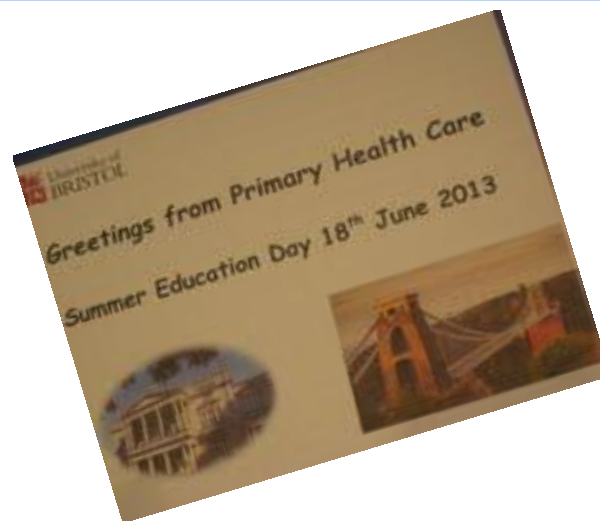
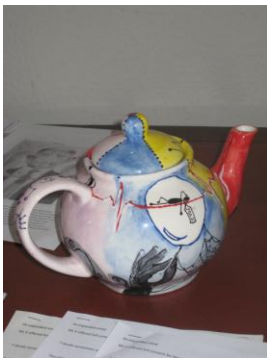


Report

2013 Summer Education Day

Engineers' House, Clifton, Bristol
Tuesday 18th June



- Welcome and update
- General Practice as a learning environment
- Teaching prizes
- Teaching consultation skills
- How patients view their participation in undergraduate education

Guest speakers

David Pearson

Matt Ridd

Catherine MacIver

Workshop contributors

Jessica Buchan

Lucy Jenkins

David Memel

Andrew Blythe

Tim Davis

Organised by Barbara Laue

Welcome to this year's Summer Education Day report.

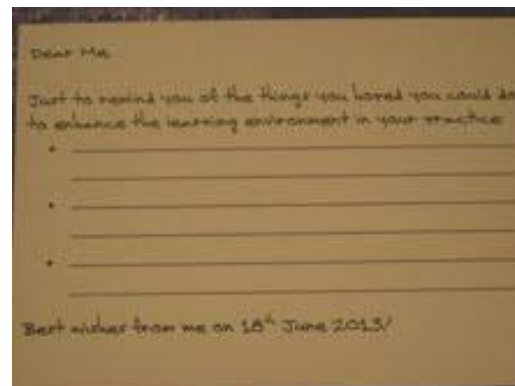
A highlight of the day was the teaching awards. This is the second year they have been awarded and it has been a pleasure to read the many positive comments; all evidence of the excellent teaching you all provide. We have emailed the students' comments to all GP Teachers who have been nominated. Names of all winners and all nominees can also be found in our June newsletter at <http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/newsletter>

Congratulations to

Year 1	Mark O'Connor	Year 2	Simon Tucker
Year 3	Sarah Macrow	Year 4	Sarah Jahfar
Year 5	Rachel Warrington		

We thought that you might find it thought provoking and stimulating to explore the concept of learning environments and how this applies to your own practice against the backdrop of ongoing change in Primary Care. We were pleased to welcome our guest speaker David Pearson, the Deputy Dean for Education from Hull York Medical School. He provided an overview of current thinking and research into learning environments and we explored this further in small groups.

David encouraged you to identify something that you would like to action or change in your practice with the aim to improve the student experience. You will remember that you wrote this on a postcard addressed to yourself. We will be emailing these out three* months after the workshop. Please look out for yours. We are keen to hear what changes you have made. It would be great if you could send us any tips on what you did and what worked for the newsletter.



In the afternoon Matt Ridd, our lead for consultation skills, presented an overview of consultation skills teaching at Bristol. We discussed how best to teach consultation skills with patients present with the help of a role play. Many thanks to all of you who acted out the scenario.

* Thank you to Alison Capey for creating our postcards

It was a pleasure to listen to Catherine MacIver, a second year student. She presented the result of her SSC (student selected component). Her talk engaged us all in a discussion about good practice for gaining consent from patients for teaching.

This report has a summary of the talks and of the small group discussions. There are many excellent teaching tips and we hope that you will have a chance to read them.

We also took the opportunity to showcase the excellent creative work and reflections from first year medical students. Many thanks to Lucy Jenkins, our Year 1 GP lead, for bringing along the work of the prize winners. You can find images of some of the work in this report. More about these pieces and winners in our July newsletter.

Thank you for coming to this workshop and for completing the online evaluation. You can find your feedback and some comments at the end of this report. You also gave us some verbal feedback on the day and made a strong suggestion that you would like us to put on a teaching workshop for practice nurses as many are regularly involved in teaching medical students. We heard you! Our first teaching workshop for practice nurses will be on Wednesday 18th Sept. 1.30-5pm at Canynge Hall, Clifton, Bristol. To book, please email phc-teaching@bristol.ac.uk.

We hope that you enjoyed meeting GP teachers from other academies and teaching in different years. Please email any suggestions for developing our workshops and newsletter.

Kind regards



Barbara Laue



General Practice as a Learning Environment

We were pleased to welcome David Pearson the Deputy Dean for education for Hull York Medical School to talk about General Practice as a learning environment



THE HULL YORK
MEDICAL SCHOOL


Introduction: David Pearson



- MA (Cantab) MBChB (Edin)
MMed Sc EdD FRCGP
- Family Doctor
- Deputy Dean (Education) HYMS
- In charge of all educational programmes at the medical school
- Head of Centre for Education Development (Medical Education)
- Research interests in Primary Care, Quality and Education, Learning Environment & Sustainability

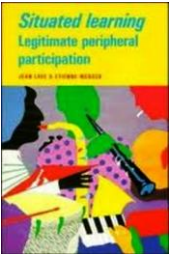
David Pearson
Deputy Dean
(Education) HYMS

Key books on 'Communities of practice' and 'Situated learning'

