

Clinical contact in General Practice Years 1 & 2, 2024-25

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Who's who



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Housekeeping

- Flexible session
- Toilets and exits
- Wi-Fi- enjoyeh1
- Coffee and lunch
- No scheduled fire alarma



Introductions and agenda setting

- What are you hoping will be covered today?
- What would you like to get out of the day?

(please answer the **first** question on the padlet you can add to this throughout the day and we will revisit in our wrap up session)

[https://uob.padlet.org/jessicabuchan1/
how-do-you-see-your-role-as-a-
clinical-teacher-yryzhidi7aowf1mr](https://uob.padlet.org/jessicabuchan1/how-do-you-see-your-role-as-a-clinical-teacher-yryzhidi7aowf1mr)





Time and activity: 9-3pm		
09.00 – 09.30	Arrival, coffee/tea and registration	
09.30 – 10:00	Introductions and agenda setting Role of the teacher	
10:00 – 10.45	<ul style="list-style-type: none">• Course overview, teaching practicalities and Year 1/2 specifics inc assessment & feedback - (40 mins) L Jenkins & J Buchan• Administrative overview (5 mins) A Capey	
10:45 – 11.15	Break for coffee/tea	
11.15 – 12.30	<ul style="list-style-type: none">• Preparation & induction (15 mins) J Devereux• Preparation & induction discussion – (10 mins) all• Group dynamics discussion (10 mins) all• Student concerns & supporting students – (40 mins) all	
12:30 – 13:15	Lunch	
13:15 – 14:00	Effective Consulting, COGConnect, CBL and how we can integrate this into Year 1 and 2 teaching (whole group to share ideas) <ul style="list-style-type: none">• EC – J Buchan• CBL – Dr Alice Huffman and Dr Rohin Athavale	
14:00 – 14:45	Small group work Year 1: Top tips including: <ul style="list-style-type: none">• Patient interview and home visits• Observed consultations• Additional learning activities and contingency plans	Year 2: Top tips <ul style="list-style-type: none">• Teaching examination and clinical skills• Developing clinical reasoning
14:45 – 15:00	Teaching opportunities, close and feedback	

How this teaching fits in

Bristol medical undergraduate curriculum is case-based learning:

- Year 1: systems
- Year 2: systems, then symptoms after Christmas

Aims of clinical contact (part of effective consulting):

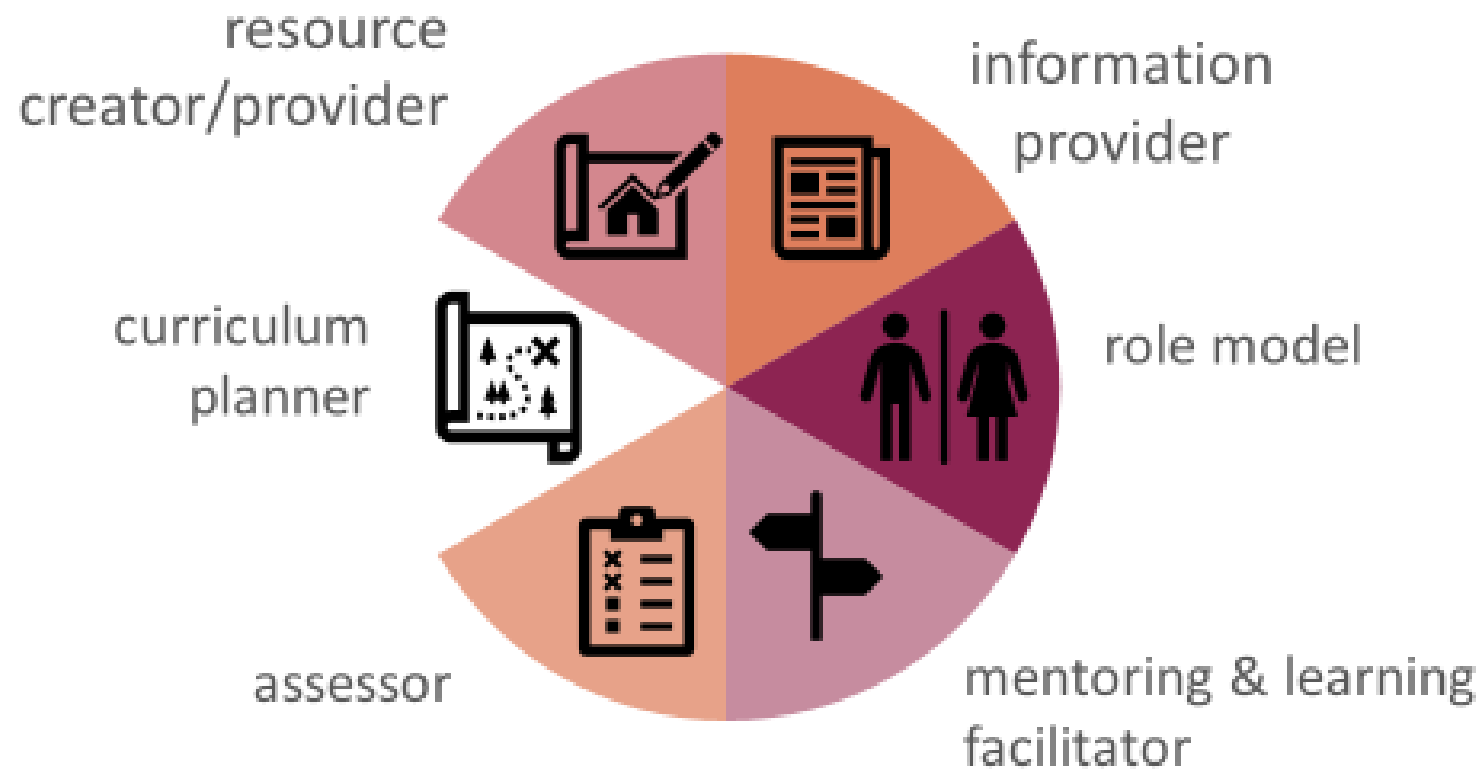
- Year 1: To introduce students to healthcare environment; gain skills and confidence in talking with patients; understand professionalism
- Year 2: To develop students as self-directed, reflective learners; who can consult with patients, practice clinical skills, and think critically about the clinical problems they encounter.

Roles of the GP teacher

- Discuss

THE ROLES OF THE TEACHER

(Harden and Crosby 2000)



[AMEE Guide No 20: The good teacher is more than a lecturer - the twelve roles of the teacher \(rutgers.edu\)](http://rutgers.edu)

Hattie's (2012) meta-analysis on EBT evidence ...

	High/Med/Low	Effect Size
a) Reciprocal (peer) teaching	High	0.74
b) Co-operative vs individualistic learning	Medium	0.59
c) Teacher subject matter knowledge	Low	0.09
d) Using simulations & gaming	Medium	0.33
e) Teacher-student relationships	High	0.72
f) Matching teaching with student learning styles	Low	0.17
g) Concept mapping	High	0.60

Hattie (2012) Visible Learning

Expectations of tutors

Review session
plan in advance

Deliver the session

Engage students

Link with other
university learning
where possible

Be enthusiastic

Be a good role
model

Flag up any
student concerns

Complete
attendance data
and TAB

Your expectations of us

- **Teacher guide** containing everything you need to know!
- Structured **session plans**
 - **flexibility** where possible/as needed
 - including further reading/**resources** as needed
- **Administration** support e.g. group allocations and **quick response** to questions and concerns
- **Guidance and support** if you are concerned regarding a student's wellbeing or behaviour
- **Feedback** on the course and your own teaching
- Reflective template for your CPD
- Monthly teaching **newsletter**

Where to find the information that you need

- GP teacher guide – step-by-step guide to running a session
 - Session plans: emailed two weeks before; copies on website
 - Website: bristol.ac.uk/primaryhealthcare/teaching/
 - Alison phc-teaching@bristol.ac.uk
 - Lucy (year 1) lucy.jenkins@bristol.ac.uk
 - Jess (year 2) Jessica.buchan@bristol.ac.uk
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- Where students find info – Sharepoint (intranet), Blackboard, OneNote.

Year 1

Year 1 Overview

Start of year 1: Foundations of Medicine (FOM)

- 10-week block introducing ethics, behavioural and social science, EBM, effective consulting (including clinical practice in GP), 3D (disability, diversity, difference), physiology, pharmacology, neuroscience, anatomy.
- FoM Conference

Teaching block two: Case based learning / Human health and wellbeing (HHW)

- 7 x fortnightly system-based cases focusing mostly on health and wellbeing (little pathology or symptomatology). MSK, CVS, Resp, GI, Urinary, Neuro and Endocrine.
- Ends with a summative written exam.

