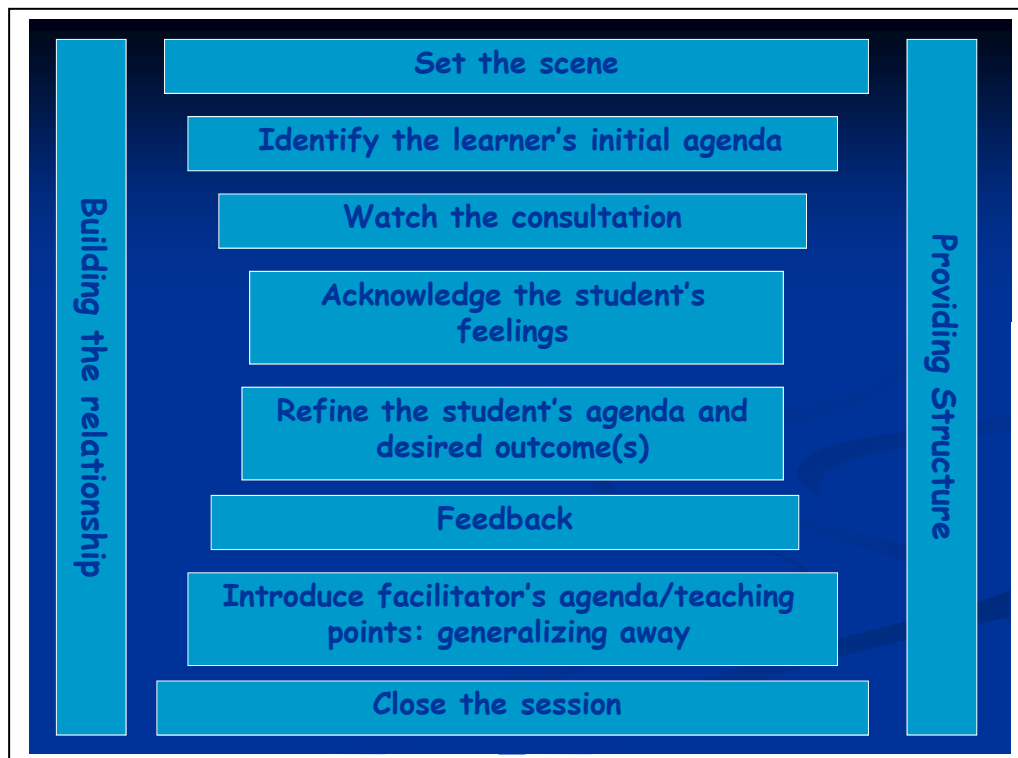
- F2f
- Telephone consultations
- Written communication, incl. email
- With individuals
- With families, pairs or groups,
- With patient and carer
- Colleagues
- Different ages
- Different ethnicities
- Language and cultural barriers
- Special needs (deaf, blind, learning difficulty etc)

Teaching in the early years - Controlled settings

Teaching in the later years - Same tasks but more challenging settings

Flowchart for a consultation skills teaching session

Please note how it mirrors the flow of a consultation.



The following is the consensus statement for undergraduate consultation skills teaching in the UK. All Workshop attendees were given a hard copy.

UK consensus statement on the content of communication curricula in undergraduate medical education Martin von Fragstein,¹ Jonathan Silverman,² Annie Cushing,³ Sally Quilligan,² Helen Salisbury⁴ & Connie Wiskins on behalf of the UK Council available at

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.2008.03137.x/pdf>

Teaching students in Year 5 by David Memel

Year 5 has been restructured and students will now have an opportunity to spend two weeks in General Practice. We are very pleased that from this academic year students will have GP placements in all five years of the Bristol course. David Memel is the lead for Year 5 GP attachments.