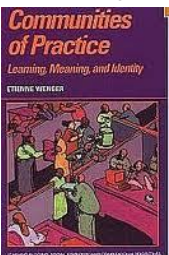


THE HULL YORK
MEDICAL SCHOOL

..and finally, Communities of Practice



Lave & Wenger 1991



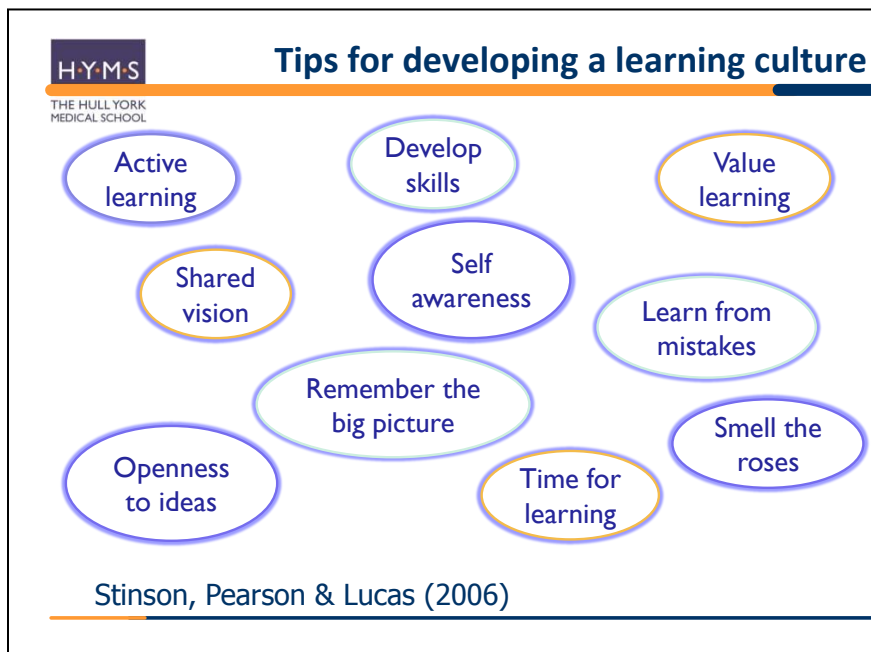
Wenger 1998

Learning within communities of practice:

- Within meaningful encounters on a trajectory to increased involvement
- At community boundaries – stimulated by tensions, discussion, negotiation
- Through;
 - Alignment
 - Engagement
 - Imagination
- Through belonging

Learning environment or culture is a concept that tries to capture the complexity of what we experience when we are working and learning. Different theories have fed into this concept

- Active learning – we learn more effectively if we are actively doing something
- Democracy – learners have a voice
- Empowering individuals
- Learning as a social process. We are not just acquiring a new skill or new knowledge but the process is changing us more fundamentally, it develops and changes our identity. This is called ‘transformative learning’ (Mezirow).
- Social interaction will lead to learning (Vygotsky)
- Meaningful participation – we are doing something useful, something authentic
- The need for open dialogue and shared vision
- Creating an environment in which we can challenge the student



Drawing students into your community

- Alignment – meaningful encounter
- Engagement - trajectory to increased engagement
- Imagination
- Belonging – Welcome, building relationships, pictures of students, recognizing students

How can we engage with a learner in a very short space of time?

- Difficult, we need to know where they are in their journey of becoming a doctor
- Respectful dialogue is essential

Emotional work in learning

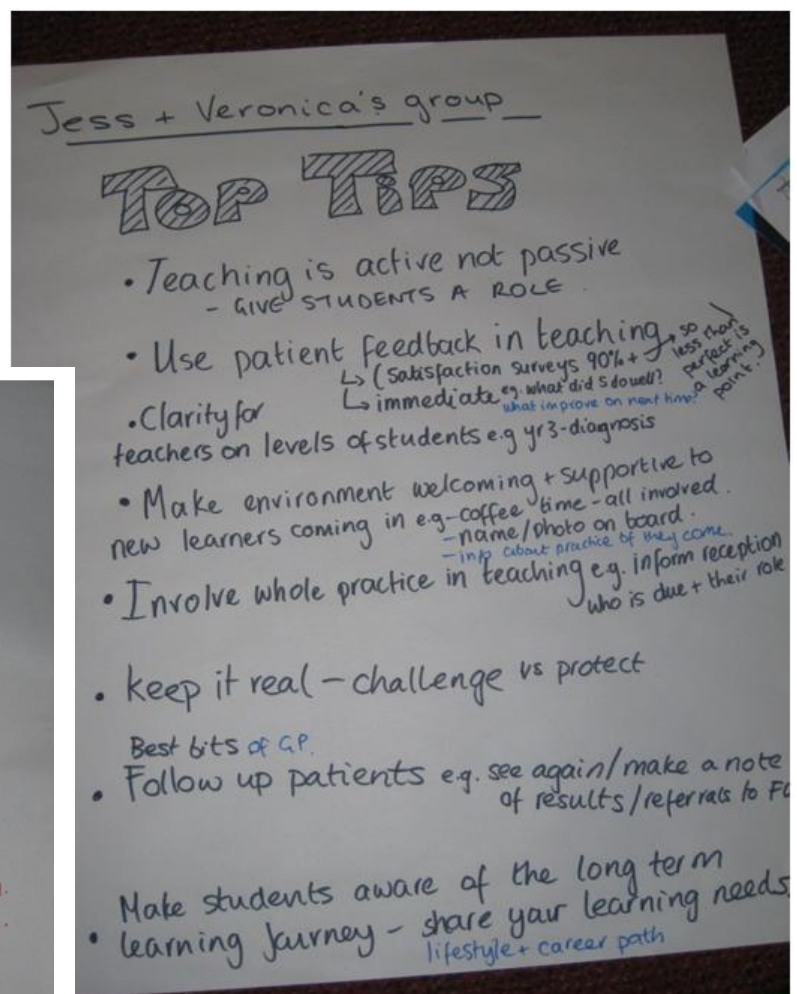
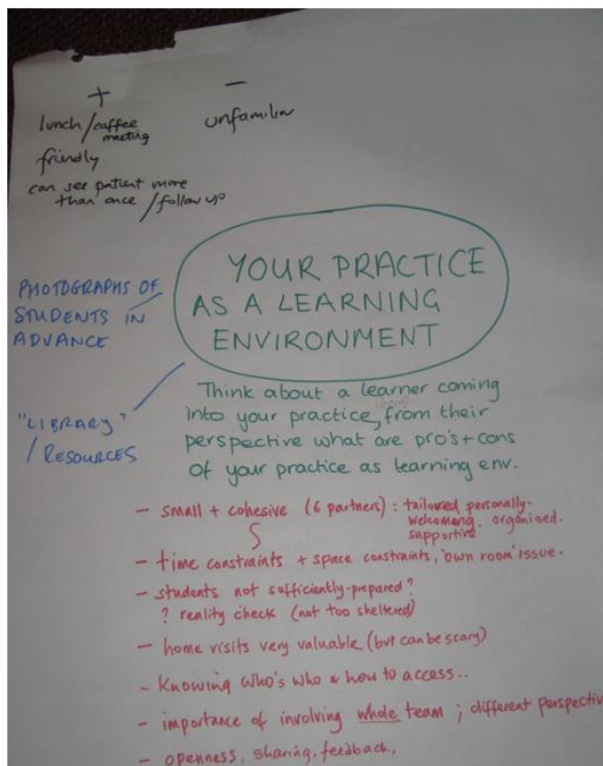
- Link to the emotion in learning
- Engage with students on emotional level – care for them, be concerned for them