Early Clinical exposure

- In GP – 3 times in FOM, 3 or 4 times in HHW.
- Tb 2-clinical contact in secondary care
- HCA shift x 3
- BLS training

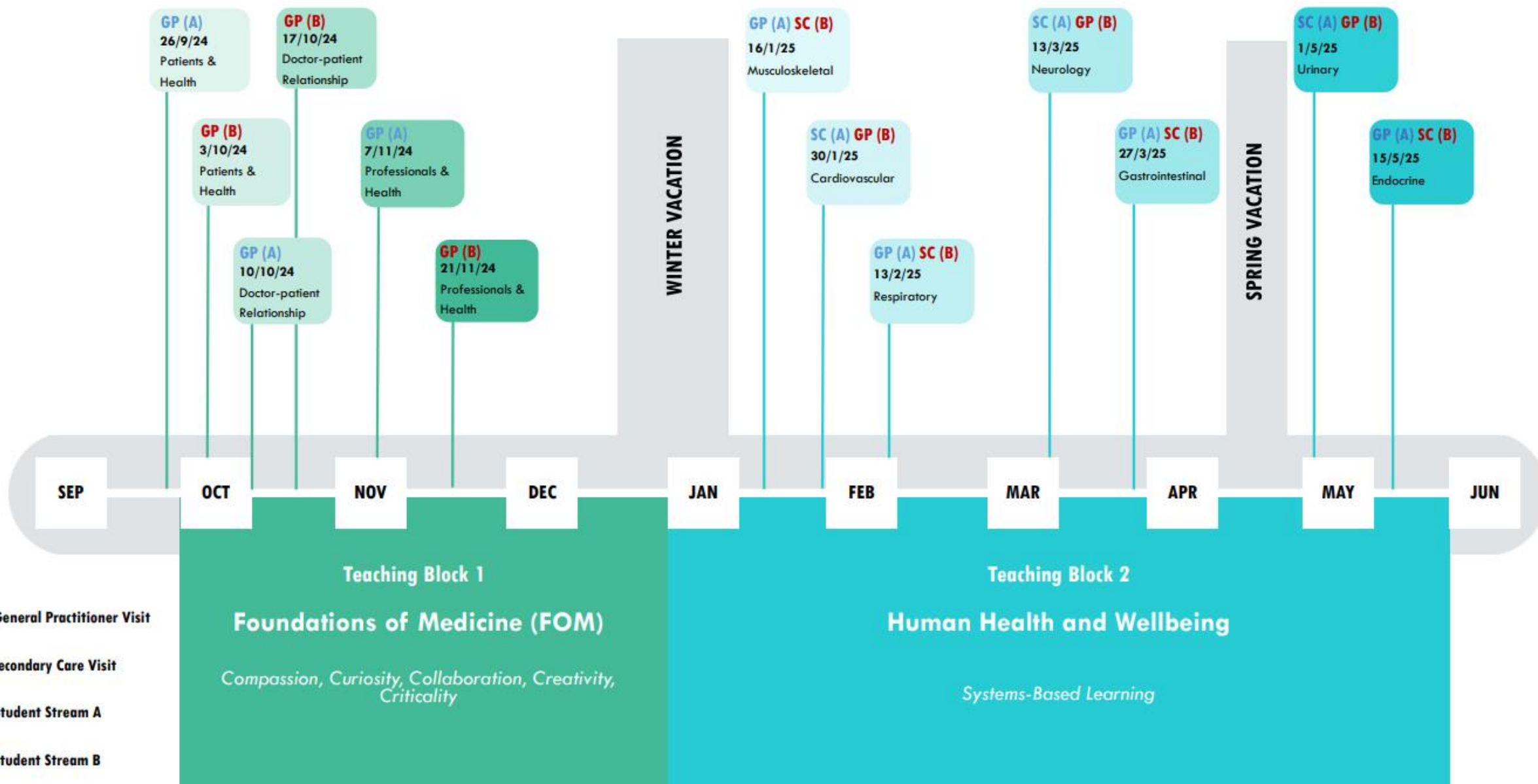
Learning objectives for clinical contact in year 1 (primary and secondary care)

At the end of year one, students will be able to:

1. Demonstrate appropriate professional behaviour for a clinical medical student.
2. Be comfortable introducing themselves to and talking with patients in a hospital and general practice environment.
3. Understand how to approach the examination of patients and have been introduced to examining aspects of the Cardiovascular, Respiratory and Gastrointestinal systems.
4. Demonstrate communication skills such as active listening and acknowledgement, building rapport, information gathering, and the appropriate use of open and closed questions.
5. Understand how physical, social, and psychological factors impact on health and wellbeing.
6. Develop themselves as active learners including reflecting on their learning from clinical contact and making links with their theoretical learning.

MBCHB EFFECTIVE CONSULTING ROADMAP

2024-25 - Year 1 (GP/SC)



GP Placement in Year 1

Foundations of Medicine
= the middle bit (values)



Human health and wellbeing
= the outside bit (COGs) Consulting



← Patient contact, clinical environment, clinical role models →

Overview of Foundations of Medicine

Session	Theme/System	Blue stream A	Red stream B	Focus and activity
1	FOM1 Patients and health	26/9/24	3/10/24	Introduction. Curiosity
2				Patient contact: whole group meets & interviews a patient in the surgery with GP teacher present
3	FOM2 The Doctor-patient relationship	10/10/24	17/10/24	Collaboration
4				Patient contact – whole group interview as above or: <ul style="list-style-type: none"> • half the students interview a patient (ideally at home) • half observe 3-4 GP consultations
5	FOM 3 Professionals and Health	7/11/24	21/11/24	Compassion Patients, carers, colleagues and looking after ourselves
6				Patient contact <ul style="list-style-type: none"> • half the students interview a patient (ideally at home) • half observe 3-4 GP consultations

GP advance preparation
Read the session guide: arrange an appropriate patient to meet with the students and a short surgery (3/4 patients) for students to observe

Session plan		Morning timings	Afternoon
Introduction: check in/pre-brief — catch up, discuss session plan, patient, themes	30 min	09.00-09.30	14.00-14.30
Patient contact Half observe consultations, half interview a patient (ideally home visit but can be in surgery if needed)	1 hour 20	09:30-10.50	14.30-15.50
10-minute break			
Debrief and discuss patients encounters, consultations observed and learning points	50 min	11:00 – 11.50	16:00 –16.50
Close	10 min	11:50 – 12.00	16:50 –17.00

GP tasks after session
Write own reflective notes, complete attendance form, prepare for next session

Feedback

- **Mean student enjoyment rating for was 4.82/5 (5 = excellent and 1 = poor).**
- **A record 4.96 for teacher enthusiasm and 4.9 for welcoming and belonging.**
- Quality of teaching 4.88
- Advanced medical knowledge 4.73
- Efficiently structured 4.8
- Level of responsibility 4.79
- Reasonable adaptation 4.9
- Authentic picture of GP life 4.85
- Feedback 4.67.
- Quality of teaching materials 4.15
- Communication from UoB 4.3
- Travel time 3.77



Student feedback

- *My favourite part 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*
- *I was able to put the skills learnt in EC into practise and see some real life applications of what we were learning..... fascinating and also very helpful in solidifying my knowledge.*
- *Increased my confidence with patients and reminded me of why I'm actually here.*
- *My GP teacher was so welcoming and we learned loads from her stories and the way she was with the patients. She made links with our other learning too, especially in CBL*

Your feedback

- Mean GP teacher enjoyment rating for GP1 4.83.
- Quality of the teaching materials as 4.70
- Communication from the central team as 4.79
- Teachers valued PHC and year lead support when they had concerns about students
- **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** were valued: *good curriculum, lots of useful talking points making the sessions relatively easy to run and fit the allocated time.. handouts very helpful and other suggested activities when needed*
- **PHC team support** valued: *Thank you for getting back to me regarding queries so quickly and being on top of the payment forms etc.*

Scope for improvement

Integration with other learning

Travel difficulties

Want to spend more time with patients and be more involved in consultations

Group size

Can be hard to find the right patient for home visits

Would like opportunity to observe and feedback on students consulting later in the course

Year 1 changes

Changes last year:

- GP practices taking 2 groups of students (teaching 13 sessions)
- Brief 1:1 chats in first session
- Increased efforts to use COGConnect and focus on IPL – interprofessional learning
- Simplified session plans, clear simple achievable objectives
- SSPs
- Student scrubs

For this year: Minor timetable changes – starting earlier in the academic year and some irregular intervals

- Earlier completion of mandatory learning= possibly unsupervised patient contact from session 2 in FoM
- Reduced group size for most
- Change in case order for CBL
- Flexibility for final HHW session to involve GP observing students 'consulting' if you wish

Year 2

Year 2 overview [1]

Start of year 2: **Effective Consulting Clerkship**

- 3-week attachment to a clinical team in secondary care
- History and examination in four key systems (cardiovascular, respiratory, abdominal and neurological- cranial nerves, Upper limb and lower limb)
- Introduces students to clinical reasoning skills

Case based learning

- Autumn system based (TB1): Skin; Body Defence; Pharmacology & Therapeutics; and Anaemia, Blood & Clotting
- Winter/Spring symptom based (TB2): chest pain; breathlessness; abdominal symptoms; **urinary symptoms & thirst**; joint (including back) pain; **low mood**; headache; and collapse.

GP2 student feedback (2023-24)

Question	Mean score (1 low, 5 high)
I was made to feel welcome in the practice and I felt like I belonged	4.8
High quality teaching	4.79
GP teacher enthusiasm	4.79
Level of responsibility	4.61

Student feedback (2023-24) 😊

- *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**.*
- *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.*
- *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*
- *It elevated the learning by putting the pathophysiology we learned into a clinical and presenting 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*
- *I have become much more confident with patients this year and am really looking forward to next year*

Challenges/improvements

- Travel
- More GP
- More responsibility
- *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*
- *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.*
- *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.*

Year 2 overview [2]