Changes to Year 5 from this academic year

- Electives moving from Autumn to post Easter
- Written finals moving from May to December
- 'Preparing for Professional Practice' expanding from 4 to 12 weeks after finals
 - Focussing on practical aspects of being a doctor, shadowing F1 doctor
- Opportunity for Primary Care involvement
 - as recommended by GMC
- Student Selected Component (eg GP audits) moving from Yr 5 to end of Yr 4

Overall learning aims for Year 5

- Ensuring knowledge, skills and attitudes appropriate for a qualified doctor - Final exams
- Preparing for professional practice
- Elective period

Preparing for Professional Practice (PPP)

- 12 week course based at a single Academy between Jan and April
- Same tutor meeting students weekly throughout the course
- Combination of academy, ward based and primary care teaching
- **2 week GP attachment in pairs**

The timetable for PPP

Holiday	Group					Holiday
Christmas	A1	GP				Easter
	A2		GP			
	B1			GP		
	B2				GP	
	C1				GP	
	C2					

Major learning themes for the GP attachment

- Prescribing
- Consultation skills
- Primary/Secondary care interface
- Chronic disease management
- Complex patients with co-morbidities

What will students be doing during the other weeks of the PPP course?

- Shadowing F1 doctors
- Medicine and Surgery
- Palliative Care and Oncology
- Tutorials at Academies
 - at least one weekly
 - Primary Care responsible for delivering two

How does 5th year teaching differ from other years?

- Students are more mature, post finals
- Students coming in pairs for two weeks
- Some sessions back at the Academy
- Themed surgeries, i.e. prescribing (see below for tips)
- Students going away and finding things out and reporting back to GP
- Medical Student surgeries

Example Timetable for Fifth Year GP Placement

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
am	Introduction to practice & learning needs analysis. Surgery Dr A <i>Range of General Practice</i>	Surgery Dr A <i>Prescribing issues</i>	Surgery Dr B <i>Consultation skills (incl observing students consulting)</i>	Med student surgery Dr A	Surgery Dr B <i>Prescribing issues</i>
lunchtime	Visits	Practice Meeting	Phone consultations	Visits	Repeat Prescriptions
pm	Teaching at local Academy	Self study on prescribing issues, feedback session with GP	Community Matron <i>Complex Cases: Avoiding hosp admn/early discharge</i>	Case Study of patient at nursing home with complex issues	Self study on prescribing issues, feedback session with GP
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
am	Surgery with Dr A <i>Primary/Secondary Care interface</i>	Surgery Dr B <i>Case Management (incl observing students consulting)</i>	Teaching at local Academy	Med student surgery Dr A	Community Pharmacist <i>Prescribing in the Community</i>
lunchtime	Write referral letter Review discharge summaries	Practice Meeting		Visits	
pm	Nurse Run Diabetes Clinic Self study Comparing Diabetes Care with NICE guidelines , feedback session with GP	Further work on Case Study at nursing home	Teaching at local Academy	On Call Surgery Dr B	Final feedback session, including signing off assignments Dr A

Teaching prescribing

Given the increase in the number and variety of medications that we can prescribe our students don't really have enough teaching on prescribing. It is therefore a great opportunity to teach prescribing to 5th year students in Primary Care.

David introduced the idea of themed surgeries for Year 5 students. Some surgeries should focus specifically on prescribing issues. In the small groups we brainstormed and discussed the question 'Teaching 5th Year Students about prescribing in Primary Care. What are the main areas that you would aim to cover?' The following is a summary of the ideas you came up with.

Resources for teaching prescribing

BNF/MIMS, www.npci.org.uk

Practical skills

- Record prescriptions during a surgery
- Use of BNF
- Use of IT
- Use of medication Aids
- How to write FP10

Patients and prescribing

- Patient health beliefs

- Self medication/ over the counter
- Patient understanding of prescribing – ask your students what they think the patient understood
- Compliance/concordance, shared decision making
- Explaining about medication -Session with pharmacist
- Shared decision making

Bigger issues

- Polypharmacy
- Why prescribe and when?
- What does prescribing mean – significance and symbolism
- Alternatives to prescriptions
- Treatments given that are not prescriptions
- Cost effectiveness
- Evidence based prescribing
- Use of guidelines
- Repeat prescriptions
- Acute prescriptions
- Prescribing in telephone consultations

Pharmacology

- Topics eg antibiotics, analgesics. Give students a specific area/topic/drug to explore in more depth
- Prescribing for special groups eg elderly, renal failure
- Safety –interactions, allergies, side effects
- Allergies

A taste of being an OSCE examiner

This session was led by Andrew to provide some insight into the process and content of a Primary Care OSCE station. We contribute Primary Care OSCE stations to several undergraduate exams, one in Year 3, four in Year 4 and one for Finals. These exams are summative.

Typically students have eight minutes to conduct a complete consultation. They are expected to take a relevant history, demonstrate their consultation skills and show how they amalgamate the information and findings into a diagnosis and management plan.