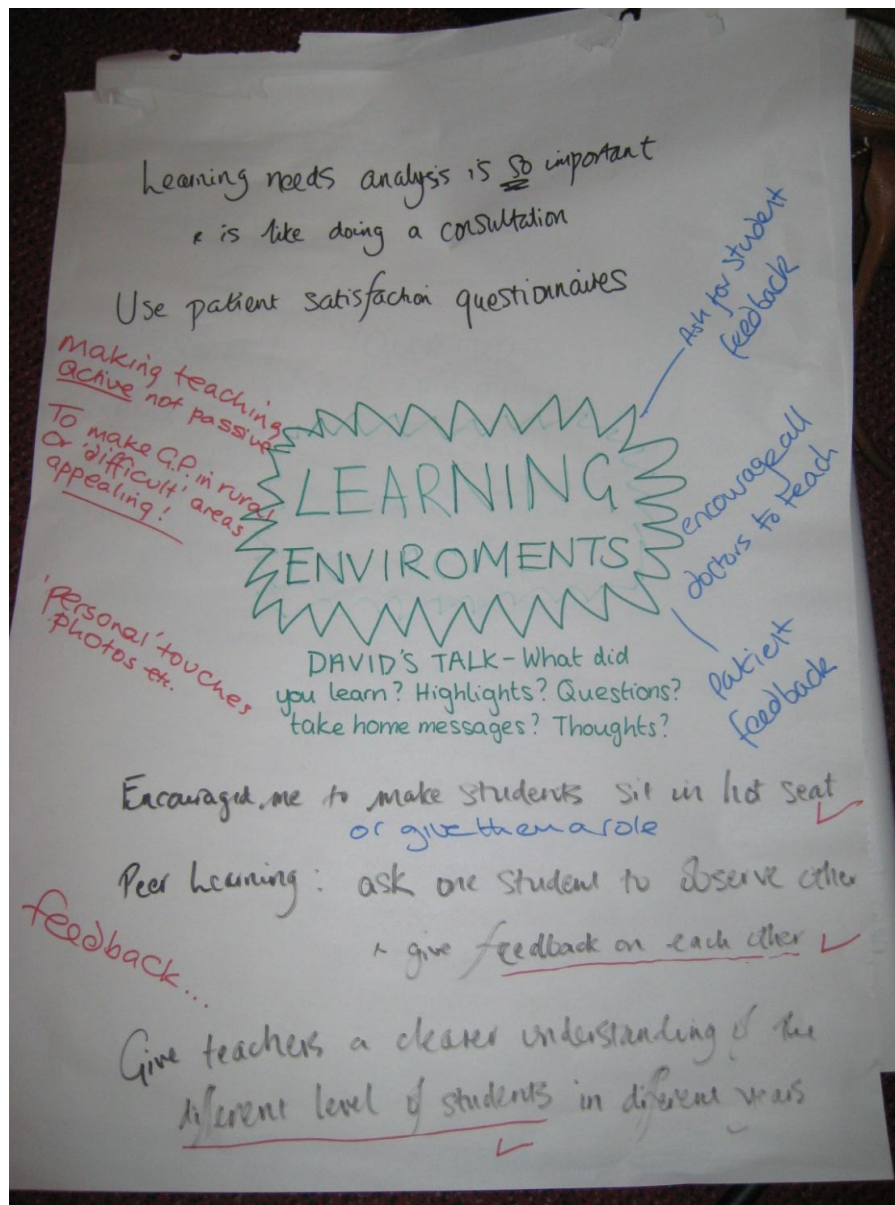
Peer and near peer learning

- Students get a lot out of learning together
- 5th years could teach 3rd years

Positives

- Shared values
- Easy dialogue within the practice even for contentious topics, easy to bring differences into the open
- Students
 - Some students seem to engage straight away and even start making tea for receptionists
 - Some students don't seem to engage
 - What they take out depends on what they put in
- Patients
 - Key element
 - Patients giving feedback is very empowering for the patient
 - Patients get a better deal (more time on history and exam. In years 2&3)





From the small groups

Important key areas to get right for a good learning environment

- Developing a "team culture" that involved the student and made the student feel part of the team e.g. by doctors meeting for morning coffee and inviting the student, and inviting the student to meetings.
- Involving the whole primary health care team in teaching and helping other staff recognize their roles in teaching e.g. the admin team can have tasks in welcoming the student and also having the student spend some time in reception meeting patients at the coal face.
- Being welcoming and a student friendly practice e.g. putting the students name or photo up on a "staff board"
- Resources –making sure they are up to date and a good library etc
- Recognising the role of teacher in support and mentoring. Giving the student structured breaks, balance challenging the student with space and time.
- Assessing learning needs

Key challenges

Key challenges are time, space, finance and balancing GP and teaching demands. Here is some 'thinking outside the box' to overcome these challenges to make the best use of time and resources