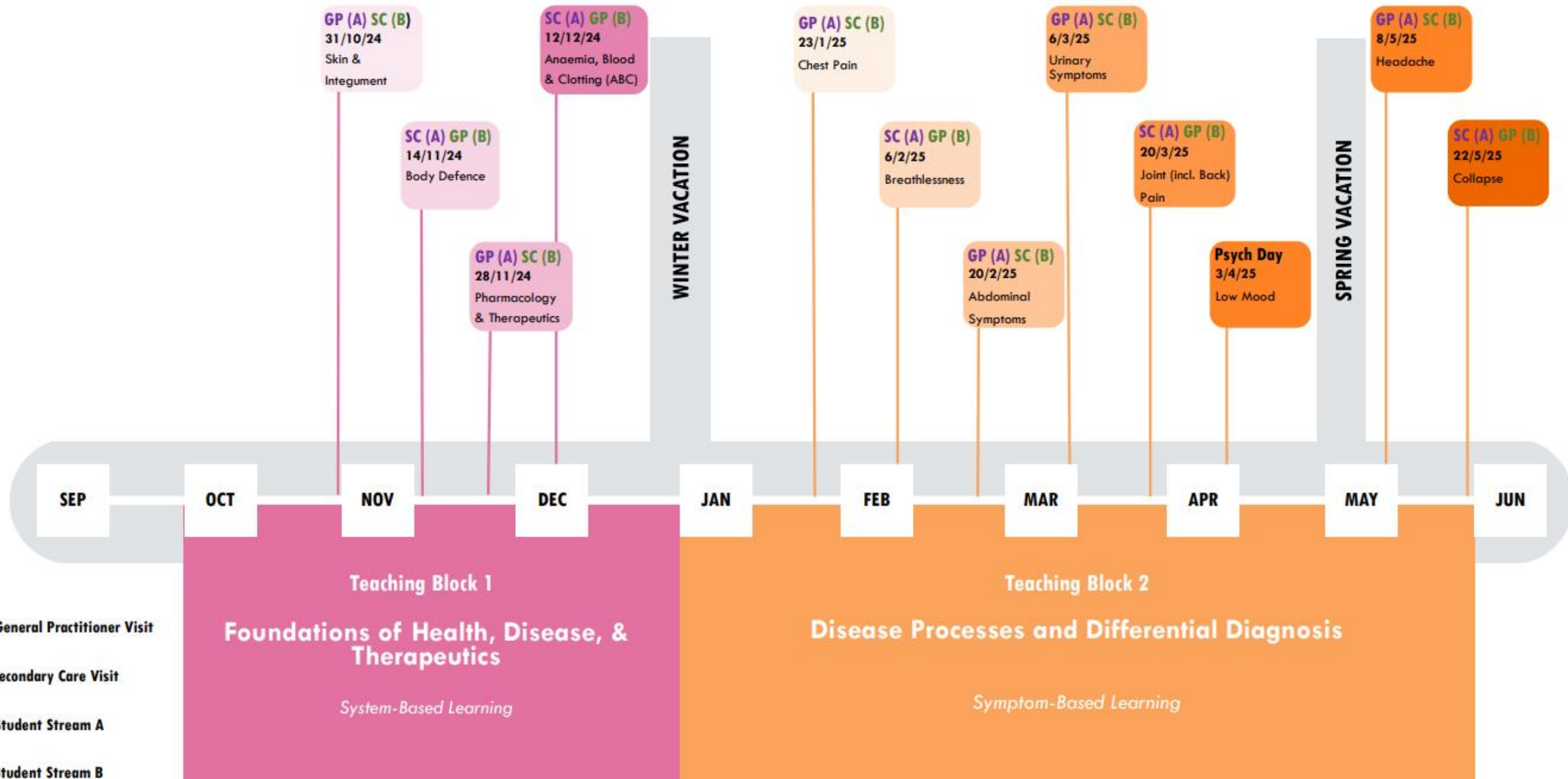
- morning or afternoon groups of 4-6
- 5/6 times

Groups alternate between primary and secondary care

	Stream 2A ("Purple")		Stream 2B ("Green")	
Session	Date	Topic	Date	Topic
1	31.10.24	Skin	14.11.24	Body defence
2	28.11.24	Pharmacology	12.12.24	Anaemia, blood and clotting
3	23.1.25	Chest pain	6.2.25	Breathlessness
4	20.2.25	Abdomen	6.3.25	Urinary
5	20.3.25	Joint pain	See below*	
6	8.5.25	Headache	22.5.25	Collapse
	*Low Mood session delivered to whole cohort in secondary care			

MBCHB EFFECTIVE CONSULTING ROADMAP

2024-25 - Year 2 (GP/SC)

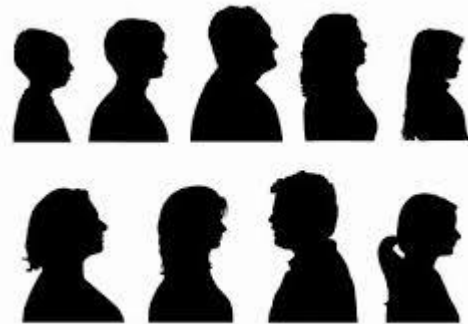


Typical session plan

AM	PM	Activity	Details
0900	1400	Introduction 30 mins	<ul style="list-style-type: none"> • Take register • Check in with your students • Review the session plan and learning objectives • Brainstorm topic
0930	1430	Clinical interview 45 mins	Students practice taking a clinical history with a patient and presenting this to the GP/group, considering clinical reasoning.
1015	1515	Break 10 minutes	
1025	1525	Examination 45 mins	Students consider/practice relevant clinical examination and summarising findings to the GP/group
1110	1610	Break 10 minutes	
1120	1620	Debrief 30 minutes	<ul style="list-style-type: none"> • Discuss the day's cases & draw out learning points • Tutor Feedback
1150	1650	Wrap up 10 mins	<ul style="list-style-type: none"> • Summarise learning points and identify new learning needs • Plan for next time
1200	1700	Close	<ul style="list-style-type: none"> • Submit register

Identifying and preparing patients (“case of the week”)

- Are **willing and able** to discuss their health, healthcare and lifestyle with early years medical students to help them learn
- Have **symptoms or a story** that students can learn from.
- Are **available** on the date/time of the teaching session; in person but remote possible



- **Guide them** to talk to the students on
 - what topic of interest is;
 - where to start in their story, e.g. from first symptoms
 - how much information to give, e.g. “Please don’t tell them straight away that you had <Diagnosis>”

Group arrangements and tasks

Students

- Interview
 - Prepare and open, Gather and formulate, etc
 - Verbal/non-verbal cues, biomedical vs patient perspective, etc
- Examination
 - Inspect, percuss, palpate, auscultate
- Presenting/summarising
- Clinical reasoning

Tutor

- Keep order, maintain structure
- Ensure participation of students and comfort/safety of patient(s)
- Time keep
- Link case to previous learning/identify learning needs
- Role model
- Feedback (with opportunity to practise)

Session-specific information emailed to you every 2 weeks beforehand

Wrap-up

- Summarise learning points and identify new learning needs
 - Get each student to identify something they have
 - learnt or understand better now;
 - need to revise/read-up on (and bring back to the group if appropriate)
- Planning for next time:
 - What's the topic?
 - How do you plan to divide the activities/group?

Ensuring learning applies to diverse populations and different ethnicities

- Discuss demographics of your practice population and where problems/inequalities may occur
- Acknowledge and openly discuss challenges
- Aim for ethnically diverse examples of case presentations – share your past experiences if there are no current examples in your practice population
- Consider differing health needs e.g. SE Asian increased risk DM and implications
- Discuss health promotion in this context
- Decolonisation of the curriculum
- Addressing the awarding gap
- [Race and Ethnicity | Bristol Medical School | University of Bristol](#)

Assessment and feedback in years 1 and 2

Feedback...

- Who from? Self, GP tutor, patient, group
- Students should feel good about their efforts but willing to trying new things
- Students may need some support in how to give good feedback
- When **giving** feedback remember to be:
 - Objective, directed at behaviour not person
 - Specific & something that the person can change
 - Non-judgemental and end positively
 - Suggestions not advice "*I wonder if...*" "*Something you could try is...*"
- Consider **quote and comment**: "*When you said X, I felt really listened to*"
- Teaching feedback
 - an essential skill
 - Model it
 - Expect it



Peer to peer feedback

COGConnect Consultation Observation Guide (CC-COG) – Student observer version

Preparing and opening the session	Observations, examples and learning points
<p>Prepares self and consultation space and accesses medical record prior to direct patient contact.</p> <p>Introduces self, checks correct patient, shows other evidence of building rapport.</p> <p>Identifies the patient's main reason(s) for attending and negotiates this agenda as appropriate.</p>	
Gathering a well-rounded impression	Observations, examples and learning points
Obtains medical history : presenting problem and relevant medical history including red flags, PC, HPC, PMH, RoS, DH & allergies, work and family situation, lifestyle factors (eg sleep, diet, physical activity, smoking, drugs and alcohol) and emotional life/state <i>as appropriate to presentation</i> and context	
Elicits the patient's perspective : ideas, concerns, expectations, impact and emotions (ICEIE).	
<p>Conducts a focused examination of the patient.</p> <p>Gains consent, cleans hands, examines courteously and sensitively.</p>	
Formulating	Observations, examples and learning points
<p>Summarises the information gathered so far.</p> <p>Shows evidence of understanding current problems/issues and differential diagnoses with reference to predisposing, precipitating and perpetuating causes.</p> <p>Makes judicious choices regarding investigations, treatments and human factors (eg dealing sensitively with patient concerns).</p>	

Peer to peer feedback

Explaining	Observations, examples and learning points
Explains appropriately, taking account of the patient's current understanding and wishes (ICEIE). Provides information in jargon-free language, in suitable amounts and using visual aids and metaphors as appropriate. Checks that the patient understands.	
Activating	Observations, examples and learning points
Affirms the patient's current self-care. Enables the patient's active part in improving and sustaining health through, for instance, smoking cessation, healthier eating, physical activity, better sleep and emotional wellbeing. Enables the patient to consider self-care, using skills of motivational interviewing, where appropriate.	
Planning	Observations, examples and learning points
Develops a clear management plan with the patient. Shares decision-making appropriately.	
Closing and housekeeping	Observations, examples and learning points
Brings consultation to a timely conclusion, offers succinct summary and checks the patient understands. Gives patient opportunity to gain clarity via questions.	