Andrew showed videos of two students performing at different levels of competence. Although there was agreement between you that one student was better than the other, your marking was quite widely spread out for each student. This highlighted the challenge of examiner calibration; some of us are natural 'doves' and others natural 'hawks'. Watching training OSCEs and marking them helps to standardise our marking.

Here are the dates for our next OSCE exams

Year 3 17/1/11 and 26/5/11 (both Thursdays)

Year 4 25/1/11 and 14/6/11 (both Tuesdays)

If you are interested in being an examiner please contact Kimberley Wooster

Teaching evidence based clinical practice by Trevor Thompson

This session was run in a World Café format (www.theworldcafe.com) with delegates moving as "ideas ambassadors" between hosted 'tables' (=flipcharts here), developing thinking around various themes and feeding back to the whole group at the end.

Learning outcomes for this session

- Reminder of EBM principles and practice
- What do your GP colleagues actually *do*?
- Tips for improving your EBM practice
- Could you dare *teach* EBM to med students?

Definition of EBM

'The explicit, judicious, and conscientious use of current best evidence from health care research in decisions about the care of individuals and populations'

Sackett DL "How to Practice and Teach EBM. Churchill Livingstone (2000)

Why EBM is important

- Helps to improve patient care
- Good to show off at appraisals
- Helps us understand research *chez nous*
- Necessary for commissioning
- Could be something to teach
- Make clinical life more interesting
- Helps you realise limits of science

Categories for questions (DENs)

- Aetiology Do PPIs contribute to osteoporosis?
- Investigations How specific is D-Dimer in DVT?
- Treatments Omega 3s in depression?
- Prognoses How likely is infertility after mumps?
- Systems of care Patient satisfaction with telephone triage?

PICO question format with example

PICO Format

P	• patient (or population)	Patients with DM type II on >2 oral hypoglycaemics and elevated HbA1c values
I	• intervention or incident	Insulin monotherapy
C	• comparison	Insulin therapy plus oral hypoglycaemic agent(s)
O	• outcome measure	HbA1c > 7%

-
- Systems Clinical knowledge summary

- Synopses Clinical evidence BMJ
- Syntheses The Cochrane Library
- Studies Medline, EMBASE, Google Scholar

How do you notice you have a DEN,

- Patients ask
- Students ask
- Colleagues do something differently
- Letters from secondary care
- PCT prescribing feedback

How do you record that DEN and how do you formulate that DEN into something you can answer?

- Prioritise – importance, relevance, clinical diary
- Instant search or list – where, when to access?
- Keep in EMIS mentor
- Specific question – PICO, SMART
- Record time spent for appraisal

What sources do you commonly refer to in resolving your DEN?

- Colleagues from primary and secondary care (discussion, internal emails, clinical meetings)
- PCT pharmacist
- Web based info
- CKS
- Cochrane
- NICE
- Gpnotebook
- Google
- Mentor (EMIS)
- Wikipedia
- Npci.org.uk
- Local guidelines
- Practice guidelines
- NICE
- Courses
- BNF
- SIGN guidelines
- Formularies
- Audit
- Books (BNF, dermatology)
- BMJ learning
- BMJ evidence



Alzheimer's Disease

Tom Clements

<http://www.outofourheads.net/oooh/handler.php?id=461>

What are the barriers to the practice of successful EBM?

- Time

- Motivation
- Habit
- Pressure of work, other priorities, work/life balance
- Knowing what we don't know
- Limits to knowledge - Science can only answer certain questions
- Resources at the time
- Access to resources – not enough and too much – where do you start
- Identifying sources you can trust
- Knowing where to look – resources, is resource up to date
- Lack of clear guidance
- Keeping up to date
- Patient expectation, Patient perception, for example negative view of statin
- Colleagues' opinion – always done it like this
- Cost – i.e. BNP
- Not appropriate in some contexts
- Defining the population – can we apply existing evidence to **our** patient
- Trial end points – how do they match to the patient's needs
- Have system to record need
- NICE – too much info
- Npci – good
- Complexity of questions
- Doctor preconceptions
- Understanding reports/evidence
- Lack of consensus – no evidence available, can't find answer
- Memory

What issues come up when you think about enacting EBM?

