

**YEAR 2 GP  
END OF YEAR REPORT  
2023-24**



## GP2

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### Introduction

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250 Second year students attended Bristol and surrounding areas practices in groups of 4-6 students for 5 or 6 three-hour sessions.

The sessions start with a check in with the GP teacher and review of recent learning at the university, specifically CBL and EC labs and then a discussion of themes, and the plan for the session. This involves half the group interviewing a patient and presenting back to the GP and group, and the other half practicing examination skills with the GP. The final part of the session involves sharing cases, debrief and further discussion.

There were no major changes to the content or format of the sessions this last year, and the intended learning outcomes did not change. There was a change of GP2 lead in the middle of the year. The GP teachers received additional training on COGConnect to try to increase integration with EC labs, and further links were made with Interprofessional learning teaching.

Feedback was obtained centrally. On the following pages is a summary of the end of year feedback from students and GPs, with reflections and actions at the end.



Dr Jess Buchan

Year 2 GP Lead and Year 2 co-lead

July 2024

## Student Feedback Summary

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250 year 2 students were placed with 40 tutors in 24 GP surgeries for 5 or 6 sessions each, between October 2023 and May 2024.

For the second year running, the student feedback forms were standardised across all years for primary care to standardise our processes, allow easy comparisons, and to help with quality assurance. Additional year 2 specific questions were added.

The invitation to complete the feedback surveys accompanied materials for the final two sessions, and the time was allocated for this to be done. There were 110 responses (44% of the year).

### Student enjoyment of GP2

The mean student enjoyment rating for GP2 was 4.68/5, where 5 = excellent and 1 = poor. There was a top mean score of 4.80 for “I was made to feel welcome in the practice and I felt like I belonged” and 4.79 for high quality teaching and teacher enthusiasm. Please see below for other mean scores out of 5.

Welcome and belonging	Advance medical knowledge	Efficiently structured	Level of responsibility	Reasonable adaptations	Travel time	AHP time	Enjoyment	High quality teaching	Enthusiastic teacher	Feedback	Authentic picture of GP life	Communication from UoB	Quality of teaching materials
4.80	4.68	4.62	4.61	4.82	3.60	5.0	4.68	4.79	4.79	4.42	4.67	4.04	4.09

110 students took the opportunity to provide specific feedback for their GP teacher, which has been fed back to them. These comments focused on how sessions helped students learning, and how the sessions were well planned and enjoyable. 7 students (2.5%) also nominated their GP teacher for a teaching prize; due to the small number of nominations, the GP teacher prize for Year 2 was not awarded this year.

*The teaching this year was really helpful, especially **going over content at the start** of the sessions.*

- *I've really enjoyed the format of our sessions, with a mix of brainstorming and teaching and talking to patients. I've learnt a lot of helpful **examination techniques**.*
- *Very **well planned** and helpful. **Enjoyed** every session*
- *xxx has a fantastic teaching style, using a variety of materials (group competitions, diagnosis match-ups, discussions).*
- *Xxx has been great, she has provided really **clear and interesting teaching** and I feel I learn more in 3 hours in GP than I do in the rest of a 2 week case block. We've all felt very **supported** and always look forward to coming.*
- *Sessions have been really helpful, thanks for always **tailoring the sessions** to what we want to learn that week*
- *xxx was really great and I've enjoyed GP a lot this year. She always **goes through all the case info before we spoke to any patients** so we have a really clear idea of how to direct our consultations. All the patients we saw were lovely + helpful and useful to have spoken to for our clinical knowledge. **Debriefing** after speaking to the patients also flagged up anything missed.*
- *Xxx is really good at getting us **involved** and **allowing us to ask questions**.*

- *The teaching has been great and very productive. The explanations to conditions have been **thorough but also clear to understand***
- *Very friendly teaching, always **good feedback** and we cover a lot in teaching sessions.*
- *provides **specific, actionable feedback**.*
- *xxx is also an **excellent role model** for how to be a good doctor*

We specifically asked about integration with other learning at the university such as Effective Consulting (EC) and case-based learning (CBL) sessions which take place on campus. On the whole, integration was felt to be done well and be very useful.

- *Really enjoyed GP this year, **always saw patients that were relevant to our cases** and learning for that 2 week block. Very knowledgeable GP*
- *I have really enjoyed our GP placements this year, I learnt a huge amount thanks to them and it's been a great experience meeting **different patients that have been relevant to each case**. Thank you!*
- *Always look forward to GP placement, one of the places where I have the most fun and learn the most, things just seem to all **click together** here*
- *Really well structured sessions where i feel like i can apply all my learning throughout the week in a **clinical context**.*
- *Really well, was good when we had EC for one case and then had placement afterwards because then I **felt more prepared going into real consultations** having practiced with an actor*
- *Great recap of teaching in EC and CBL and a perfect way to apply it to clinical practice*
- *It elevated the learning by putting the pathophysiology we learned into a clinical and presenting context.*
- *It was helpful to speak to an actual patient with a history relevant to the case*
- *(I was able to...) associate key symptoms with conditions that are otherwise just another item on the list in a textbook*

We also asked how the GP teaching had impacted on confidence and skills talking to patients which resulted in positive responses, please see below.

