

# Year 3 GP Teacher Guide

## 2024-25



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## Introduction

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Welcome to the 2024-25 version of GP3. Now in its 6<sup>th</sup> year, the GP3 programme continues to evolve based on feedback from students and GP teachers and as such there are some changes for this year detailed over leaf (page 4).

We hope that this handbook, and our fortnightly emails, will answer all your questions, but please don't hesitate to contact us directly if you have any queries or questions at any point during the year ([phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)).

Thank you again for teaching GP3.

Best wishes,

A handwritten signature in black ink, appearing to read 'C Conway', written in a cursive style.

Dr Ciaran Conway

Year 3 GP Lead

## Key Changes for 2024-25

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There are some significant changes for this year's iteration of GP3:

- **All practices will have groups of no more than 4 students** (cf.6 students in previous years); some will have groups of 3. We hope that this will enhance both the GP and student experience of the course.
- The Effective Consulting (EC) component has been reviewed following feedback from students and more variety will be added to the format. These sessions will include some student actor sessions as before, but also some Artificial Intelligence sessions, and for the first time since the MB16 curriculum, some sessions with expert patients (one session in the first block, and two sessions in the second block). Please see [here](#) for more information.
- In GP4 students learn about a “drug of the week”. We have decided to explain this popular component into GP3 this year by adding this component to the Sway tutorials. We hope that you can make time in your afternoon catch up sessions to discuss the drug of the week and in particular focus on the practicalities of prescribing.
- We will continue with our popular simulated surgery at the end of each block. However, this year the January simulated surgery will have a slightly different feel to as we look to enhance the student experience by including more cases. Click [here](#) to find out more.
- Feedback from students across GP3, 4 and 5, sometimes reflects a lull in the middle part of the day of their GP placements. We have made some suggestions on how to tackle this [here](#).
- We have updated our FAQs – [here](#).

## Summary of GP3

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### Key facts

- Up to a maximum of 4 students per practice this year!
- Whole days on alternate Tuesdays starting on the 19<sup>th</sup> September (see [Appendix 1](#) for dates)
- Each day starts with GP preparatory time before the students arrive at 10am. This is negotiable however with your students.
- All Tuesdays take place in the surgery– the 8<sup>th</sup> day of each block is a simulated surgery which takes place in practice.
- Flexibility for GP teachers to schedule the days' timings to suit the practice (Although note that the simulated surgery day timings are not flexible)
- Students complete the online sway tutorial in their own time *before* the day to allow for increased clinical exposure
- One to one feedback with each student – at the end of each block.

The components of the day are listed below but explained in more detail later in the handbook:

|  |   |
|--|---|
| <b>Welcome &amp; Effective Consulting (roleplay)</b> | all students; scenarios provided to practice consulting                   |
| <b>Consulting (Student led surgery)</b>              | Students in pairs; observed consultations with the lead GP.               |
| <b>Observation</b>                                   | Students in pairs; time spent with other members of the practice team     |
| <b>Group tutorial</b>                                | all students; skill of the week, drug of the week, work based assessment. |
| <b>Sway tutorial</b>                                 | compulsory online tutorial to be completed prior to the session.          |

### Assessment

- Minimum 80% attendance to pass GP3 placement
- Summative written progress test and OSCE to progress to year 4.
- Workplace based assessments

## What are the requirements from the practice?

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- Provide a fully qualified GP to deliver each of the eight days of the placement - Ensure that you are available for all eight days of the block and if not provide a replacement tutor from within your team
- Allow the students to sit in with an additional GP or Allied Healthcare Professional during the split sessions
- Have a space where the whole group can take part in the simulated surgery day at the end of the block – you will need a phone with speakerphone.

## What support is available to me as a GP teacher?

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- This handbook should provide most of the answers you require.
- There is an in person workshop on the 10<sup>th</sup> September which you can sign up to by emailing [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk).
- You can also watch [this recorded video](#).
- On the first day of teaching (17<sup>th</sup> September) Dr Ciaran Conway will be available in an online drop in session from 0930-1000 – the link for this session is [here](#).
- You can contact [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) any time. Please use this email to contact Ciaran and the team directly as it is monitored 5 days a week.

## Day plan for each day in practice

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Most practices will be allocated 4 students. We would suggest that you structure the day as per the suggested timetable overleaf; splitting your group into two pairs during the middle part of the day to allow one pair to consult with you and a second pair to spend time observing with other healthcare professionals before swapping the groups over so that all groups can consult.