- Access to resources
- Doctor's own knowledge of EBM
- EBM is evolving
- Some issues are harder to formulate into questions
- Little of what we do in practice
- Time
- Many resources including gpnotebook
- How reliable is the resource?
- What level of evidence do you need?
- Most DENs are simple and gpnotebook is easy to access, CKS takes time
- But we also need to look at NICE, Cochrane
- Still like journals
- Needs to be reliable to teach with

How do you teach EBM?

- Induces feelings of inadequacy in us! Is it fair to expect GPs to 'know' NICE guidance – too much info, can blur the nuances
- Doctors' ignorance of PICO process
- Some GPs challenged by IT skills
- Very formalised process, is it any different to 'just looking it up'?
- Students too inexperienced to know what needs to be looked up
- We would teach general EBM process only
- How much do students understand about the pyramid?
- Resources – spare computer in busy surgery
- How much EBM teaching will a 4th year have had already?
- EBM teaching did not happen in our training
- If we are sticking too tightly to EBM we can miss out on teaching the nuances of General practice

Teaching EBM as a Student Selected Component (SSC)

Objectives

1. To revise key concepts in Evidence Based Medicine (EBM)
2. To experience the application of EBM to a real-world PC setting
3. Gain experience in the manipulation of video/audio material
4. Gain experience in presenting EBM searches to clinicians

Tasks

- Week 1 – visit and sit in with 1-2 surgeries, think about questions, revise EBM
- Week 2 – visit and record consultations (audio/video). Meet librarians
- Week 3 – working on search and appraisal
- Week 4 – give presentation to practice

Outcome

- Question (in PICO format – or if not an explanation of why not)
- Search strategy and results*
- Critical appraisal of at least one paper
- Conclusions on this clinical issue
- Overall thoughts on EBM

What you would need to do if you wanted to supervise a student on Trevor's EBM SSC

- Meet with student for 1hour tutorial
- Have for 1-2 sessions (Week 1)
- Have for 1-2 sessions (Week 2)
- Mark a draft essay with >200 of written feedback (end Week 3)
- Mark the final essay (end Week 4)
- Be paid about £400 per student contact trevor.thompson@bristol.ac.uk



Life-Line by Tom Miller

Available at <http://www.outofourheads.net/oooh/handler.php?id=285>

The GMC has defined a list of clinical skills students need to acquire in their guidance to medical schools 'Tomorrows Doctor'. In response to this Bristol Medical School is defining a clinical skills curriculum and a process for rigorous assessment of these skills over the five year course.

The clinical skills sessions focused on teaching students these skills. General Practice is the ideal place to teach students (some of) these skills and observe them individually.

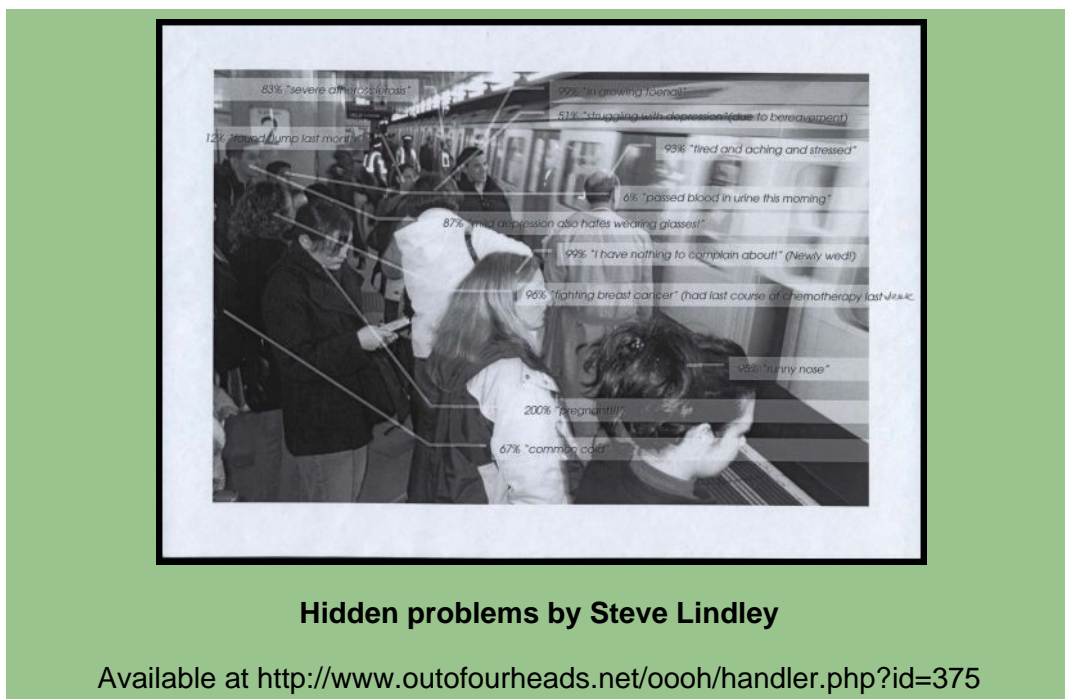
Most students will not have had the opportunity to give an im injection whilst on hospital placements. Students should be taught the process step-by-step; from assembling the necessary equipment and snapping open the vial, to choosing the correct injection site. We covered how to explain the procedure to the patient and how to dispose of sharps and medical waste. GPs present said that they would look for opportunities for students to give im injections during their fourth year placements.