Peer to peer feedback

Integrating	Observations, examples and learning points
<p>Writes appropriate consultation notes, referrals, etc.</p> <p>Identifies any personal learning needs.</p> <p>Identifies any personal emotional impact of the consultation.</p>	
Generic Consulting Skills	Observations, examples and learning points
<p><i>Posture.</i></p> <p><i>Voice:</i> pitch, rate, volume.</p> <p><i>Listening skills:</i> silence, active listening, questioning techniques.</p> <p><i>Counselling skills:</i> Open questions, Affirmations, Reflections (simple and advanced) and Summaries.</p> <p><i>Advanced skills:</i> picking up on cues, scan and zoom, giving space to the patient, conveying hope and confidence.</p>	

Feedback

To students

- Please do throughout esp consultation skills (label it!)
- Keep notes to enable end of year FB and TAB
- Formal one-to-one FB at the end
- Multi-source feedback via Team Assessment of Behaviour (TAB)
- Clinical and experiential learning diary (reviewed with Professional Mentors)

To us

- Immediate via email if urgent or student concern
- On attendance form
- At end of the academic year

To you

- Students complete survey in final session, results sent to you –
PLEASE ENSURE YOU ALLOW TIME FOR THIS
- Individual practice feedback form and reflective template available

Assessment

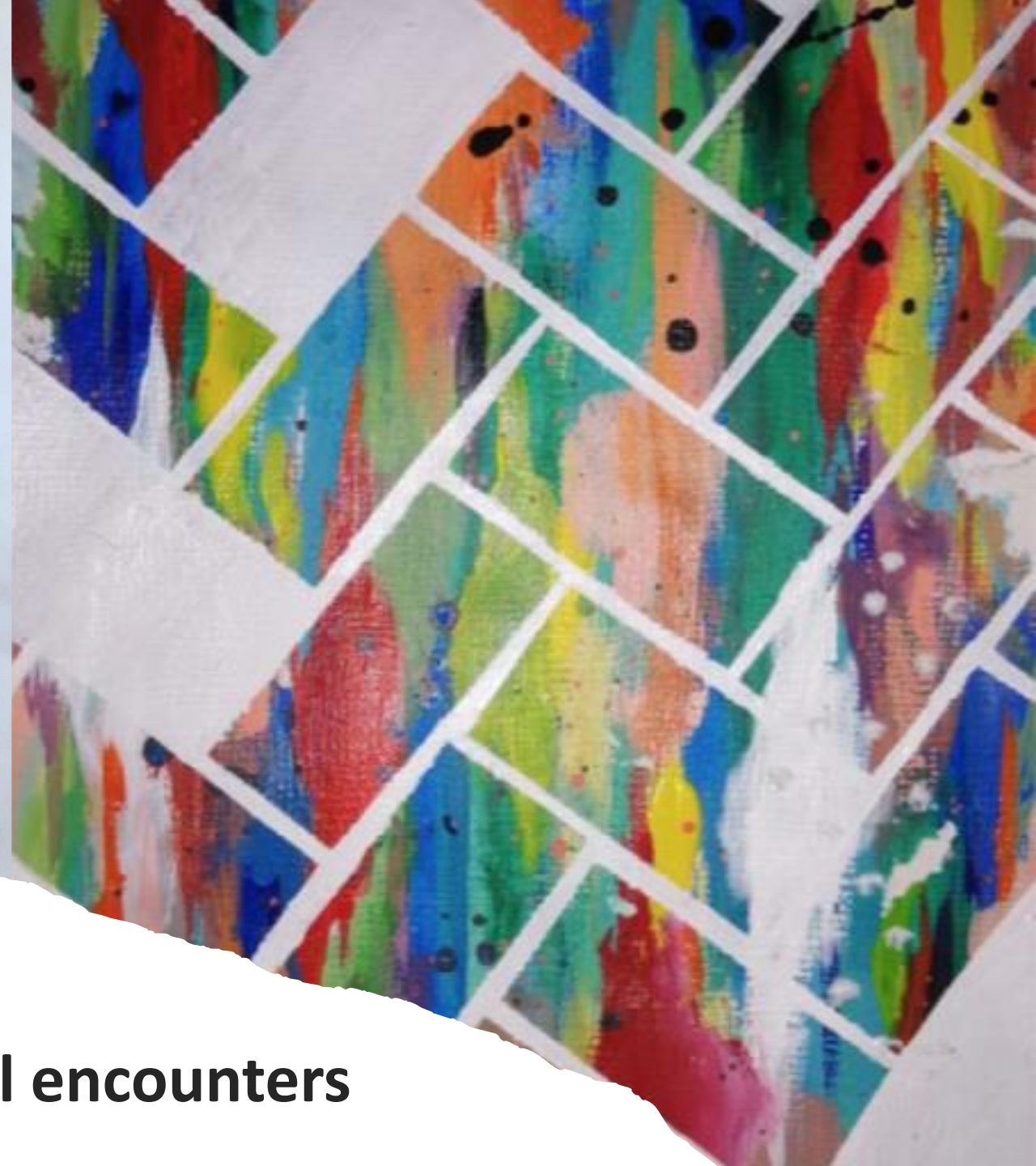
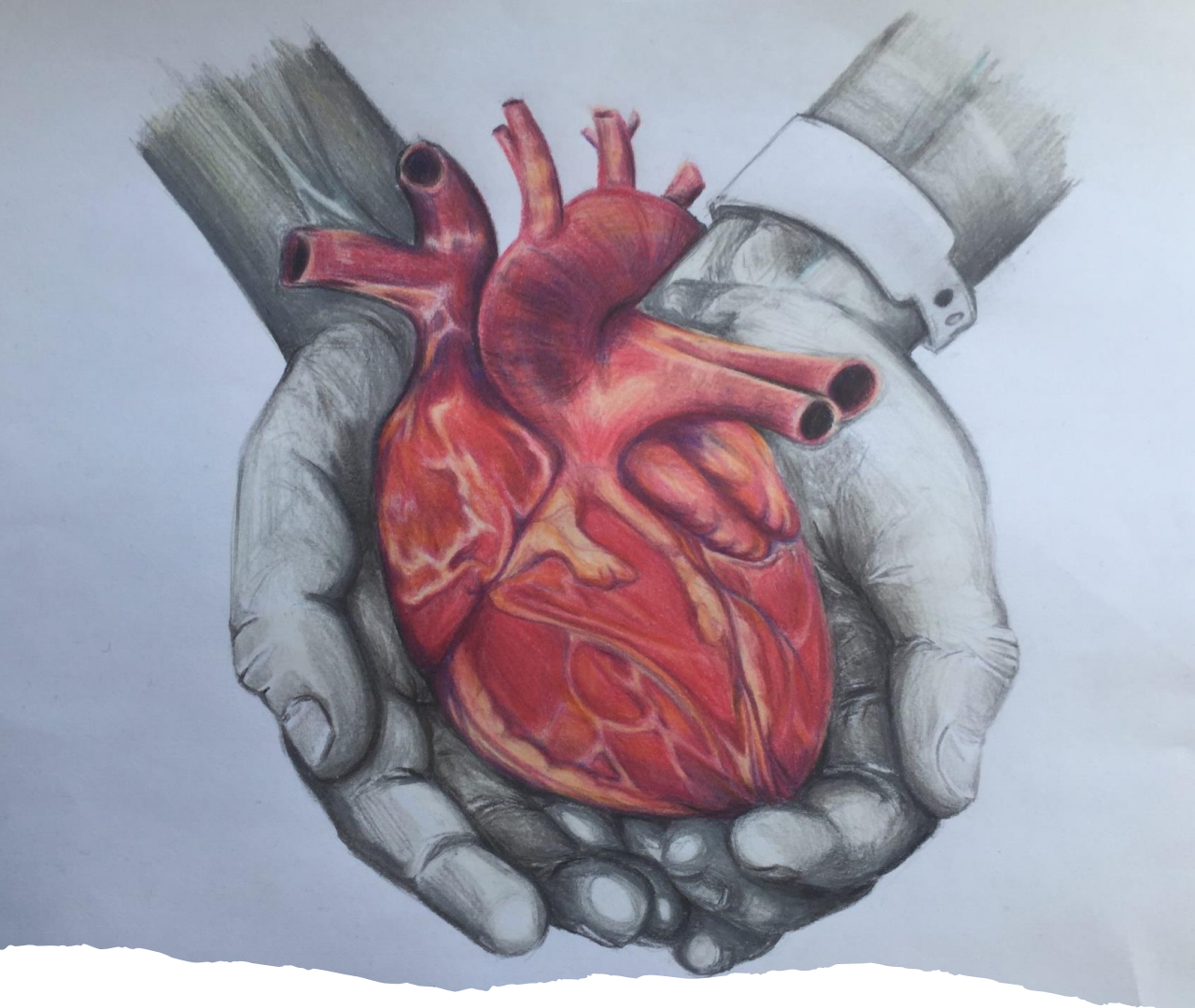
- Primarily through attendance and engagement. Students must attend 80% of Effective Consulting.
- TAB (team assessment of behaviour – look out for emails)
- There may be some Effective Consulting/GP questions in the written examinations at the end of year one and year two.
- Any of the skills taught in EC in the early years can be tested in later years in clinical examinations (OSCEs).
- Creative assignments
- <https://outofourheads.net/>

Brief update EC year 2



NEWS FLASH

- The big new change for Year 2 is that a clinical assessment is being developed.
- We did pilot a Year 2 OSCE in 2019, but it was axed in Covid.
- The purpose of this assessment is to assess student learning in clinical skills, clinical communication and professionalism (areas that are difficult to assess in a written exam) It is also to give the students practice in an OSCE style assessment prior to Year 3.
- In the summer of 2025, we are running a small formative pilot clinical skills exam (details to follow).
- The aim is that this new clinical summative assessment will be run from 2026.



Compulsory Creativity and clinical encounters

GMC outcomes for graduates

- 2k demonstrate the principles of person-centred care and include patients and, where appropriate, their relatives, carers or other advocates in decisions about their healthcare needs
- 2u engage in their induction and orientation activities, learn from experience and feedback, and respond constructively to the outcomes of appraisals, performance reviews and assessments
- 3 Newly qualified doctors must demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life.
- 3b manage the personal and emotional challenges of coping with work and workload, uncertainty and change.
- 6 The nature of illness is complex and therefore the health and care of many patients is complicated and uncertain. Newly qualified doctors must be able to recognise complexity and uncertainty. And, through the process of seeking support and help from colleagues, learn to develop confidence in managing these situations and responding to change.

Why do it?