- *Very kind and informative, we felt we could ask questions and we were given options and opportunities to talk to patients and develop our skills*
- *It has definitely helped me to improve my clinical history taking and examination skills and confidence in myself when talking to patients.*
- *I feel more confident in the questions I ask and the purpose for asking them.*
- *I have become much more confident with patients this year and am really looking forward to next year*

Travel time was the lowest scoring category – this was the same throughout the five years of GP teaching though interestingly felt to be more of an issue for students in years 1 and 2 (only placed in Bristol practices, but sessions are half rather than whole days), as the other half of the day is spent in teaching at the university, which could explain why students found this a challenge [as they had to ensure that they were either able to return promptly to the university after their morning session at GP, or travel to GP after a morning's teaching on campus]).

### **Some suggestions for improvement**

Students in Year 2 were keen to observe more GP consultations which is not something we are planning to formalise this year as we want them to focus on experiential practice. Students always benefit from your experience and this may include demonstrating aspects of the consultation or examination during teaching.

We would however encourage the students to *practice consultations* with expert patients, not just talk with them about their condition. GP tutors can prime the patient to allow the student to conduct a full history, then present back to the tutor and group with the patient invited at that point to share more about their experiences.

- *I have liked speaking to patients and discussing any health issues they had after, but I would've loved to observe the GP take some consultations*
- *I enjoyed speaking to patients but I also would've liked the opportunity to observe normal appointments to see model consulting*

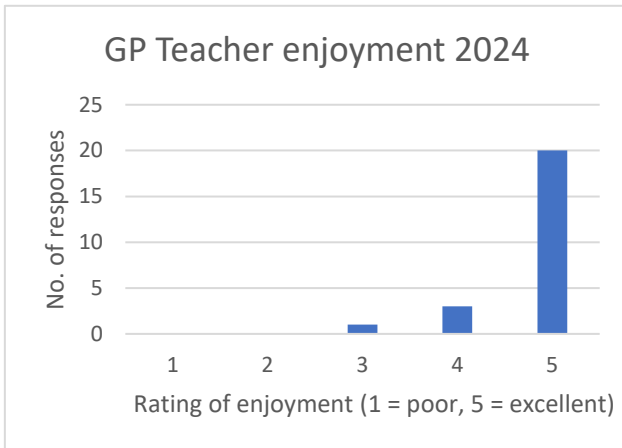
Some comments were around wanting **more**; either more GP generally, or more consultations, or more on management or just being pushed a bit more. We are unable to offer year 1 and 2 students more *time* in general practice in the foreseeable future, but we are looking to develop more central examination and clinical skills teaching which may make it possible for students to do more consultation skill practice in GP (watch this space). We would also encourage you to check in regularly with students about their learning needs and offer stretch activities for those who want more challenge. The comments gathered from feedback at the end of the year do suggest that students feel ready for Year 3 – where they will do more patient consultation and management in GP.

- *The only area of improvement would be to have more GP sessions as they have been incredibly valuable, especially since we have been learning about more diseases and diagnoses this year.*
- *Maybe pushing us a little bit more with full history and diagnoses*
- *There have been some good moments this year. The sections of deep diving into differentials has been most helpful and would be good to spend **more time** thinking about examinations and practicing how to carry out investigations beyond just history taking*
- *One thing I think would've helped us is to somehow split up into two groups and see different patients / practice on each other, just to get extra practice in and more patient contact, but I appreciate that's quite challenging*
- *One thing I would like more of is possibly more opportunities to observe clinics or speak to patients in shorter time. "Expert patients" are very valuable and appreciated for telling us about their various health conditions, but I feel like we all feel a lot more confident with our consulting now and it would be nice to maybe sit in on a clinic (and possibly attempt some formulating with our GP tutors). Maybe half of us could speak to an expert patient while the other half sits in clinic for example.*

## GP Teacher Feedback Summary

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There were **24** responses (60% of teachers).



The mean GP enjoyment rating for GP2 was 4.83.

*I have thoroughly enjoyed my year 2 teaching this year. The teaching plans are concise and easy to follow. Students all really enjoy the sessions as relevant to rest of course and consolidate knowledge. They get a lot out of patient contact and practising history/examination skills. Thank you for excellent session plans and always being responsive to emails!*

GPs rated the quality of the teaching materials as 4.63 and the communication from the central team as 4.66.