Measuring peak flow is taught several times over the MBChB course. Fourth year primary care placements are the only time students have individual teaching and so is an opportunity to ensure they are competent in this and other clinical skills.

Sian and Andrew led sessions on teaching some of these skills and showed how they are being assessed and signed off by teachers. Samples of the assessment forms are at the end of this report.

- Competence in measuring BP
- Competence in measuring temperature
- Competence in measuring pulse
- Competence in measuring peak flow

Many of you will have received a practice copy of Tomorrows Doctor at other workshops this year. You can find 'Tomorrows Doctor' at http://www.gmc-uk.org/static/documents/content/TomorrowsDoctors_2009.pdf



Assessment of Competence for Medical Students
Clinical Skill: Measuring Temperature

Name: _____

Year: _____

Aim: To measure patient's temperature safely and accurately

Objectives: The student will be able to:

- Demonstrate an understanding of when and why it is necessary to measure a patient's temperature
- Demonstrate competence in measuring temperature with an ear thermometer and interpreting the result

Training:

- Taught during first GP attachment in Human Basis of Medicine (year 1)
- Taught in physiology practical & during Introduction to Clinical Skills (year 2)
- Further practice and teaching in years 3 & 4

Risk Assessment: LOW

Assessment:

- A GP, registered nurse or hospital doctor (above foundation level) will assess basic competence during year 2 using the checklist on the reverse of this page
- This skill may also be assessed during one of the OSCEs in year 4

Underpinning Knowledge

It is expected that the student will

- ◆ Understand the theory behind each type of thermometer that is used in clinical settings
- ◆ Understand the sources of error when using each type of thermometer
- ◆ Know the reference range for the temperature of adults and children
- ◆ Understand the significance of a low or high temperature
- ◆ Know how to document temperature on a patient's notes/chart

I certify that the above-named student has demonstrated this understanding to me and has demonstrated their competence in measuring a patient's temperature

Signed: _____

Date: _____

Print Name: _____

Position: _____

Name: _____ Year: _____

Clinical Skill: Measuring Ear Temperature

Performance Criteria: The student will:	Competent (✓)		
	Date	Date	Date
1. Explain procedure and obtain consent			
2. Ask patient if they have earache or any ear problem			
3. Wash hands			
4. Check thermometer is working properly			
5. Apply new cover for ear probe			
6. Hold pinna & pull backwards and upwards (for adult)			
7. Insert ear probe into auditory canal and press record button for correct length of time			
8. Share reading with patient			
9. Dispose of ear probe			
10. Document reading in notes			
11. Interpret reading and discuss with patient			
12. Decide if further action/investigation is necessary			

I confirm that I have assessed the medical student named above.

Date	Competent on all criteria (yes/no)	Assessor Signature	Print Name and Designation
1			
2			
3			

Assessor Comments:

Student's Comments:

Declaration

I confirm that I have had theoretical and practical instruction on how to measure a patient's temperature.

Signed: _____

Date: _____

References:

Stephenson A (ed) **A Textbook of General Practice** (2nd Edition) Hodder Arnold, Oxford (2004)
 Douglas G, Nicol F, Robertson C **Macleod's Clinical Examination** (12th Edition) Churchill Livingstone (2009)

Assessment of Competence for Medical Students
Clinical Skill: Measuring Blood Pressure

Name: _____

Year: _____

Aim: To measure patient's blood pressure using an aneroid sphygmomanometer

Objectives: The student will be able to:

- Demonstrate an understanding of when and why it is necessary to measure a patient's blood pressure
- Demonstrate competence in measuring blood pressure using an aneroid sphygmomanometer.

