

Year 1 GP
End of Year report
2023-24



Contents

Introduction	2
Student Feedback Summary	3
GP Teacher Feedback Summary	5
Reflections and actions	6

Introduction

This is the 7th year of GP1.

First year students start clinical placement in the first month of their medical course. They attend Bristol practices in groups of 4-6 students for 6 or 7 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 (usually in their own home) and the other half observing and participating in real GP consultations. 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. 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 after Foundations of Medicine and then at the end of the block. 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 Lucy Jenkins

Year 1 GP Lead

July 2024

Student Feedback Summary

292 year 1 students were placed with 39 tutors in 22 GP surgeries for 6 or 7 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 1 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 174 responses (59% of the year).

Student enjoyment of GP1

The mean student enjoyment rating for GP1 was 4.82/5, where 5 = excellent and 1 = poor. There was a record 4.96 for teacher enthusiasm and 4.9 for welcoming and belonging. Please see below for other mean scores out of 5.

Quality of teaching materials	Communication from UoB	Authentic picture of GP life	Feedback	Enthusiastic teacher	High quality teaching	Enjoyment	AHP time	Travel time	Reasonable adaptations	Level of responsibility	Efficiently structured	Advance medical knowledge	Welcome and belonging
4.15	4.30	4.85	4.67	4.96	4.88	4.82	4.67	3.77	4.90	4.79	4.80	4.73	4.90

My favourite parts of Foundations of Medicine. I loved actually being put in a healthcare setting so early on and getting the opportunity to speak to patients. I feel very lucky to be able to do this as I know at a lot of med schools this doesn't happen until a lot later. Really insightful and useful to be able to hear about patients' interactions and experiences with the healthcare system

Highlight of my week. I really enjoyed being able to talk to patients

Nearly all students took the opportunity to provide specific feedback for their GP teacher, all of which was positive and has been fed back to them. These comments focused on the way the students felt involved and inspired, the effort the teachers had gone to finding appropriate patients, learning activities and the check in and pastoral support that many students valued. 26 students (9%) also nominated their GP teacher for a teaching prize.

All students took the opportunity to provide some personalised feedback to their GP teachers. An example is here: *XXX was such an incredible teacher, she genuinely helped me so much and watching her consultations was a good way to learn about EC skills. She was always checking that her sessions were useful with feedback, optimising our time at the clinic. We got a mix of shadowing her and talking to patients about healthcare experiences. It was a pleasure being in her group – all the guest patients spoke so highly of her and it's clear why.*

My GP tutor really encourages us to get involved and provides feedback and suggestions as necessary. I have found it really motivational so far and am very glad that we have early placements.

We specifically asked about integration with other learning at the university, which was felt to be done well and be very useful. Some students shared what worked well and other made suggestions to improve as below. We also asked how the GP teaching had impacted on confidence and skills talking to patients which resulted in only positive responses, please see below.

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)

GP teacher making links...*done really well, linked at the start of each session and always double checked what we already learned. Integrated it fluidly into consults and discussion time after seeing patients.*

My clinical contact sessions helped me build on what we had covered in the EC and CBL sessions. It all felt very connected and relevant. When it didn't, it was [due] to chance and uncontrollable

I was able to see some real life applications of what we were learning..... fascinating and also very helpful in solidifying my knowledge.

*It also **linked well to my CBL cases** overall and I think we managed to see patients that linked to most cases. Sometimes they were a bit out of sync with the CBL sessions*

The patients weren't always linked directly but we would often talk about the CBL case.

Linked well, helpful to see what we're learning in CBL in a clinical setting. The patients didn't always match exactly but I understand that's hard to achieve.

Clinical content linked very well with effective consulting, especially when it came to learning the art of speaking to a patient and finding out everything we need to know.

Able to practice consulting skills and some clinical examinations, lots of link between cog connect etc

The EC teaching was always included at the beginning of the GP session, and we would try to integrate it when speaking to patients.

It was very helpful to put the skills learnt in EC into practise with real patients and it expands your knowledge much more with real people

With regards to confidence and skills consulting with and examining patients

Increased my confidence with patients and reminded me of why I'm actually here.

General consensus is that the home visits are a good opportunity to improve on confidence. *'The hardest part is honestly just opening up and talking to patients as a first year, so the home visits especially helped.... by ourselves where it was all on us'*

The time in practice with the GP observing student/patient interviews and participating in real consultations was felt to be an excellent way to improve confidence and competence consulting. *Felt like a safe space to practice, get things wrong and ask questions..... I have a better understanding of the structure of consultations, how to appropriately communicate medications and procedures, show empathy and take observations and examinations professionally and effectively*

I feel a lot more comfortable consulting patients now, especially when asking about sensitive issues or more challenging questions as we had many discussions about this and were able to practice different phrases etc.