Trevor Thompson, Catherine Lamont-Robinson & Louise Younie (2010) 'Compulsory creativity': rationales, recipes, and results in the placement of mandatory creative endeavour in a medical undergraduate curriculum, Medical Education Online, 15:1, DOI: [10.3402/meo.v15i0.5394](https://doi.org/10.3402/meo.v15i0.5394)

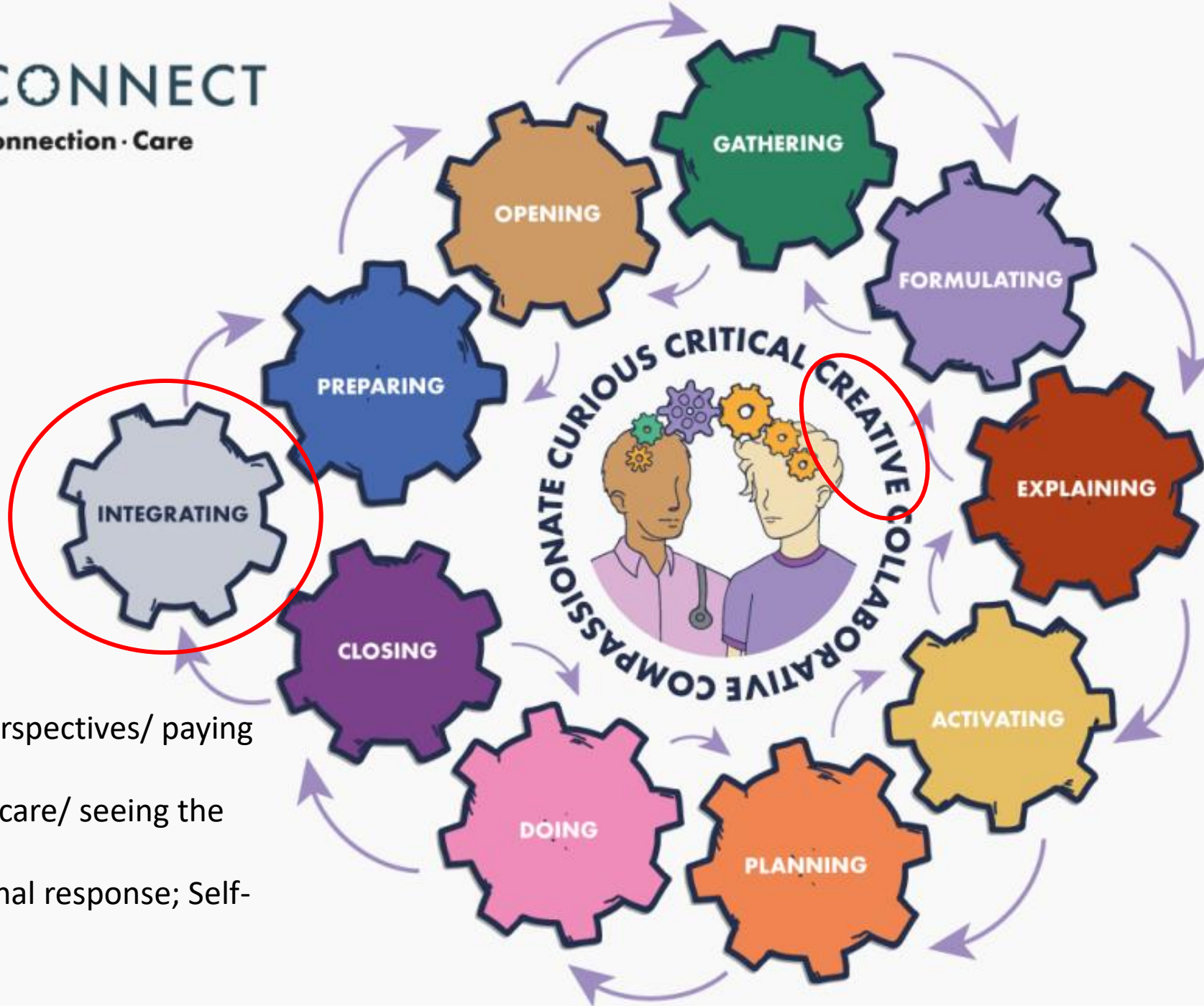
'Compulsory creativity': rationales, recipes, and results in the placement of mandatory creative endeavour in a medical undergraduate curriculum

Trevor Thompson*, Catherine Lamont-Robinson and Louise Younie

Academic Unit of Primary Health Care, School of Social and Community Medicine, University of Bristol, Bristol, UK

Since 2004, medical students at the University of Bristol have been required as part of their core curriculum to submit creative works for assessment. This requirement, which we term, ironically, compulsory creativity, may be unique within medical education where arts-based modules are typically elective. Such courses often harness the insights of established artists and writers in the illumination of medical themes. Less commonly students are called upon to link their own creative work with clinical and other life experience. Occasions for students to develop such an interpretative voice are generally sparse but the benefits can be argued theoretically and practically. In this paper we explore the rationale for the inclusion of such opportunities, the ways in which we have woven creativity into the curriculum and the sorts of artistic outputs we have witnessed. Contextualised links to a wide range of original student works from the www.outofourheads.net website are provided, as is a range of student reflection on the creative process ranging from the bemused to the ecstatic. The paper provides a model and a guide for educationalists interested in developing artistic creativity within the medical curriculum.

Keywords: *creativity; arts; personal development*



- Reflect/ new perspectives/ paying attention
- Person centred care/ seeing the individual
- Process emotional response; Self-care

What we ask the students to do

Year 1

A creative piece based on a real, specific, encounter in Year 1 drawn from one of the following:

- A clinical encounter you have personally had this year as a medical student (HCA placement, GP placement, Secondary care placement)
- Your clinical skills learning
- An observed consultation between a doctor and a patient
- Wellbeing in first year medical students

And a narrative of approximately 500 words.

Year 2

Undertake a creative reflection on your *learning* in Effective Consulting this year to produce an **original creative work** AND a **500 word reflection**. Submit to the group OneNote page in the penultimate EC lab and discuss at the final session.

View the 2023-24 work here:

- Year 1:

<https://sway.cloud.microsoft/gDIcrLu7aGqIDHk4?ref=Link>

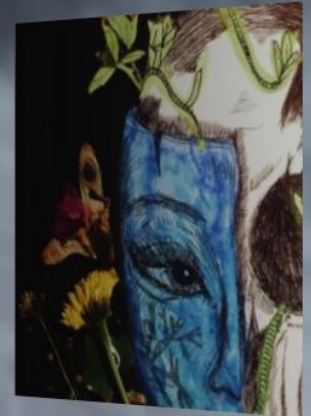
- Year 2:

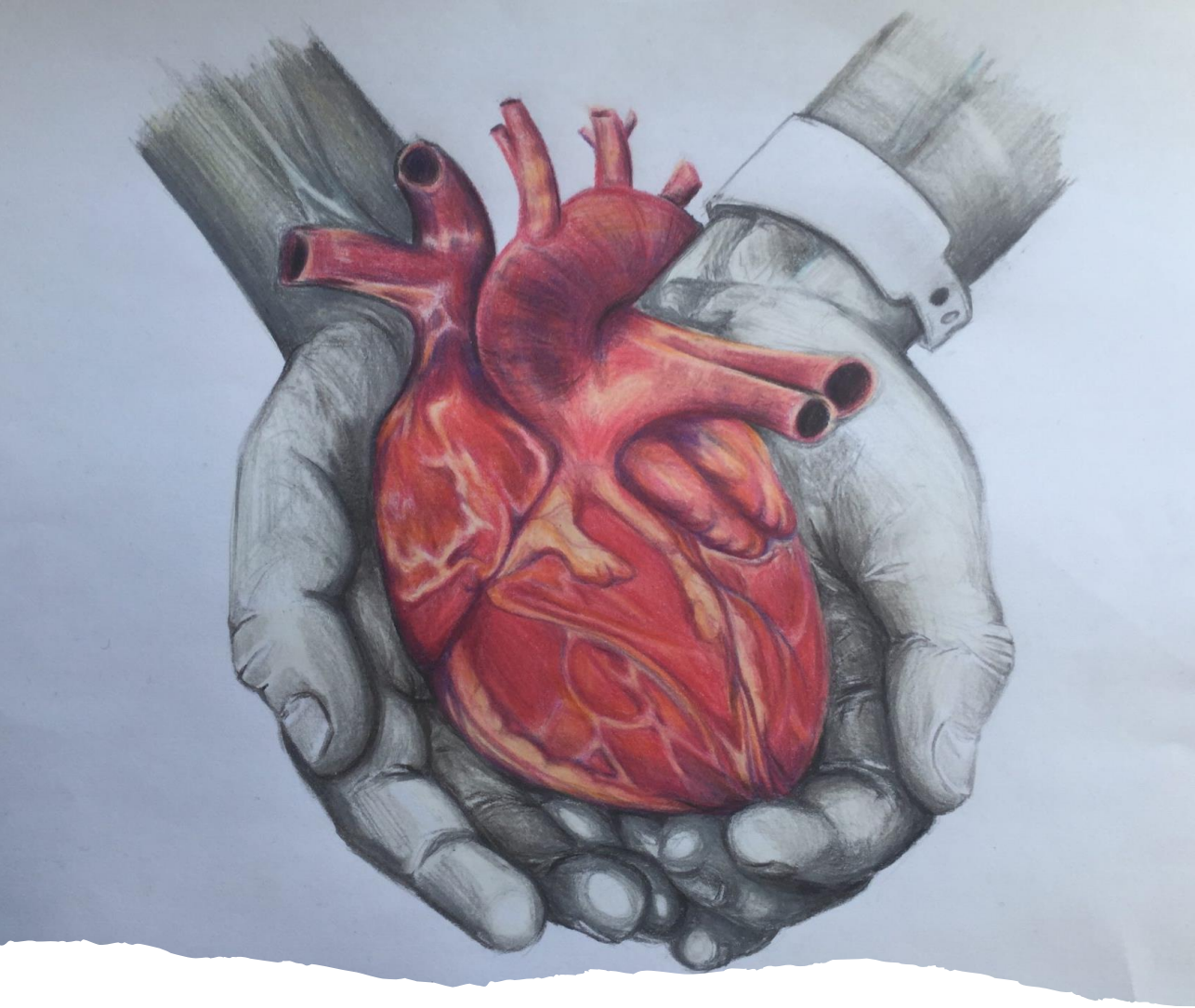
<https://sway.cloud.microsoft/DKG2Ov64665Z2oNt?ref=Link>

Out of our Heads

art in medicine online

Home to >500 creative works, exploring the turbulent interface of medicine and the arts. These works, mainly by medical students, but also by patients and doctors, take a fresh look at the vast medical enterprise. This site, established in 2009, has been entirely revamped. Step inside – explore, reflect and enjoy!