Barriers	Solutions
Physical space	<ul style="list-style-type: none">▪ Could a practice face book page help by providing virtual 'meetings and dialogues'?▪ Good use of 'slots for students'
Time constraints	<ul style="list-style-type: none">▪ Involve community team more▪ Peer learning – use the registrar or other students to teach each other.
Find patients on the hoof	<ul style="list-style-type: none">▪ Create spreadsheet/database with interesting patients for the students. Store on intranet
Reference for students – how to keep track?	<ul style="list-style-type: none">▪ Foto would help▪ Students all have an eportfolio now which has a foto. They could download this for their GP teachers
Workload	<ul style="list-style-type: none">▪ Balance between teaching and clinical work▪ Ask a colleague if the student can join them on a home visit while you catch up with your paper work
Money GP training is remunerated better	<ul style="list-style-type: none">▪ Involve more students in groups▪ Pairs of students in year 4 - more finance to help cover more time from GP to be with student▪ Pool income and resources
Students wary	<ul style="list-style-type: none">▪ Make learning active▪ Involving the student in day to day work as much as possible e.g. in the consultation taking calls on speaker phone or shared head set▪ Getting the students perspective—finding out what they need and how they can use the practice to learn e.g. home visits for long case practice
Non teaching GP	<ul style="list-style-type: none">▪ That GP could still have a student observing but not take time out to teach. The student could follow the patient out of the consulting room and talk to the patient followed by a debrief from a GP who wants to teach
Negative attitude to teaching	<ul style="list-style-type: none">▪ Encourage involvement in student feedback▪ Forward newsletter▪ Summary of teaching to the practice regularly to show benefits

Top tip for students

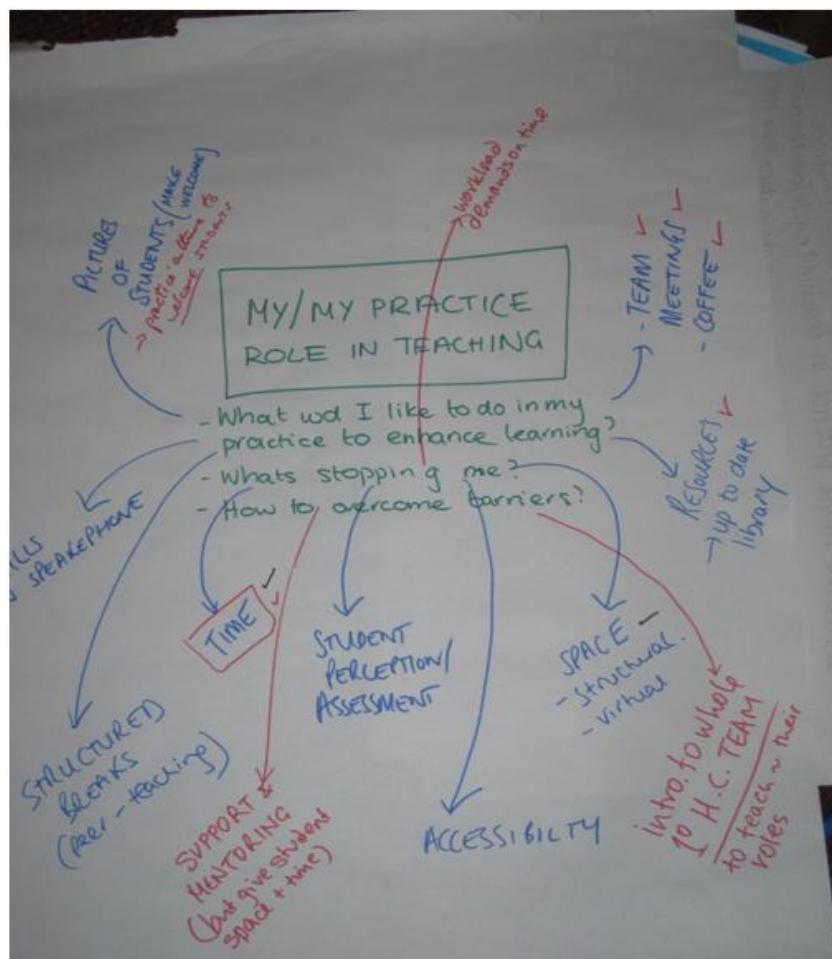
Suggest to students that they offer cups of tea to all staff members whenever they are in the vicinity of the kitchen! This improves staff perception of students

Tips for creating a good learning environment

1. Teaching and learning is active – students must have a role
 - a. Contact students in advance re learning objectives/interests, engage with these
 - b. Give students a clear role. In a consultation they can have tasks e.g. writing the notes into the computer, taking BPs, looking up the medication you are prescribing in the BNF
2. Involve the whole team so all feel committed
 - a. Consider a meeting for whole practice where you explain aims of teaching, difference in students/schedules/objectives etc in each year. Put this info on intranet/website.
 - b. Meetings
 - c. For PHC to generate info for the whole practice
 - d. Involve team in assessment
 - e. Interdisciplinary learning
 - f. Share positive feedback from students with everyone at the practice.
3. Involving everybody in initial interview
 - a. Learning needs analysis (LNA)
 - b. Ask for feedback from team at different stages of placement
 - c. Disseminate information what student needs to see or do
 - d. Ask everybody for feedback before final feedback session with the student
 - e. Ask colleagues to call student if they see something interesting
4. Non teaching GPs
 - a. Ask them to teach to their strengths, i.e. if they are a GPwSI in dermatology they could teach dermatology
 - b. Encourage all doctors to get involved in teaching
 - c. Student could join them for a visit
5. Go on new teachers' workshop to be enthused
6. Sharing good teaching practice within the practice
7. Maximise organisation of teaching
 - a. Plan in advance.
 - b. Clear guidance to reception and admin leads
 - c. Aim to have a clear teaching lead for each year
 - d. Clarification from the University regarding how much surgeries should be reduced to support this with admin/non-teaching colleagues
 - e. Have clear contingency plans in place for student activity if patients DNA/Dr ill etc
8. Shared values
 - a. Academy leads could come to practice meeting to stimulate dialogue
9. Welcoming students
 - a. Contact students beforehand
 - b. Info before the placement
 - c. Consider 'practice pack' for students, i.e. demographics, size, staff info etc
 - d. Foto
 - e. Welcome message on board
 - f. Meeting the team
10. Getting to know your students
 - a. Learning needs assessment
 - b. A learning needs analysis is important and is really just like a consultation – finding out the issues, where the student is at