Training:

- Taught during first GP attachment in Human Basis of Medicine (year 1)
- Taught in physiology practical & during Introduction to Clinical Skills (year 2)
- Further practice and teaching during Junior Medicine & Surgery (year 3)
- Teaching on measuring blood pressure in children during COMP1 (year 4)
- Teaching on measuring blood pressure in pregnant women during RHCN (year 4)
- Teaching on measuring postural drop in blood pressure during COMP2 (year 4)
- Practice and teaching during GP attachment in COMP2 (year 4)

Risk Assessment: LOW

Assessment:

- A GP or hospital doctor (above foundation level) will assess basic competence during year 2 using the checklist on the reverse of this page
- This skill may also be assessed during the OSCE for Junior Medicine & Surgery (year 3) or during one of the OSCEs in year 4

Underpinning Knowledge
It is expected that the student will

- ◆ Understand sufficient anatomy of the arm in order to be able to identify the brachial pulse
- ◆ Understand the physiological processes that control blood pressure
- ◆ Understand the meaning of the Korotkoff sounds and the "auscultatory gap"
- ◆ Know the reference range for blood pressure in adults and children
- ◆ Understand the factors which influence the accuracy of blood pressure readings
- ◆ Understand the significance of a low or high blood pressure
- ◆ Understand how a sphygmomanometer and stethoscope should be maintained
- ◆ Know how to document a patient's blood pressure with correct units (mmHg)

I certify that the above-named student has demonstrated this understanding to me and has demonstrated their competence in measuring a patient's blood pressure

Signed: _____

Date: _____

Print Name: _____

Position: _____

Assessment of Competence for Medical Students
Clinical Skill: Measuring Peak Flow

Name: _____

Year: _____

Aim: To measure patient's peak flow safely and accurately

Objectives: The student will be able to:

- Demonstrate competence in explaining to a patient how to use a standard peak flow meter
- Demonstrate an understanding of the significance of the result.

Training:

- Introduced during physiology respiratory practicals (year 2)
- Taught by GPs during Introduction to Clinical Skills (year 2)
- Taught again during Junior Medicine & Surgery (year 3)
- Taught how to record peak flow in children in COMP1 (year 4)
- Opportunity to practice and have more teaching on GP attachments in COMP2 (year 4)
- Reviewed during Senior Medicine (year 5)

Risk Assessment: MEDIUM (through failure to change mouthpiece)

Assessment:

- A GP or hospital doctor (above foundation level) will assess basic competence during year 2 using the checklist on the reverse of this page
- This skill may also be assessed during the OSCE for Junior Medicine & Surgery (year 3) or during one of the OSCEs in year 4

Underpinning Knowledge
It is expected that the student will

- ◆ Understand the basic principles by which a peak flow meter works
- ◆ Know what checks need to be made of the equipment.
- ◆ Know in what circumstances it is necessary or useful to check a patient's peak flow
- ◆ Know what parameters determine the reference range for a patient's peak flow (sex, age and height) and know how to find out a patient's expected peak flow.
- ◆ Understand what to observe and check whilst a patient is using a peak flow meter.
- ◆ Understand the significance of a peak flow reading that is below the expected value.

I certify that the above-named student has demonstrated this understanding to me and has demonstrated their competence in explaining to a patient how to use a peak flow meter.

Signed: _____

Date: _____

Print Name: _____

Position: _____

Assessment of Competence for Medical Students
Clinical Skill: Measuring Pulse Rate & Rhythm

Name: _____

Year: _____

Aim: To measure patient's pulse rate and rhythm

Objectives: The student will be able to:

- Demonstrate an understanding of when and why it is necessary to measure a patient's pulse
- Demonstrate competence in measuring the radial pulse and deciding whether it is regular or not.