- I saw how patients open up to their doctor
- Trusted with the details of a patient's feelings and concerns
- vulnerability as a vibrantly coloured heart
- wanted the receiver to be unknown so that it could apply to anyone that sees the piece
- respect and care we must show in return

Charlotte Lyon-Dean

Administration

Alison Capey: Admin and Organisation

- Student allocation
- Contact names/emails/phone numbers for Year 1 & 2 students to contact prior to their first session
- Sending resources and updates
- What to do if you can't teach one day
- Attendance monitoring and why it is important
- How you get paid
- How to contact us –
phc-teaching@bristol.ac.uk or 0117 42 82987



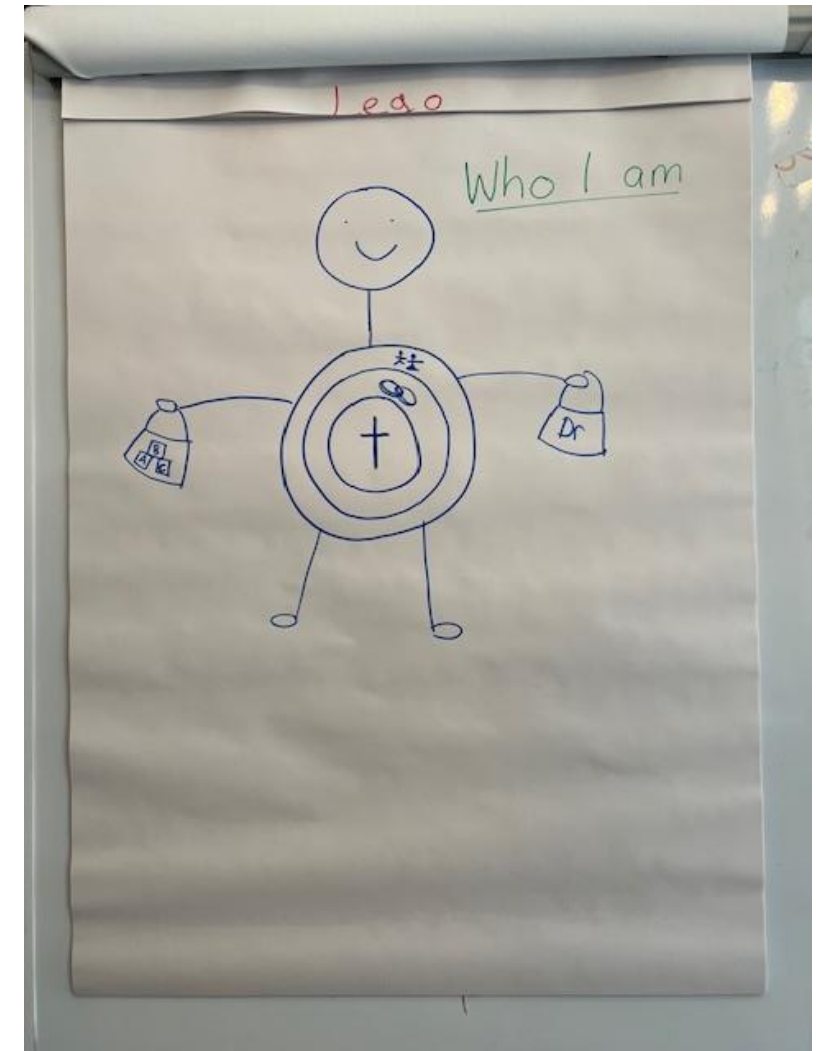
11.15 – 12.30

- Preparing
First session
Managing the group
Professionalism and pastoral care

How I prepare and manage student induction

Dr Jennifer Devereux: experienced year 1 GP teacher

- Supportive introductory email – see next slide
- 1-1 meeting with all students
- Shares her 'Who am I?' diagram as part of induction- and encourages students to do their own: to see that being a medical student is not all that they are, or all that they have in life
- Strategies to let students know it's okay/common to struggle/fail at times, reassure that supports available and things improve. Can share own stories if you wish or those of others



Initial email

Hello all!

I'm excited to start our teaching sessions this week. I'm sure you may have mixed feelings towards it but the feedback is always positive and students normally enjoy the chance to put theory into practice.

You may feel nervous and apprehensive but please don't worry! There is nothing I'm marking you on this year, so it is a safe place to learn and make mistakes.

You may have suffered with your own health or had experience of friends and family with certain illnesses that may be triggering. We will go through this on the day and have a chance for 1:1 time, but if there is anything you think would be helpful for me to know in advance (including any student support plans) then please email me individually. Things change, so please do this at any point through the year.

Please arrive to start at 2pm. The practice is XXXXXXXXXXXX (address_____). Supplementary instructions on where to go XXXXXXXXXXXX. Just let the receptionists know you have arrived.

I've copied you all into the email so you have each others' addresses, but it might be easier for you to create a WhatsApp group or equivalent so you can travel and arrive together. My number is _____ if you get lost on the way or have any issues getting here.

Looking forward to meeting you!

Preparation

Before first session:

- Read the handbook/attend a workshop (!)
- Liaise with students about where/when to report to. Could suggest they set up a WhatsApp group
- Ask if any dietary needs/allergies
- Welcome email incl re re SSP where appropriate
- Record a short video?

Before all sessions:

- Read the session plan
- Identify, invite patient(s) and prepare them. ?Consider a reserve
- Look at photos and review names

After all sessions:

- Submit the register
- Make notes to yourself
- Deal with any queries or issues
- Review next session plan and think about/contact appropriate patients

Tips on knowing, welcoming and looking after your students

- Welcome them, names on noticeboard, tour and introduce to whole practice. Make them feel part of the team
- Some GPs take their students on a tour of the area
- Get each student to write their name and pronouns on a sticker
- 1:1 meeting in first session – some GPs do this on a walk/tour on the practice for each student
- After first session, can email all the students – separately – to open up channel of communication, ask re SSPs
- Ice breakers in the group – find one that works for you
- Community of practice and belonging. 'our students' 'working with us'
- Ensure they know that group is a safe confidential space to learn, be honest, make mistakes etc
- Keep notes about each student so can refresh your memory before later sessions; and it helps when asked to complete TAB feedback as well
- Follow up with an email if there has been a difficult issue
- Feedback at the end - so group have autonomy, be flexible to group needs
- Cake/biscuits/fruit may help!

Running the group

- Introductions/register

1:1

- Individual needs/concerns or Student Support Plans (SSPs)

Rules and dynamics

- Who knows who and how have they found Med school so far
- How have they found group working so far and what rules have they established?
 - “Safe space”, confidentiality, “time out”, supporting each other, constructive feedback

Tasks, conquer and divide?

- Learning/reflections in this block so far/from last time?
- What are the aims/plan for the session?
- Brainstorm around topic – what do they know/want to learn?
- Who will be doing what/with whom/when? Rotate groups and tasks –do they prefer a rota or await volunteer/GP to allocate

Group dynamics

"Problem students"

"Problem groups"

- Set expectations/group rules for all at beginning – time-keeping; attendance and engagement; safe place. What does a good group look like? How do you want to work together?
- Remind for them/no assessment attached to this
- Quiet student - arrange to speak 1:1, are they shy, problems at home? May just be quiet person – allocating tasks may help, get all to write answer then discuss, turns to lead consult, teacher to ask specific people

Group dynamics

- Rotate pairings and tasks, assign tasks – "you're doing this next" [keep notes on who's done what]
- Mix groups, e.g. if in pairings/3; exams/other issues?
- Take them outside for a walk
- Group difficulties - consider open discussion, review of rules

Concerns about students' wellbeing, behaviour and professionalism



GP teacher questions

- I would like to know exactly who to contact with concerns and how is this information recorded?
- Can we refer to services ourselves or do we always need to discuss?
- What if a student doesn't want us to tell anyone?
- Is there any financial help available for students?
- Do they all have a GP?
- How can we find out about students' additional needs?
- SSPs

Intentions for this session

- Shared GP experiences of concerns about students and reflected on strategies
- Defined university processes for managing concerns about students
- Understand support available to students and GP teachers
- Understand the Student Support Plan (SSP)

Common areas of concern

- Students' professionalism and behaviour
 - Communications skills, relationships, working with others
 - Probity, confidentiality and data breaches
 - Concern re mental health or home circumstances
 - Not engaging with or managing demands of role
-
- **How can we pre-empt these?**
 - **General approach and first steps for concerns**

Example concerns to discuss

- *Student T took a photo of a patient's medical record on his phone*
- *Student U arrived looked disconsolate and deeply unhappy. He was not engaged and played little or no part in student discussion. He was actively a silent distraction to others*
- *Student V stood out as having less confidence and less overall ability than the other five students, although he engaged with every part of the day. Again he hadn't done the pre-tutorial reading...he is not performing at the level of his peers*
- *Student W was unexpectedly tearful in the diabetes clinic*
- *Student X was using swearing in coffee room, and disrespecting nursing staff*
- *Student Y was 25 minutes late again despite discussing this with him numerous times previously. His behaviour seems disruptive at times (not sitting still, interrupting, looking bored)*

Student Z was on his 'phone on and off during the day, including during consultations and tutorials

✓ Discuss with student

Remember you are a doctor but not their doctor

➡ FLOWCHART - [https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/policy-documents/student-support-advice-flow-chart-2024-2025%20\(3\).pdf](https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/policy-documents/student-support-advice-flow-chart-2024-2025%20(3).pdf) for interactive version