It has given me a lot more confidence in speaking to patients and being able to switch between chatting casually and taking history and understanding more about their condition. I can confidently go into situations and meet new patients and be able to hold a conversation with them

Much more confident explaining ideas within the group

Some suggestions for improvement

It was good to have conversations with patients without a GP being there, so we lead the conversation. It would be good to practise history taking more, in the specific format.

It would be more beneficial if we could attempt to talk to actual patients, rather than just professional patients

I think more emphasis could be put on examining patients

Would like more opportunities to discuss our GP experiences during effective consulting

The clinical contact linked well with learning, however I think that medical students should be pushed more to use the newest learning they have rather than students relying on earlier learning.

GP teachers found it easier to make links with EC rather than CBL

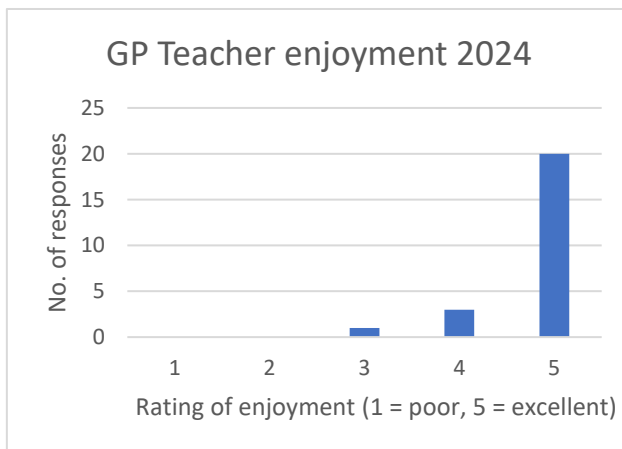
Possibly to provide an outline of what is expected of us/ the ILOs of the session so that we can more effectively use the time.

Although I understand that it is good for continuity to attend placements in smaller groups from our tutorial groups, I think having GP placement groups with students from different tutorial groups would have also been good to meet more of the cohort.

It looks like some patients were unaware of how many medical students there will be in the room and some things they don't want to discuss publicly. Also, a list of questions to ask patients would be helpful as the questions on one note did not relate to our patients

GP Teacher Feedback Summary

There were **24** responses (61% of teachers).



The mean GP enjoyment rating for GP1 was 4.83.

I really look forward to my year 1 teaching days, the students are enthusiastic and insightful, I enjoy helping them learn and I learn things too. It helps to renew my love for this job!

GPs rated the quality of the teaching materials as 4.70 and the communication from the central team as 4.79. Three commented that they valued PHC and year lead support when they had concerns about students

General themes

Students are bright and motivated, and seem to find their placements really helpful

Patients also very much enjoy and benefit from their interactions with them.

Session plans valued: good curriculum, lots of useful talking points making the sessions relatively easy run and fit the allocated time. I felt the handouts very helpful and other suggested activities in case things had to change last minute

PHC team support valued: Thank you for getting back to me regarding queries so quickly and being on top of the payment forms etc.

Suggestions for improvements

I think having smaller groups would improve the experience for students, patients and GP tutors, be easier to find patients to engage with them and easier for the students to speak up.

It can be difficult to observe students taking histories/interactions apart from in the first 3 sessions. It would be good to observe the students taking a history/interacting with patients

I wonder about teaching students how to structure history taking part way through first year.

Home visits can be challenging in our area as patients often live too far away to walk and the first years often don't drive. As the students didn't have cars it was sometimes logistically challenging to deliver half the students to a home visit while also running a surgery for the remaining students

It was sometimes tricky to find a suitable patient for a home visit who lived nearby, was chatty, free on the day, and had a relevant condition – it seemed to me that at this stage it's really about the students meeting and talking to patients, so I wondered if it's actually relevant that they have a particular category of condition

I think the dementia session needs some further exploration of culture/ language issues when assessing memory – I realise knowing about that in detail is beyond the scope of first year, but it needs mentioning in the materials

We asked GP teachers to comment on and share any tips for student-led patient interviews, home visits and enabling student participation in the observed consultations. A lot of useful tips came up here which will be shared at the GP teacher workshop and then circulated to all teachers.