11. Get the student perspective
 - a. Ask for feedback
12. Peer and near peer learning
 - a. More than 1 student at any time
 - b. Send 2x year 4 students
13. Improve communication with patients regarding in-practice teaching
 - a. Ensure consent before they enter the room
 - b. Info in waiting room/on website
 - c. Ensure they are aware students bound my same confidentiality rules
 - d. Get the patient perspective

Either specifically on a student/satisfaction questions or inviting their views on teaching in the practice
14. Business model
 - a. Information for all
 - b. Good practice – time booked out
15. Maximising resources
 - a. Increase peer to peer teaching. Use our F2 and ST trainees more (may need to observe initially)
 - b. Consider an increase of our use of patients as educators



Your learning environment from the student perspective

- Are the students sufficiently prepared before they arrive?
 - Some practices have an info pack or structured letter telling them not only how to get there and what to bring e.g. packed lunch, but a bit about the practice staff, history or demographics.
- Remember that home visits can be scary
 - But they are valuable learning ground and preparing the student, taking them out, and being available to contact all help.
- A new comer to the practice, be it student or GP locum often doesn't know who is who— consider a photo board and brief description of role.
- Induct into the IT if they will need to use it, have a password and username ready if students are going to need one to access the internet.
- Be organized
 - Students like knowing where they have to be and when, not hanging around without a role
 - So reception should know that the student is arriving and where to take them on the first morning
 - Each morning the student should know where to go, where to leave their things and where to make a coffee...
- Patient follow up is important
 - In General Practice much of the job involves seeing the same patients, with issues evolving over time. Students may miss out on this rewarding aspect so help them find a way to follow some patients up (easier if a 4 week placement)

Remember that the practice is paid to teach and use this money (if needed) to backfill with locums so that there is scope to reduce the surgeries appropriately/have time to prepare etc

A learning point for faculty staff is to make it clear to the GP teachers what level is expected of different students in different years.

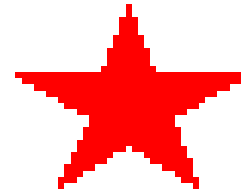


Teaching Prizes

This is the second year that we asked students to nominate their GP teachers for a prize. There were 64 nominations. The winners stood out through the number of nominations and individual comments. Andrew Blythe presented the prizes

The winners are

- Y1 - **Mark O'Connor** - Long Ashton Surgery, South Bristol
- Y2 - **Simon Tucker** - Tudor Lodge Surgery, North Somerset
- Y3 - **Sarah Macrow** (GP in training) - Leckhampton Surgery, Cheltenham
- Y4 - **Sarah Jahfar** - The Wellspring Surgery, South Bristol
- Y5 - **Rachel Warrington** - The Priory Surgery, South Bristol



As most of you will know we have been running a programme that encourages GPs in training to teach a group of 3rd year students in their practices with the consent of their GP Trainers. We are pleased to see that this year one of the GP registrars has won the Year 3 teaching prize. Well done.

One of the student quotes

Dr X creates a very open atmosphere for learning, you feel happy to ask about anything you are unsure about. We attended placement as a group of 5, she creates a learning opportunity for everyone and as a group you learn to develop and teach each other what you have learnt. Dr X makes an effort to select a variety of patients, you learn not only about history taking and examination skills but about communication, and how to identify what are the important things for the patient. We saw patients in the clinic and in their own home. Dr X was very honest, open and empathetic towards her patients; from watching her with patients you had an opportunity to see what makes a good doctor-patient relationship. Her patients showed her upmost respect and valued her efforts and opinion. I've really appreciated the learning experience at Dr X's surgery and hope I can provide a service like she does in the future.

Teaching consultation skills

Matt Ridd, our consultation skills lead, provided an introduction and overview to Bristol consultation skills teaching.



- GP, Portishead Medical Group
- NIHR Clinical Trials Fellow, Centre for Academic Primary Care
- Consultations skills lead

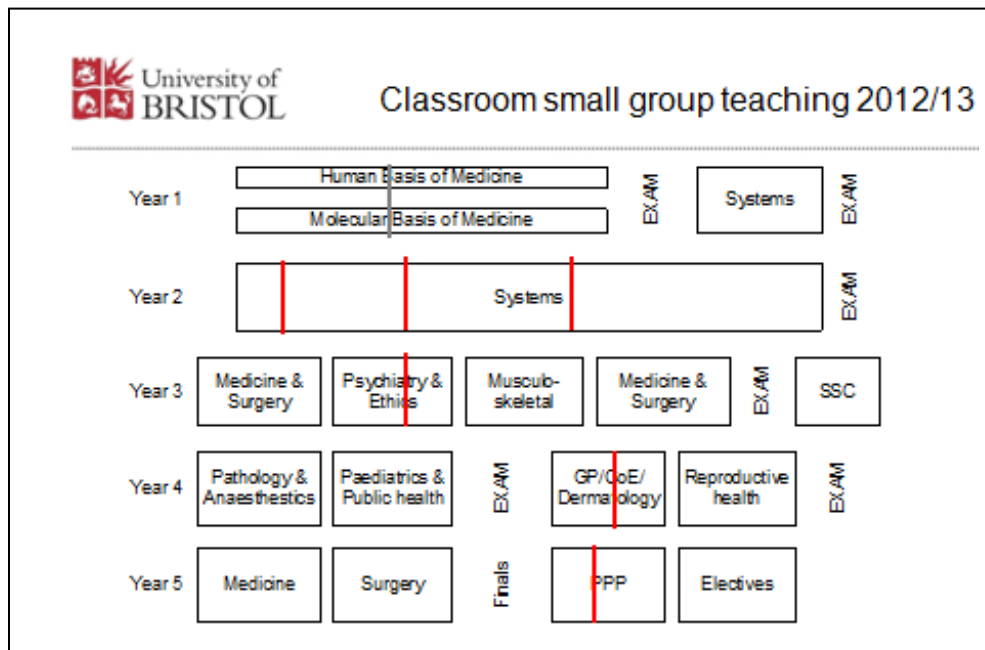
Aim

- By graduation to be able to consult clearly, sensitively and effectively with patients”

Objectives

- Consult effectively with individuals regardless of their social, cultural or ethnic backgrounds, or their disabilities
- Know and employ the skills set out in the Calgary-Cambridge guide in their own consultations; and to use this tool to reflect upon/assess their own and other’s communication skills
- Practice the acquisition and maintenance of consultation skills as part of lifelong learning