✓ Direct to GP / wellbeing or senior tutor

✓ Can refer to wellbeing yourself

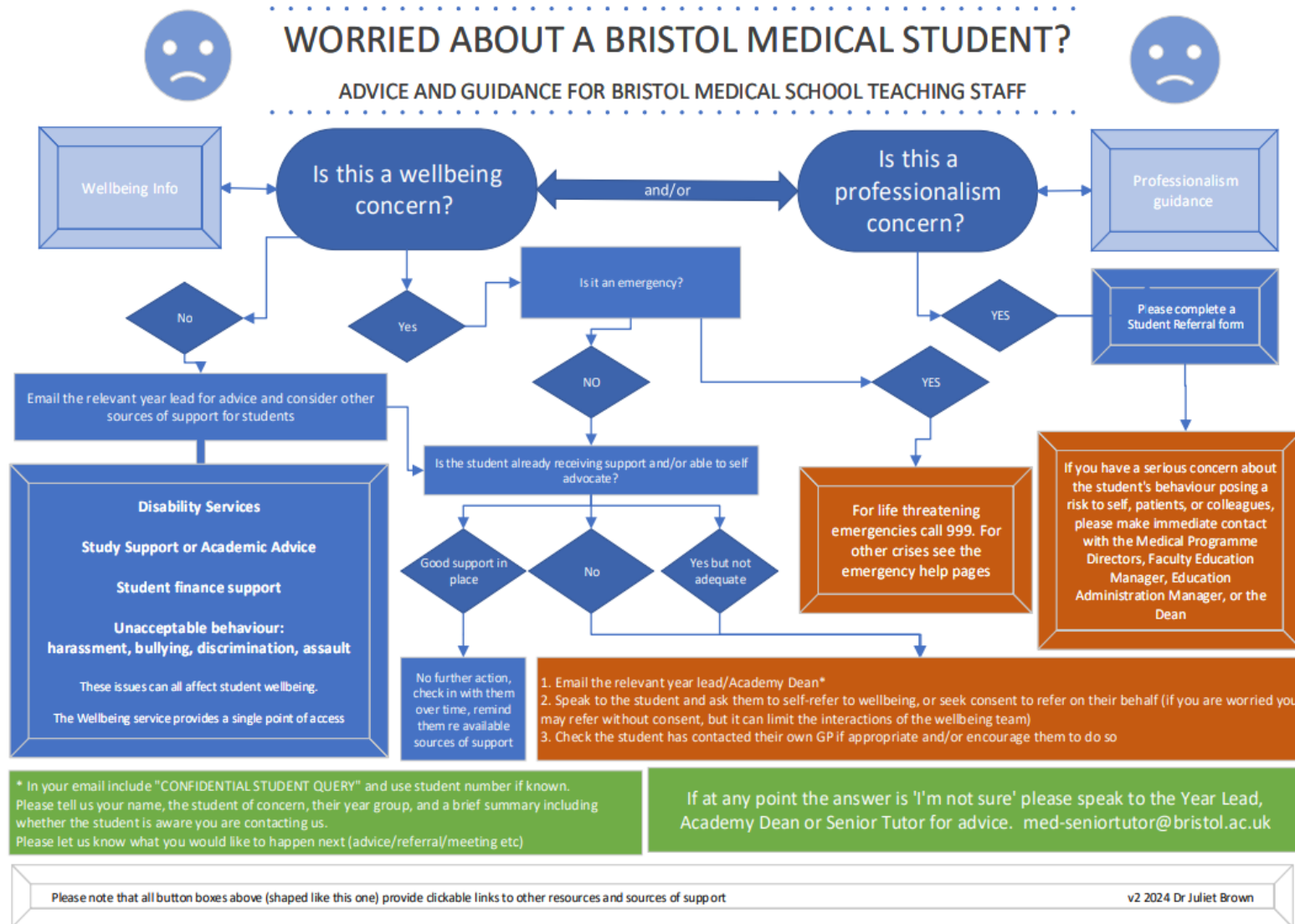
✓ Keep a record

✓ Discuss with us

✓ Signpost help from the most relevant person who has capacity to follow

[Request wellbeing support | Current students | University of Bristol](#)

↳ Payment for teaching	<ul style="list-style-type: none">• Pastoral e.g. GP teacher becomes aware of a mental health or family issue that is impacting on the student's ability to study.• Safety e.g. A patient or colleague has been put at risk by a student's actions• Clinical knowledge/skills e.g. The GP teacher considers that the student does not have the expected level of clinical knowledge or skills (including communication skills) for their stage.• Poor attendance
↳ Handbooks	
↳ Workshops	
↳ Newsletter	
↳ Honorary teacher scheme	What should you do if a student presents in this way?
↳ COG Connect	<ul style="list-style-type: none">• KEEP GOOD NOTES• Discuss your concerns with the student• Discuss the case with the GP year lead or GP academy lead.• You are likely to be asked to put your concerns and an outline of your discussion in writing in student referral form. This form, along with further information about the student referral process can be found on the Student Fitness to Practice page. This is reviewed by the Fitness to Practice Case Investigators and an appropriate referral made either for student support, help with professionalism or in more serious cases a case investigator meeting.• Signpost the student to the University Student Wellbeing page
↳ Meet the team	
↳ Prizes and bursaries	
↳ Student Wellbeing	
↳ Teaching policies and standards	
Courses and programmes	
People	The Charlie Waller Memorial Trust provides six short video modules if you would like to find out more about supporting students in difficulty.



[https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/policy-documents/student-support-advice-flow-chart-2024-2025%20\(3\).pdf](https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/policy-documents/student-support-advice-flow-chart-2024-2025%20(3).pdf) for interactive version

Summary

Training is available- <https://sway.cloud.microsoft/VYAgVAIrsTD31Z97?ref=Link>

- Induction and 1:1 meetings invaluable and regular check-ins
- Listen, support, advise
- Refer on – signpost help from the most relevant person who has capacity to follow them up
- Share when appropriate. Please discuss with student where appropriate esp. before submitting a form.
- Low level concerns are important
- Useful flowchart
- Always discuss with GP year lead or advise them to contact
- Documentation (email trail) copy in student unless reason not to
- Include facts not opinions, be aware info may be shared with the student

Professionalism concerns: the student referral process and what happens next

Student referral form: supportive and developmental process

- <https://www.bristol.ac.uk/health-sciences/student-fitness-to-practise/>
- Case investigators (CI) consider, triage and investigate, decide outcome:
 - No further action
 - OH assessment
 - Pastoral (Senior tutor) or academic support
 - Refer to Senior programme team (low level professionalism)
 - Take to next stage- meet with CI
 - Options as above or formal warning or FtP panel (>2%)

Student Fitness to Practise



The Faculty operates a student referral process, to provide a constructive framework to support students to develop their professionalism. We aim to

Student Referral Form

Complete an online Student Referral Form to make us aware of your concerns:

[Student Referral Form](#)

[Guidance for Referrers \(PDF, 83kB\)](#)

Please complete a separate form for each individual student. All reporters will receive an email confirming receipt of the form within 10 working days.

Effective consulting, COGConnect
and CBL – how we can integrate
this into our teaching

<https://www.bristol.ac.uk/primary/healthcare/teaching/cog-connect/>

Training resource

<https://sway.office.com/DhiyJr9G9mSHQ3ny?ref=Link>



Integrating EC with GP teaching

- Complete the training sway for your own CPD
- Check session guide for details of CBL cases and activities in EC lab
- Ask the students what they did in their last EC labs
- Use the COGConnect consultation observation tool
- Discuss and use the 5Cs reflective tool
- Label and discuss activating and formulating with the students. One GP runs a mini 'activating' clinic for her students to speak with relevant patients

Re Creativity – you are more creative than you think

- It includes emotional processing, debrief and solution based problem solving
- And adapting language and consulting styles for different patients
- Discuss plans for their creative assessments and ask to see (remember need consent or anonymise patients)
- <https://outofourheads.net/> as a resource to share with students
- Discuss and recommend medical books, films etc



CBL, Practicals and Clinical skills

- Dr Alice Huffman & Dr Rohin Athavale
- Y1 & 2 Teaching associates

www.bristol.ac.uk/capc

@capcbristol

What is CBL?

Transitioning to adult learners and exploratory learning:

- Small groups of 10-12 students with facilitator
- Part of 2-week cycles including lectures, practicals, facilitation sessions

Structure:

- Session 1 – analyse the case, ID gaps in knowledge and questions, Clerking documentation
- Session 2 – present information gathered, identify any further gaps +/- update on case, SBAR handover
- Session 3 – consolidate knowledge of case

CBL case example:

A 65 year old man complains of pain and swelling of his right leg that he noticed on waking. He does not recall any trauma to the calf. He has not experienced any recent chest pain or breathlessness. He smokes 30 cigarettes per day. He does not take any medications. His mother has varicose veins and experienced an episode of superficial thrombophlebitis five years ago. His maternal uncle has chronic venous ulceration.

On examination there is localised tenderness along the course of the deep veins. The calf circumference (at 10cm below the tibial tuberosity) is 3cm greater than the unaffected calf. There is pitting oedema (only in the affected leg) and the superficial veins distended but not varicose. There is mild erythema of the overlying skin. The dorsalis pedis and posterior tibial pulses are palpable.

----Pause----

- What is the functional difference between the superficial and deep veins of the lower limb?
- What are the possible causes of a painful, unilateral leg?