Similarly we asked about **linking teaching in practice with the students' university learning.** Most GP teachers felt this was fine, though some felt they did not have the knowledge to make enough links, and some acknowledged that some of the specific learning may not match up with reality in clinical practice which can be unpredictable. Many useful tips to share were generated.

Finally we asked about how we could further support GP teachers in their learning and professional development. *I found the teaching workshop (Engineer's house) and teaching booklet just the right amount of info to prepare for teaching. I think examples of patients that people have used in previous years would be really useful. Also overcoming challenges like quiet/reserved students.*

Reflections and actions

1. Really positive feedback overall.
Action: share with all stakeholders.
2. 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.
3. 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
4. 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.

5. 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.
6. GP teachers have fed back some challenges in finding the right patient for the home visit and getting the students to patients' houses for the home visit.
Action: Ensure that GP teachers are aware that there is some flexibility with patients attending the surgery if easier. 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.
7. GP teachers have commented that they would like to be able to observe the students interviewing patients. This would enable more specific progress review and feedback.
Action: Advise GP teachers that this does happen with simulated patients in EC.
Also, discuss at workshop and encourage teachers to support students to take an active role in the consultations from the beginning, and to lead in simple consultations toward the end of the block. Optional patient interviews in small groups in practice (instead of home visit) in session 6 or 7 so GP teacher can observe and give feedback on consulting skills. This would also help with the time pressure in the already full last session.
8. Some GP teachers would like to teach more structured history taking, and students would like to practise more.
Action: It is worth considering here that year 1 is very much about basics of effective consulting skills. We need to ensure that GP teachers and students are aware of this, and that the structure is taught later, with plenty of time to practice and perfect this in EC labs and general practice placements then. Ensure that all GP teachers have an understanding of COGConnect structure and can access the sway. Discuss with EC team, focus on this at the GP teacher workshop and share further resources for this as appropriate
9. Students would like to spend more time talking to patients without the GP teacher there.
Action: this already happens at the home visit/patient interview in alternate sessions and hopefully with smaller groups, each student will get more opportunity to participate. Suggest alternating who 'leads' the interviews. Also plan to discuss at GP teacher workshop how this might work. Ideas could be for the students to meet with the patients from the consultations before/after to discuss further, or to try to arrange for students to follow-up patients at a later session
10. Some students would like more focus on examining in GP.
Action: encourage GP teachers to enable students to participate in examining in consultations if appropriate, but ensure students are clear that this is not part of the ILOs for GP in year 1, but year 2 in GP focuses on this in detail. Remove examining from the year 1 question as this is not part of the curriculum and may lead to inappropriate negative feedback or student expectation that this should have been done in GP.

11. One student suggested they would like outline of what is expected of us/ the ILOs of the session so that we can more effectively use the time.
Action: ensure all students are aware that this info is on OneNote for each session and encourage that they all prepare using this
12. At the end of FoM, one student suggested that having GP placement groups with students from different tutorial groups would have also been good to meet more of the cohort.
Action: Explain that this is unfortunately not possible due to timetabling complexities but there are increasing opportunities for integration as the year goes on. This will be also feedback to the year lead team for forward planning.
13. One student described that it had looked like some patients were unaware of how many medical students there were and there were things they didn't want to discuss publicly.
Action: patient selection, and consent to be discussed in the GP teacher workshop. Discuss with students that this can happen and how to manage. Ensure all teachers aware of alternative learning activities (including self-directed ones) as needed. Smaller groups should reduce this as well
14. One student commented that a list of questions to ask patients would be helpful 'as the questions on OneNote did not relate to our patients'
Action: Signpost to the introductory info on OneNote which cover this. Ensure GP teachers cover this and to be included in EC too.
15. One student commented that they would prefer not to see 'professional' patients.
Action: Mention in intro lecture and student resources that GP teachers may use some 'regular patients' that they use for teaching, but most would not call themselves professional patients, all have something to offer and ensure all students observe and participate in consultations with random unselected patients as well.
16. Travel to practices can be difficult for students and some find the expenses claim process complicated. This is understandable especially in a new city. 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.
17. There is a lot to fit in in the Neurology/dementia sessions (linked with CBL 6/7), and one teacher commented that there is a need for some further exploration of culture/ language issues when assessing memory.
Action: add some info acknowledging these challenges to the session plans so we can ensure GP teachers consider this (e.g. cultural beliefs and attitudes, language barriers, questionnaires UK centric). Emphasise that the additional optional learning that the students are signposted to is a Virtual Primary Care consultation of a dementia review in a patient who does not have English as a first language.