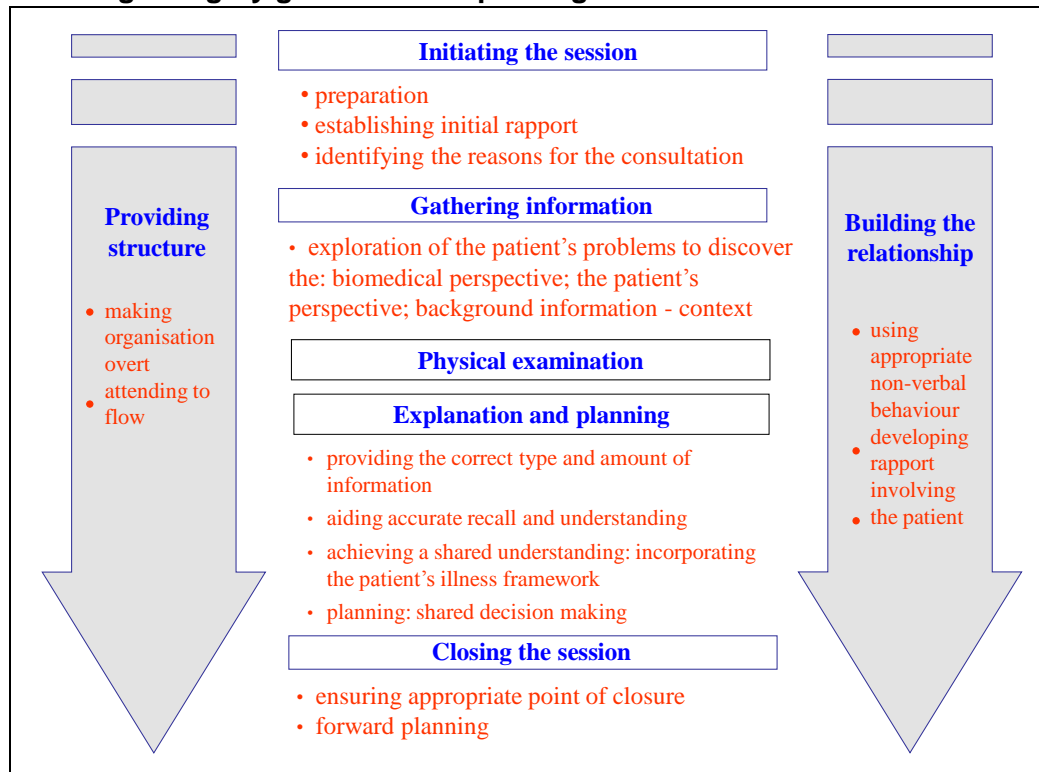
When are students being taught consultation skills?



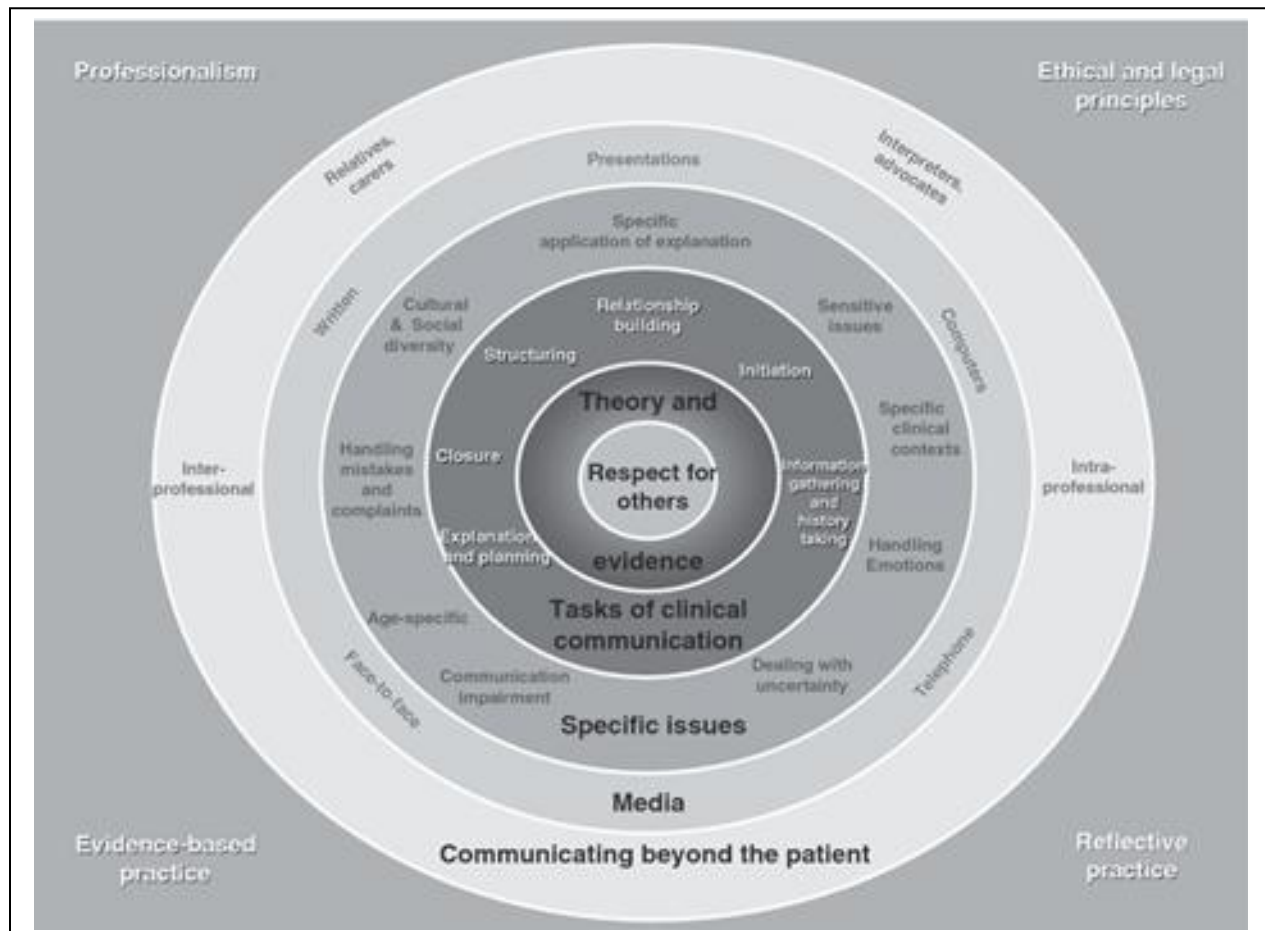
What are students being taught and when?