### General themes

**Students** *They were engaged and interested in the topics.*

*So eager to learn and just generally lovely.*

**Patients** *I feel as if they (students) made a really positive difference to several of our patients.*

**Learning materials and structure valued:** *Teaching materials are excellent.*

*Thank you for excellent session plans*

*I think the course structure works really well and guidance from you is very useful*

*Found the materials helpful with useful suggestions of what to cover and extra bits if needing to fill time*

**GP tutor training:** *The initial teaching day at Engineer's house was helpful and was good to meet other GP tutors.*

**PHC team support valued:** *Thank you for always being responsive to emails!*

*Thank you for all the reminders and supporting information*

*I liked getting the photos of students with their preferred names, this helped on the first session!*

### Suggestions for improvements

**Smaller groups:** *I do think a group of 6 is quite a lot (4 would be preferable)*

*Smaller group worked better (4 vs 6 students). Better engagement from the students, more capacity for quality interaction with patients and practically easier to teach examinations etc*

**Wanting more time:** *Students really enjoy seeing patients and always ask if they could see more than two but time does not allow*

**A lot to cover in the time:** *Some cases quite widespread- i.e collapse- tricky to cover TLOC and Stroke.*

**Teaching resources:** *Materials provided beforehand can be too lengthy*

*I sometimes found it difficult to know what aspects of the information given were best to discuss in the initial discussion.*

*Can be late*

**Travel:** *Afternoon sessions more favourable, in terms of the logistics of getting to this surgery.*

**Communication re students:** *Communication regarding students resitting the year was poor.*

NB: We do send brief information about student support plans, but we are unable to share other information about students without their consent. It is therefore valuable to make sure students have the opportunity to speak to GP tutors 1:1 in the intro session if they wish to, to share information that they feel would be helpful.

**We asked GP teachers to comment on and share any tips for organising the sessions.** A lot of useful tips came up especially about structuring the sessions with 6 students, and enhancing learning which will be shared at the GP teacher workshop and then circulated.

Similarly we asked about **linking teaching in practice with the students' university learning.** Most GP teachers felt this was fine, though some felt it was not always feasible and specific learning may not match up with reality in clinical practice which can be unpredictable.

## Reflections and actions

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0. Really positive feedback overall.  
**Action: share with all stakeholders.**
1. Year 1 and 2 specific questions have been really helpful so continue with this next year. Better response rate this year but still some scope to improve this for both the teacher and student surveys. Time for this is already factored into the session plan for the final session.  
**Action: ensure this is clear, in bulletin and OneNote etc. Ensure culture of mutual feedback is the norm for students and GP teachers with some focus on how we can ensure this at the annual GP teacher workshop in September. Could consider making filling the feedback questionnaire compulsory to generate payment for GP teachers.**
2. GP teachers prefer smaller groups, and this would allow all students to participate more especially in observed consultations  
**Action: plans have been made to reduce most groups to 4 (without compromising practice pay) – ensure regular QA of this**
3. Lots of useful tips from GP teachers regarding integration of learning and practical aspects of delivering the teaching  
**Action: collate and discuss/share/add to at GP teacher workshop and circulate widely.**
4. Integration with other learning in the curriculum and EC/COGConnect is valued by students and overall this is done well, but there is scope for improvement especially in CBL. However it is not always possible due to nature of general practice  
**Action: CBL lead to attend the GP teacher workshop to share the CBL course and consider integration methods. Also, again plan to feature on COGConnect at the workshop. Ensure all GP teachers can access the sway document about COGConnect. GP lead to share details of placement at EC workshop and Changes made for 24/25 to EC tutor resources to ask specific questions and suggest consolidation activities regarding GP placement.**

5. GP teachers have fed back some challenges in finding the right patient for the case, one GP commented that students can't get to home visits which is not a part of GP2  
**Action: Allow flexibility with the linking with CBL cases and share other ways to make those links if the patient has a different condition. Run a small group session focus on finding appropriate patients (who and how) at GP teacher workshop.**
6. Some GP teachers would like students to do more consultations.  
**Action: It is hands on practice in structured history taking and examination skills that we want students to focus on in Year 2. Cover the structure in the workshop and share tips such as priming the patient not to give away the diagnosis/full story initially.**
7. Students would like to spend more observing consultations. Others that they would like to do mini clinics  
**Action: It is hands on practice in structured history taking and examination skills that we want students to focus on in Year 2. They do start to see more patients, and unselected patients in Year 3. Address at the GP tutor training day the value of short demonstrations of consulting or examination skills. We can look at the learning materials provided to students including video's of GPs consulting e.g. Virtual Primary Care but this is most valuable when the skills observed can be discussed by the students as there is not one "correct" way to consult.**
8. Travel to practices can be difficult for students and some find the expenses claim process complicated. PHC admin already support students with this and signpost to travel options, share out drivers etc. We use the nearest practices we can and factor in any specific student needs.  
**Action: be transparent with students about the need to travel to placements throughout the course. Continue to ensure students are given adequate info and support to arrange travel, and also to claim expenses. Encourage students to notify us early of any changes or specific travel needs so we can support with this.**
9. There is a lot to fit in in the collapse session  
**Action: This is likely to change and the materials to be reviewed.**