CBL

Year 1:

Majority in TB2 from January

Focus on health & wellbeing

- TB1: mini-case
- TB2: MSK, CVS, Respiratory, Neuro, GI, Urinary, Endocrine

Year 2:

Start in mid-October after ECC

Focus on disease (symptom-based)

- TB1: Skin, body defence, pharmacology, anaemia/blood/clotting
- TB2: Chest pain, breathlessness, abdo Sx, urinary Sx & thirst, joint pain, low mood, headache, collapse

Clinical skills:

Year 1

Basic observations &
NEWS session

Otoscopy and
Fundoscopy session

Practice in clinical settings

Practice in clinical skills space

Practice at home

Year 2

Asthmatic patient
session

Venepuncture session



Clinical skills dates

Year 1

28th November – NEWS

- Manual & auto BP
- Temp
- Sats
- RR
- HR
- Interpreting NEWS and completing the chart

- 13th March – Eyes and ears
 - Fundoscopy
 - Otoscopy

Year 2

- 7th Jan – Asthmatic patient
 - Peak flow
 - Inhaler technique with/without spacer
- 29th May – venepuncture
 - Tourniquet tying
 - Using a butterfly and straight needle

Practicals

Year 1

Block:

- *TB1* – peripheral nerve conduction
- CVS – ECG
- Resp – dynamic lung volumes
- Neurology – tendon jerk reflex (reflexes)
- Endocrine – glucose tolerance test; sim (anxiety)

Year 2

Block:

- ABC – sim (haemorrhage, transfusion, TACO)
- Chest pain – sim (PE, ACS & VT)
- Breathlessness – sim (opioid OD, COPD, DKA)
- Urinary Sx – sim (DKA)
- Headache – cranial nerve exam
- Collapse – diagnosis of suspect poisoning

Activity

In small groups:

Review the case and 2-week timetable for:

- MSK block for Y1
- Chest pain block for Y2

Think about how you could link the students teaching & learning to their GP session?

- E.g. practical skills, patient presentations
- Does it link to recent clinical skills they have done?

Ideas:

- Ask then about the case, discuss similar patients you have seen including atypical presentations
- Let them practice clinical skills (see policy for this [here](#))

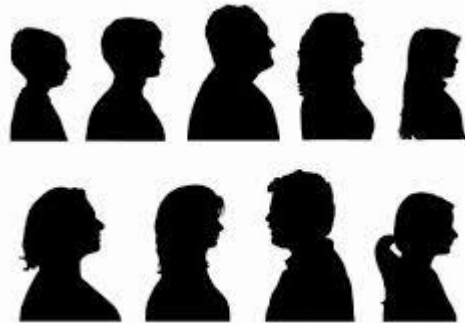
Top tips for year 1

Year 1 top tips

- Patient interview and home visits - finding the right patients
- How to involve students in observed consultations – could they do their own in the last session?
- Getting students to 'present' patients to the group
- Additional learning activities and contingency plans

Identifying and preparing patients

- Are **willing and able** to discuss their health, healthcare and lifestyle with early years medical students to help them learn
- Have **symptoms or a story** that students can learn from.
- Are **available** on the date/time of the teaching session; reliable
- Well and have enough energy for up to 1 hr chat



- **Guide them** to talk to the students on
 - what topic of interest is;
 - where to start in their story, e.g. from first symptoms
 - how much information to give, e.g. “Please don’t tell them straight away that you had <Diagnosis>”

Patient interviews

Home visit vs in surgery interview – either is fine

Finding the right patient

- Ensure patient are well enough to speak with students and reliable
- Great opportunity for you to get to know your patients better!
 - need chatty, engaging patients.
 - Includes healthy people who have had a life changing non-medical life changing experience e.g. pregnancy, bereavement. See study guide f examples
 - For home visits – consider distance, house pets, allergies etc
- Ask colleagues to help to find specific cases
 - Record names/identifiers on Excel sheet, shared across the practice
 - EMIS search or look at recent clinic attendees (eg COPD clinic for Resp case)
 - Invite patients opportunistically - ask if you can contact them in future (add code “Seen by medical students” or similar)
- Ask them after if they would like to do it again! Thank you letters and Christmas cards
- Consider bringing your 'expert patients' together before the sessions, to share their expertise/experiences

Things for students to watch for in observed consultations

- How did the consuler introduce him/herself and start the conversation?
- Were there any silences?
- Use of verbal/non-verbal communication
- Did a good rapport develop? What seemed to help or hinder this?
- Find examples of closed and open questions and reflect on the effect this has on the encounter
- Were there any difficult parts to the consultation and how were these managed?
- How did the patient make you feel?
- Conversation or consultation structure/flow
- Any cues/hidden agenda/elephant in room
- Patient satisfaction

How to involve students in observed consultations – could they do their own?

- Put a copy of the CogConnect map on wall, to refer to
- Use the CogConnect observation guide (if they use it to observe you, log this for your own PDP)
- Ways to get started:
 - Introducing themselves
 - One question each in the history then.
 - Share the history, with one summarising
- Give them specifics to look at e.g. non-verbal comms
- Encourage constructive feedback to each other
- Patient feedback is very powerful e.g. what makes a good doctor?
- Get them to present back

Ideas for students doing own consultations

- Option for last session to involve 'student led' consultations, with opportunity for GP teacher direct observation and feedback
- Patient selection and preparation/priming important.

Minor illness slots good for this One GP has been doing in the last year, works well, and doesn't take that long.

- Helps to brainstorm questions first
- Share out roles (collect patient, start history, ask re social/home circs etc)
- GP teacher step in as needed
- FB from peers, teacher and patient afterwards

Presenting back

- More important for year 2, but can start this in year 1 – encourage them to summarise a case
- Try to develop clinical reasoning skills and confidence
- Use precise language in communication with colleagues to describe and produce differential diagnoses
- Check their understanding of technologies
- Semantic qualifiers may help with this e.g. acute/chronic, mild/severe
- One minute preceptor for teaching around cases

Presenting back

The One-Minute Preceptor facilitates efficient clinical teaching with the use of 5 “microskills” to help the mentor guide the teaching interaction.

Microskills:

- Get a commitment—i.e., ask the learner to articulate his/her own diagnosis or plan;
- Probe for supporting evidence—evaluate the learner's knowledge or reasoning;
- Teach general rules—teach the learner common “take-home points” that can be used in future cases, aimed preferably at an area of weakness for the learner;
- Reinforce what was done well—provide positive feedback; and
- Correct errors—provide constructive feedback with recommendations for improvement.

Contingency plans and additional activities

- No show - If time, find substitute – scan urgent doctor/another person's list that morning/afternoon? Staff member with a PMH. ?Patient in chronic dis clinic? Observe consultation with (another) GP
- Try a student led consultation
- Activity practising patient introductions (on PHC website)
- Discussing recent cases you've seen relevant to their learning
- Observe telephone consulting or participate if the patient consents.
- **Show and tell** with common consulting room equipment. Practice skills, e.g. pulse, BP
- Use <https://speakingclinically.co.uk/>. Watch together a clip of a patient describing a condition and then reflect on this as a group. Log in at <https://speakingclinically.co.uk/accounts/login/>. Use email as phc-teaching@bristol.ac.uk. Password: primcareGP1GP2
- GPs behind closed doors, CSA cases (story/scenario to work through)
- Discussing significant events that have occurred recently at the surgery
- Skills practice - role play: example cases provided in HHW

Top tips for year 2

Top Tips for Year Two: 5 min intro

- How to prepare for the first/subsequent sessions
- Finding the right patient for a session and what to do if a patient cancels
- Managing the group – multiple students (can be up to 6 though many of you have smaller groups ~ 4 this year)
- Integrating Effective Consulting and CBL and clinical/practical skills
- Bringing out the best in the students and group- supporting weaker students development and providing enough challenge for excellent students
- Managing difficult groups or students you are concerned about



Work in pairs or three (20 mins)

- Choose 1-2 areas to work on (or something else that you find difficult) 20 mins
- Discuss in pairs what about the situation you find challenging
- What examples do you have
- What have you tried
- What might some solutions be?
- What are you going to try or change about your current teaching practice?



Reminder of the topics for Year 2

- How to prepare for the first/subsequent sessions
- Finding the right patient for a session and what to do if a patient cancels
- Managing the group – multiple students (can be up to 6 though many of you have smaller groups ~ 4 this year)
- Integrating Effective Consulting and CBL and clinical/practical skills
- Bringing out the best in the students and group- supporting weaker students development and providing enough challenge for excellent students
- Managing difficult groups or students you are concerned about



Discussion – whole group (20 mins)

- How to prepare for the first/subsequent sessions
- Finding the right patient for a session and what to do if a patient cancels
- Managing the group – multiple students (can be up to 6 though many of you have smaller groups ~ 4 this year)
- Integrating Effective Consulting and CBL and clinical/practical skills
- Bringing out the best in the students and group- supporting weaker students' development and providing enough challenge for excellent students
- Managing difficult groups or students you are concerned about



Further teaching opportunities
CPD
Final Q&A

Further teaching opportunities and CPD

- Teach in other years (packages)
- Small group teaching: Effective Consulting Labs or year 5 Cluster Based Teaching
- Examining in OSCEs
- Become a Professional Mentor
- [Honorary teacher scheme | Centre for Academic Primary Care | University of Bristol](#)
- MBChB admissions interviews
- Student choice projects

Your CPD

Developing your teaching skills: **monthly newsletter**

Online training and other workshops from PHC

- Bystander training - <https://sway.office.com/4lGx35fKdY86zy4C?ref=email&loc=play>
- Student support - <https://sway.cloud.microsoft/VYAgVAIrsTD31Z97?ref=Link>
- COGConnect - <https://sway.cloud.microsoft/DhiyJr9G9mSHQ3ny?ref=Link>
- [Health Professions Education | Health Professions Education | University of Bristol](#)
- [Centre for Health Sciences Education | Faculty of Health Sciences | University of Bristol](#)
- [Foundations in Medical Education | Health Professions Education | University of Bristol](#)

Foundations in Medical Education

- Free online courses
- [Foundations in Medical Education | Health Professions Education | University of Bristol](#)
- "for colleagues in the University and Clinical Academies who are actively involved in teaching University of Bristol student doctors"
- Self-learning materials and synchronous tutorials

Modules are run over four weeks and are timetabled throughout the year.

- Content Module 1 • Designing and planning learning • Teaching and facilitating small group learning • Reasonable adjustments
- Module 2 • Teaching and learning in the workplace • Assessment of learning through effective feedback • Formal and informal learning • Unconscious bias/decolonisation of your curriculum

Bystander and bias sessions

<https://sway.office.com/4lGx35fKdY86zy4C?ref=email&loc=play>



The 5 D's: Distract, Delegate, Document, Direct, Delay

Further information

Year 1 & 2 handbooks

[Teaching section of CAPC website](#)

[Administration/year leads](#)

Thank you for listening

Feedback and optional reflective templates