Year	Topics	Example scenarios
1	Open/closed questions	Preparing to visit patients
2	Initiating - closure	Back pain, GORD
3	Behavioural change	COPD (smoking), chest pain
4	Effective consulting	Migraine, marital problem (IPV)
5	Telephone and “advanced” skills	Multiple problem, third party

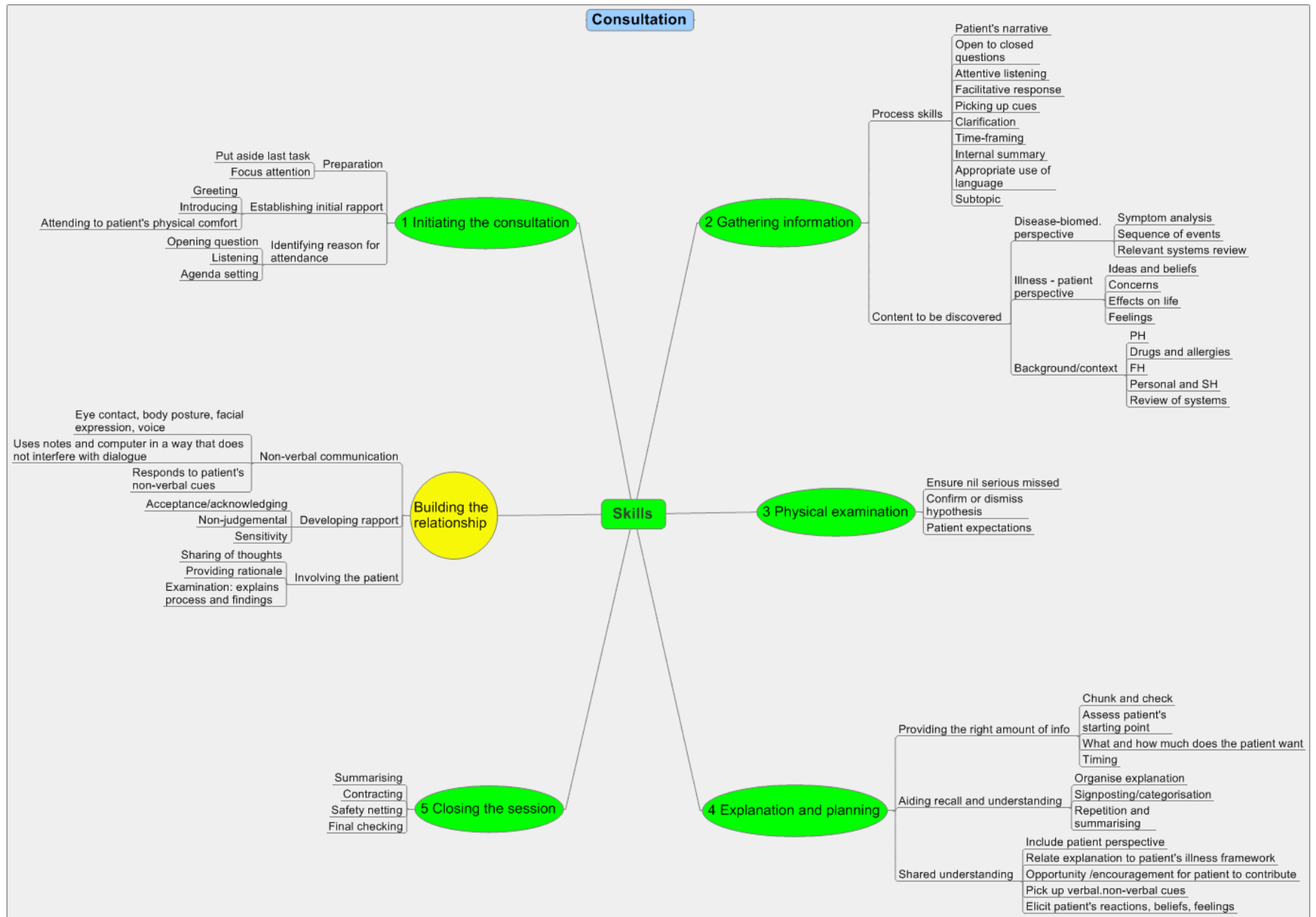
Cambridge Calgary guide as a simple diagram



And the overall consultation skills curriculum?



CCG mapped out



Top tips for teaching consultation skills in GP surgery

This scenario proved an excellent choice, and the various role plays worked very well. It highlighted the dilemmas for a GP Teacher where the student misses vital clinical clues. The temptation is for the GP to take over in order to ensure patient safety, and give the student feedback afterwards. However we demonstrated that it was possible to give the student feedback with the patient present, and direct them to return to various parts of the consultation and ask further questions (and examine further). This was mainly achieved by the student asking the patient about their concerns and expectations, when the hoarseness symptom became more significant. We all agreed that the student learnt much more this way, and the patient was safely managed, with the GP only taking over at the end.

We divided the feedback giving into two parts – during the consultation, and afterwards, being role played by different GP Teachers. The main problem is that this would take considerable time, although the second feedback could possibly wait till the surgery was over.

1. Mention and remind re ICE at every opportunity!
2. Set students specific things to observe/time in consultations
 - Be open to reflect on your own skills in all observed consultations, so students are used to and comfortable with this
3. Use patients for feedback when appropriate
 - If this may be difficult, ask the patient a more generic question e.g. “what have you found doctors who communicate well do? What tips do you have for us listening and talking with patients?”
4. Have a laminated copy of Cambridge Calgary (C-C) on your desk.
5. When considering consultation skills or giving feedback concentrate on one area at a time, can use C-C for this.
6. Practice timed/focused history taking with year 4/5 students (Countdown clock via Google)
7. Where possible prepare the student in advance by discussing the condition/history as this may make it easier and increase their confidence
8. Where possible, arrange for senior students to observe/consult with a number of different GPs to enable them to see and reflect on different consulting styles
9. Use C-C for training in telephone consultations
10. Set homework and encourage practice at home e.g. active listening
11. Feeding back on consultation skills – positives first, ensure any constructive feedback is backed up with practical suggestions and the opportunity to practice/role play it.
12. Ensure your practice is a safe learning environment and you know your students well so they feel comfortable receiving this feedback.