### The timings of the day

GPs often feedback to us that the suggested timings of the day do not always fit into their practice's daily structure. We are pragmatic about this and are keen that you can mould the GP3 day to suit your surgery. The example timetable overleaf is a suggestion only and you are very welcome to tweak the day to suit your practice so long as all the constituent components are covered for the appropriate amount of time.

### I have read the whole handbook and I am still unsure/I have questions what should I do?

Please contact us via [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) and we will be happy to reply to your email or arrange a time to speak with you

## Example day plan a group of 4 students

| <b>Day Plan</b>  |                  |
|--|------------------|
| <b>GP Preparatory Time</b><br>This time is to allow you to prepare for the day   | <b>0830-1000</b> |
| <b>Workshop – all 4 students</b> <ul style="list-style-type: none"> <li>The first 15 minutes can be used to set the scene for the week and discuss any interesting patients that you have seen relating to the theme of the week.</li> <li>The next hour should be spent working through the Effective Consulting session which will be provided a week in advance</li> </ul>  | <b>1000-1115</b> |
| <b>Break</b>   | <b>1115-1130</b> |
| <b>Split Session 1 – students split into pairs</b> <ul style="list-style-type: none"> <li>2 students should spend this time consulting with you.</li> <li>2 students should spend this time observing a colleague.</li> </ul>  | <b>1130-1300</b> |
| <b>Lunch Break</b>   | <b>1300-1400</b> |
| <b>Split Session 2 - students split into pairs</b> <ul style="list-style-type: none"> <li>2 students should spend this time consulting with you.</li> <li>2 students should spend this time observing a colleague.</li> </ul>  | <b>1400-1530</b> |
| <b>Break</b>   | <b>1530-1545</b> |
| <b>Catch up– all 4 students</b> <ul style="list-style-type: none"> <li>This is the time to draw all the threads of the day together.</li> <li>You should discuss the patients that you have seen as a group. Were there any important learning points to share with the group?</li> <li>Discuss the answers to the Sway Tutorial and use this as the basis for discussion. This year we have included a drug of the week too – use this time to discuss the practicalities of prescribing.</li> <li>Some weeks we will also provide you with a skill of the week. The students will have covered this in their Sway but now is your chance to practice this.</li> <li>Review the learning outcomes for the session. Do the students feel that they have been met?</li> </ul> | <b>1545-1645</b> |
| <b>Workplace-based assessment – with one student</b><br><b>And complete the Attendance &amp; Feedback form</b>   | <b>1645-1700</b> |
| <b>Close</b>   | <b>1700</b>      |

## GP3 Components Explained

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The GP3 day is made up of several components which are explained below

We will email you a copy of the session material a week in advance of each teaching day.

**\*\*NOTE\*\* - for week one** ... it makes sense in the first week to have the group tutorial first thing in the morning to “break the ice” with the group and give them a surgery tour etc, leaving the effective consulting session until later in the day.

### The Workshop

Normally we would recommend that this is done first thing in the morning (except for week one) but different local arrangements could be made if required. All students join you for the workshop. It takes 1 hour and 15 minutes each week.

Each week, The Workshop takes a similar format which is outlined below.

|            |  |
|------------|--|
| 10-15 mins | <b>Setting the scene:</b> A chance to check in with the group, see how everyone is and discuss any interesting patients you have seen recently relating to the theme of the week |
| 60 mins    | <b>Effective Consulting (EC) session</b>   |
| 5 mins     | <b>Allocations:</b> Use this time to allocate the students to the other activities in the day. Each student should do each activity once each week.                              |

### Effective Consulting (EC) session

This part of the GP3 day is designed and written by Dr Kisty Brownlie.

**IMPORTANT:** note that there are some significant changes to the format of the EC sessions from previous years, including the involvement of “expert patients”, so please take time to read the message from Kirsty below:

*The Effective Consulting (EC) helical theme within Bristol Medical School's curriculum supports students to develop their consultation skills, by integrating learning in communication, clinical reasoning and clinical skills. Students are taught to consult using the CogConnect framework, which you can find out more about below.*

*We will use a number of methods to simulate consultations during these sessions. This is to enable the students to develop their skills in a supportive setting with individualised feedback, and to tackle more challenging encounters such as breaking bad news, advance care planning and medical complexity. The students will sit OSCEs at the end of the year, and the simulated consultations they will practise in these sessions are designed to give them formative feedback in order to help them optimise their performance in these exams.*



*This year, we have reduced the number of sessions where students play the part of patients, in response to feedback from previous year groups. We therefore appreciate your support in inviting patients for three of the sessions (see table below), as well as trying out our new artificial Intelligence patients and taking on the role of patient yourself for two of the sessions.*