Training:

- Taught during first GP attachment in Human Basis of Medicine (year 1)
- Taught in physiology practical & during Introduction to Clinical Skills (year 2)
- Further practice and teaching during Junior Medicine & Surgery (year 3)
- Teaching on measuring pulse in children during COMP1 (year 4)
- Teaching on detection and management of arrhythmias in COMP2 (year 4)

Risk Assessment: LOW

Assessment:

- A GP or hospital doctor (above foundation level) will assess basic competence during year 2 using the checklist on the reverse of this page
- This skill may also be assessed during the OSCE for Junior Medicine & Surgery (year 3) or during one of the OSCEs in year 4

Underpinning Knowledge
It is expected that the student will

- ◆ Understand sufficient anatomy of the wrist in order to be able to identify the radial pulse
- ◆ Understand the physiological processes that govern the heart rate and rhythm
- ◆ Know the reference range for the pulse rate in patients of different ages
- ◆ Understand the significance of a slow or rapid pulse
- ◆ Recognise a normal pulse
- ◆ Understand the causes of an irregular pulse
- ◆ Know how to document a patient's pulse

I certify that the above-named student has demonstrated this understanding to me and has demonstrated their competence in measuring a patient's pulse

Signed: _____

Date: _____

Print Name: _____

Position: _____

Workshop evaluation

Your comments

What did you like most or found most useful about the workshop?

General

- Understanding the whole curriculum. Getting tips on how to teach. Sharing ideas.
- Learning about changes in course. Ideas re theme & workshop. How complicated it is to teach a skill properly
- Interesting. Excellent material. Excellent teaching. Enjoyed examiners DVD. Q&A session: excellent - nice & short! (but good quality)
- Made me think about issues that I hadn't thought about
- Enthusiasm
- The first session and the small group sessions
- Relevance to 4th year work
- Overview of year 5

Meeting other teachers

- Camaraderie. Useful. Simple
- Very good to network with colleagues. Liked the parallel sessions a lot
- Great to meet, hear from others' experience. To be enthused and guided
- Opportunity to participate. Informal
- Interacting with colleagues. Comparing experiences. Learning about different years (med students)
- Opportunity to meet with other tutors. Update on what is happening to course. Update on useful resources
- Interaction with other GP teachers. Opportunity to ask about year 5 teaching

Organisation

- Parallel sessions most useful - small group work and opportunity for discussion
- Small group sessions. Meeting other teachers
- Small groups always good format. Examination session excellent & useful. Sian needs
- wider brief - excellent enthusiastic teacher
- Interactive discussions, group discussions
- Interactive workshops
- Short practical topics

Clinical skills teaching

- Prof Kinnersley on consultation skills. Examiner training
- Practical skills teaching. Examiner teaching
- Great to learn clinical skill teaching. V useful. Lots of ideas for teaching subject matter
- New ideas especially teaching of skills. Overview of yr5
- Interactive with teacher and ??? ???. Learning ??? teaching methods for different year

Teaching

- Setting agendas for teaching
- Specifics of teaching skills required. Examiner training
- Catch up with 5th year teaching and examining
- EBM - well thought out and presented session on a subject I know little about
- Enjoyed EBM session. Could only attend afternoon session unfortunately

What did you dislike or feel could be improved for next year?

Nothing

- Same/similar is fine
- Nilx2 , nothing - supportive, stimulating environment
- Very enjoyable. Thank you.
- All very goodx2. Hard to choose what not to do!

More

- More tips on time spent with other staff eg. HV, midwife
- More practical skills workshop

Venue

- Poor parking; poorly signposted inside; busy but actually well provided for
- Venue ??? busy confusing. I thought I had registered but wasn't expected. Glad you could fit me in!
- The traffic!
- Bigger venue to accommodate all who want to come.
- Cramped

Organisation

- Slightly more structured i.e. more directed/tailored to the years individual ??? teaching but excellent overview.
- When the email came round for choosing groups there was not enough info on each of them to make an informed decision
- A handout or titles to powerpoints would be useful. Communication skills sessions could be improved.
- Not necessarily your fault but more disorganised than previously.
- Some of the 'overviews' were a bit long winded.
- Interaction in non interactive presentations.
- Smaller groups!
- Not a Friday - nightmare for those of us to get on M5 south on Friday evening.

Other thoughts

- Share how to organise 4 weeks of year 4 students. Using the electronics - forms to use, questionnaires we have to do/website/logon/what's available - tutorials, handbook. HANDS ON.
- I don't feel the day was specifically useful for teaching 2nd year students.



Evaluation of closed questions