Feedback giving

Good practice

- Don't belittle student in front of the patient
- Balance of encouragement and correction of mistakes
- Redirect the consultation without taking over
- Decide what to feedback during the consultation and what afterwards
- Give effective nonthreatening feedback
- Give constructive honest feedback
- Structure feedback and be specific e.g. consultation skills/clinical knowledge
- Summarise feedback
- Help the student to put things together
 - Use the image of 'bridge' from Damian Kenny's diagram
 - The first part of the consultation is information gathering –history, examination, ICE.
 - Then you cross a bridge and move on to diagnosis, explanation giving, mx, FU, safety netting
- Encourage reflection
 - Start feedback by asking the student 'What do you think you have done well?'
 - Ask the student 'What do you think it is?' 'What are they (patient) worried about?'
 - What would you do differently next time you see somebody like this?
 - The impression is that students feel short changed if they are not given the opportunity to be reflective and told straight off

Specific

- Feedback specific points, i.e. how they could have used summarising to check that everything had been addressed and covered
- Encourage open ended questions
- Emphasise history taking skills are allied to consultation skills not separate
- Emphasise red flags are very important

Patient

- Involve patient in feedback
- Allow patient to express concerns/expectations

Student

- Give students a goal within the consultation
- Give students a chance to replay parts the consultation

Feed forward

- What are you going to take away from this
- Specific feedback with plan
- Choose small number of crucial things

Tip

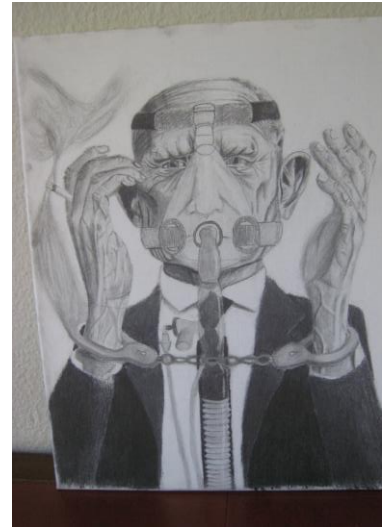
Ask patient to feedback on student examination, did it feel the same as the doctor's? What was different? For example, the patient may say that 'the doctor pressed much harder when she examined my tummy'

COPD Consultation feedback

It initially seemed that we might not find anything positive to say about the consultation but unpacking it showed that there were many good points to highlight.

Positives

- Introduced herself
- Looked at patient
- Appeared to listen well
- Open questions later on
- Scoping questions
- Echoed back
- Signposted questions on one occasion
- Simple language re explaining examination findings
- Clarified inhaler use
- Non-judgmental re smoking
- Praised patient re reducing smoking
- One red flag

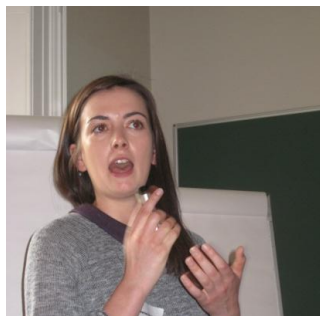


Negative

- Closed questions at the start
- No summarising
- Missed cues (neck and voice)
- Forgetting what she had already been told
- Forgetting to ask about some red flags
- Looping back
- Checking patient ok to speak

How patients view their participation in undergraduate education





















A talk by **Catherine Maciver** who presented the findings from her year 2 SSC (student selected component)



Key messages

- Patients are keen and willing to contribute to student teaching and training
- Informed and timely consent is important to patients
- Avoid asking for consent when it is difficult for patients to say no, i.e. in the presence of students, on the way into the consulting room
- Ask for consent in advance of the consultation, i.e. when the patient is booking the appointment, place a note next to the check in screen which doctor has a student with them

What you thought of the workshop – Evaluation

Which Academy is your practice attached to?			
Bath:		7.1%	2
Gloucester:		7.1%	2
North Bristol:		46.4%	13
South Bristol:		21.4%	6
North Somerset:		3.6%	1
Somerset:		7.1%	2
Swindon:		7.1%	2
Welcome and Primary Care News			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		14.3%	4
Good:		57.1%	16
Excellent:		28.6%	8
General Practice as a learning environment - talk by Dr David Pearson			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		14.3%	4
Good:		25.0%	7
Excellent:		60.7%	17
General Practice as a learning environment - small groups			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		17.9%	5
Good:		57.1%	16
Excellent:		25.0%	7
Prize giving and more university information			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		28.6%	8
Good:		60.7%	17
Excellent:		7.1%	2
Did not attend:		3.6%	1

Consultation skills teaching - a talk by Dr Matt Ridd			
Poor:		0.0%	0
Below average:		0.0%	0
Satisfactory:		28.6%	8
Good:		39.3%	11
Excellent:		28.6%	8
Did not attend:		3.6%	
How patients view their participation in undergraduate education			
Poor:		0.0%	0
Below average:		3.6%	1
Satisfactory:		7.1%	2
Good:		42.9%	12
Excellent:		25.0%	7
Did not attend:		21.4%	6
Please rate the workshop overall			
In truth, not really very useful:		0.0%	0
Picked up one or two useful things:		25.0%	7
Plenty of relevant stuff for me as a GP teacher:		57.1%	16
I came away feeling highly informed and inspired:		17.9%	5

I will use the mind map of the student in the practice and I will adapt my patient consent form in the light of Ms MacIver's presentation

Thought provoking about how we can alter / improve things within the practice

Always good to do small group work as it mixes experienced with less experienced teachers. Always seem to come away with new ideas. good stuff !

Using small chunks of Cambridge Calgary a useful suggestion

Reflective Template



Summer Education Day	
Date/Venue/Hours	18 th June 2013, Engineers' Hse, Clifton, Bristol 5.30 hours
Description	
Reflection and Feedback	
What did I enjoy? What have I learned for my teaching and for my GP work	
Forward Planning	
How can I use the ideas from this workshop in my teaching? How could I share the ideas from today with my colleagues?	
Key points to remember	
Name, date, signature	