*The sessions for which we would like you to invite a patient from your practice list for the session are:*

- *Week 6 (26<sup>th</sup> November) Respiratory (a patient with COPD or other long term lung condition such as bronchiectasis/pulmonary fibrosis, who is happy to discuss their condition, current management, any other management strategies they may not yet have tried, and plans for acute exacerbations)*
- *Week 12 (11<sup>th</sup> March) Musculoskeletal (patient with chronic back pain or OA, who is happy to have a discussion around management options for their condition, including analgesia and lifestyle measures)*
- *Week 15 (6<sup>th</sup> May) Diabetes (a patient with T2DM who is happy to discuss their condition, treatment and sick day rules).*

*Students are expected to prepare in advance when they are simulating patients. We would ask that you allocate the student actor within your group for the following session.*

*You can learn more about the Cog Connect consultation model used in the in [this 7 minute video](#) and this [sway tutorial](#). There is also a consultation observation guide [here](#) that you can use to help guide your observation and feedback for the students.*

The tables below demonstrate the format of the EC session. You will note that for the first week there is no need to allocate a student to act, however at the end of your first week please allocate a student to act for the second week (they can then learn the actor part over the next week).

| <b>Block A</b> |             |                   |   |
|----------------|-------------|-------------------|---|
|                | <b>Date</b> | <b>Topic</b>      | <b>EC format</b>                        |
| 1              | 17/9/24     | Gastroenterology  | Case-based session (materials provided) |
| 2              | 1/10/24     | Rheumatology      | Student as simulated patient            |
| 3              | 15/10/24    | Renal             | Student as simulated patient            |
| 4              | 29/10/24    | Dermatology       | Student as simulated patient            |
| 5              | 12/11/24    | Ophthalmology/ENT | Student as simulated patient            |
| 6              | 26/11/24    | Respiratory       | Expert Patient with COPD                |
| 7              | 10/12/24    | Emergencies in GP | GP Tutor as simulated patient           |
| 8              | 7/1/25      | Simulated Surgery | NA                                      |

| <b>Block B</b> |             |   |                               |
|----------------|-------------|---|-------------------------------|
|                | <b>Date</b> | <b>Topic</b>  | <b>EC format</b>              |
| 9              | 28/1/25     | Cardiovascular                                      | Student as simulated patient  |
| 10             | 11/2/25     | Endocrine   | A.I. simulated patient        |
| 11             | 25/2/25     | Neurology   | Expert Patient (OA/Back Pain) |
| 12             | 11/3/25     | Musculoskeletal                                     | Student as simulated patient  |
| 13             | 25/3/25     | Urology   | Student as simulated patient  |
| 14             | 8/4/25      | Abdominal presentations including domestic violence | TBC                           |
| 15             | 6/5/25      | Diabetes  | Expert Patient (Diabetes)     |
| 16             | 20/5/25     | Simulated Surgery (in GP surgeries)                 | NA                            |

### **Consulting (Student Led Surgery)**

Time and again this component of the course is the most popular with students. This is their chance to be in the driving seat and feel like a clinician, albeit under your close supervision. This component should be allocated a minimum of 90 minutes per pair each week.

The focus on this session is for each student in a pair to have a chance at consulting with real patients. It would be preferable for these consultations to be face to face with patients as this will also allow the opportunity to practice clinical skills. For example, half an hour prebooked appointments work well initially i.e. each student gets a minimum of one half hour consultation each with a real patient each week. As time progresses and the students grow in skill and confidence we would recommend reducing the appointment time (e.g.: 4 x 20minute appts per pair per week).

However, we recognise that it may not be possible to have face to face consultations for every session every week. There is still great benefit from having telephone/video consultations observed so this may be an option on occasions where face to face consultations are not possible.

- You may wish to invite more patients as you get to know your students
- You may wish to be selective in what sort of conditions are booked into this clinic so that nothing too simple nor too complex is included. However, please remember that the cases do not need to correspond with the theme of the week.
- Overall, this experience should give a flavour of real-life general practice. Students will therefore, come across conditions they've never seen before – this is fine as it is their opportunity to see what it's like to sit in the driving seat with an experienced GP instructor in the passenger seat.
- **Note: Our 3<sup>rd</sup> year students should be supervised throughout this component and should not consult on their own without a qualified GP in the room overseeing them. This must be a qualified GP and not a registrar.**
- Furthermore, with the advent of prospective access to medical records it is essential that any entry in the notes is reviewed by the supervising clinician prior to saving. The UKCCC (UK Council for Clinical Communication) has the following advice when students document their consultations in the notes:

**UKCCC Guidance for students writing in the electronic medical records**

- Include the full name, identity and supervisor of all students consulting e.g. Jo Kahn and Jessie Ball, 4th year medical student supervised by Dr Lang
- The student should discuss and review their documentation with their supervisor before saving their entry in the medical notes
- Some GPs may also want to add their own separate entry and summary of the consultation
- The GP Tutor should corroborate any abnormal clinical findings
- If the student's examination findings differ from the GP Tutor's findings, we suggest that you re-examine the patient together to come to a consensus e.g. if the student did not hear crackles on the chest but the GP tutor did, the GP tutor asks the student to listen again"

## Observing & Practical Skills

The goal of this component is to allow the students to sit-in with and observe & interact with a range of other allied healthcare professionals (AHP) - the AHP could be a nurse, HCA, pharmacist or another GP for example.

Ideally this session should not be completely passive.

This session is a good chance for the students to have some of their clinical skills signed off in their Consultation and Procedural Skills (CaPS) logbook. You can view the CaPS logbook [here](#).

The following are a list of procedural skills that it would be appropriate for students to get signed off if the opportunity arises

CaPS Logbook Skills appropriate for GP3

|   |
|---|
| Measuring Temperature                             |
| Measuring pulse rate, rhythm and respiratory rate |
| Measuring blood pressure                          |
| Measuring oxygen saturations                      |
| Measuring peak flow                               |
| Direct ophthalmoscopy                             |
| Examination of the ears                           |
| Urinalysis  |
| Advising a patient on how to collect an MSU       |
| Managing an ECG                                   |
| Taking nose, throat and skin swabs                |

Some of the patients seen in this part of the day should be discussed as a group at the end of the day so that the whole group can benefit from any learning points.

One of the goals of this session is to allow the students to gain clinical exposure to the full breadth of presentations and conditions seen in GP, to observe the pace of normal NHS General Practice and to learn skills from observing other clinicians that they can apply to their own practice. Students can sometimes struggle to see the educational merit of observing other AHPs so we have included some suggestions on how students can get the most from these sessions, please see [Appendix 3](#).

### Afternoon Catch Up

The final part of the day allows you time to draw all the components of the day together. It is an opportunity to talk through the answers from the Sway tutorial and a chance to practice the skill of the week covered in the sway. It's also a chance to discuss with the group any interesting cases or discussions that have been encountered during the day. A reminder that for the first week only, the catch up will be scheduled for the morning to allow the chance to meet your group.

The Sway Tutorial is a self-directed component which is related to the theme of the week. It is crucial that students complete this each week before the session and the students will be informed of this in their introductory lecture and handbook.

- The answers to the sway tutorial are provided to you each week in advance of the session and these should form some of the discussion in the afternoon session.
- This year we have added a "drug of the week" component to the sway. It is important to discuss this with the students and focus on the real world use of the drug using examples from your practice.
- The answers for the sway will be uploaded to the students' online learning environment, *Blackboard*, after each teaching week.

## **Workplace-based Assessments (WPBA)**

Formerly known as Clinical Competency assessments (CCAs), the Workplace-based assessments (WBPAs) comprise two types- Mini-CEX and CBDs:

- A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.
- A CBD is a structured discussion of a clinical case either clerked or reviewed by the student.

Between GP and Hospital placements, students in Year 3 should complete 2 mini-cex and 2 CBDs in each half of the year. Therefore it would be very helpful if each student could complete at least one WPBA during their time with you.

At the end of each day in practice we would like you complete one WPBA with one student (in weeks 2-7). Therefore, each student will get the chance to do at least one WPBA in each block.

Mini-CEX and CBDs are filled out electronically on MyProgress. The students can log into this on either a mobile device or laptop and can fill this out online. Sometimes the student may use a paper form. In this case, once completed, the student will need to copy this over to an electronic version.

We have sent you a WPBA summary document to help you.

We suggest agreeing with the students in advance who will be doing the WPBA each week and agree to observe their consultation with a patient that day as a mini-CEX.

The students should be assessed in terms of where they are expected to be at that stage of the year and must complete 4 Mini-CEX and 4 CBDs in total across all teaching settings at the satisfactory level by the end of the year.

## **Clerkings**

Year 3 students also need to complete Clerkings and Clinical Experience Forms during the academic year.

Clerkings are a record of patient encounters. Students wishing to record a clerking in primary care should do so on plain paper and should not record any patient identifiable information whatsoever. Students should then present the case to you. Under no circumstances should the student print off a home visit patient summary to use as a clerking. Students may ask you to sign the bottom of the clerking to authenticate it prior to uploading it to their record.

## **Simulated Surgery Day**

These days occur twice a year on the 8<sup>th</sup> day of each block. These take the format of a simulated surgery (with actors). The focus of these sessions is on telephone consultation skills.

We will be in touch nearer the time with details of how this will run, however, in terms of resources for this day you will need:

- A room big enough for you and all your students
- A phone with a speakerphone function

Please note that the timings of these days are not flexible and will run from approximately 09:30 until 16:30.

## The Middle of the Day

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Feedback from GP placements in all year groups has shown that students sometimes find themselves at a loose end during the middle of the day over lunch. Sometimes students leave general practice with the perception that GPs have a very long relaxing lunchbreak!

We recognise that there can sometimes be some down time in the middle of the day. If this is the case, it is worth discussing with your group how they may want to spend this time rather than leaving students to their own devices.

You may want to offer your students the chance to join staff on lunchtime home visits or to attend meetings you may be having over lunch (e.g.: frailty, safeguarding etc). It may be that towards the end of the year, your students will want to use this time to revise or practice for OSCEs (they have access to practice OSCE stations).

Another option that we have available this year is *Capsule*. This is an online question bank which all students have available to them. We have set up a GP3 quiz for each block of teaching testing topics covered in the materials; students can work through the GP3 quiz on their own or as a group. If they complete this, then there are hundreds of other suitable cases that students can work through.

## Assessment & feedback

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Any feedback given to students during their GP attachments is formative. The simulated surgery is also formative. We ask that you complete a one-on-one review with each student on the final day of the block (Further details on what will be required will be sent nearer the time).

In order to pass the GP3 placement, students need to have a minimum attendance of 80% across both blocks and show adequate engagement. It's essential therefore that we have accurate and timely attendance data and therefore we will send out a form for you to complete after each session (see also the section below).

Primary Care also contributes questions to the written progress test and Year 3 OSCE. This is a summative assessment. If you would like to be an OSCE examiner please just get in touch via [phc-teaching@nhs.net](mailto:phc-teaching@nhs.net).

## **SSPs, Absences and Concerns**

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### **Student Support Plans (SSPs)**

If any of your students have a SSP, we will inform you via email before the placement starts or as soon as we are made aware of it, with any recommended adjustments for their clinical placement. The students are aware of this process, and where students have consented, this will also include sharing a diagnosis.

On the first day of placement we suggest you have a 1:1 meeting with all students. For students with SSPs we recommend you give them an option of a conversation with you about how their SSP and how these adjustments may be best supported in GP. Please note, for various reasons, not all students with a disability or health condition will have applied for an SSP. So please check in with all your students about any individual needs and direct them to disability services to apply for a SSP if needed. If you hear about the SSP during the block, you may wish to email the student to advise you are aware, offer the opportunity to discuss or ask if there are any adjustments they feel could help.

### **Absence reporting**

You will be sent an attendance form after each session. This is very important for the following reasons:

- It allows us to track student attendance in real time, which is crucial as the students are assessed on their attendance. Students must attend 80% of this part of the course for satisfactory completion.
- Poor attendance is an indicator of problems. It is best for students if we can identify issues early and provide the support needed.

Please note that there are no Flexible Annual Leave (FAL) days in GP3.

### **Concerns about a student**

This is a really important area as GPs are often in a position to pick up issues, even more so in GP3 where you will have them for a whole day and see them in a variety of different situations. If you feel you need support regarding a student's engagement or academic performance you should consult the student support flowchart which is overleaf.

If you are you concerned about a student's health and/or wellbeing, as well as bringing it to the attention of the GP year lead via ([phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)) you should remind students that they can contact the student wellbeing team 24 hours a day via either completing a Wellbeing Access form, by emailing [wellbeing-access@bristol.ac.uk](mailto:wellbeing-access@bristol.ac.uk), or calling 0117 456 9860 (open 24 hours). Information on the range of support can be found at [www.bristol.ac.uk/wellbeing](http://www.bristol.ac.uk/wellbeing).

Remember the GP year lead, Dr Ciaran Conway is on hand to discuss any issues you may have; contact is via [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) (this is a generic email inbox for our team which is monitored daily. It is safer to email this inbox than Ciaran directly as he is not full time at the University as he works clinically during the week too).

**GP illness/absence** – For any day that you are unable to teach, we would expect the practice to provide cover for that day. Teaching cannot be rearranged to another day due to students' secondary care commitments.

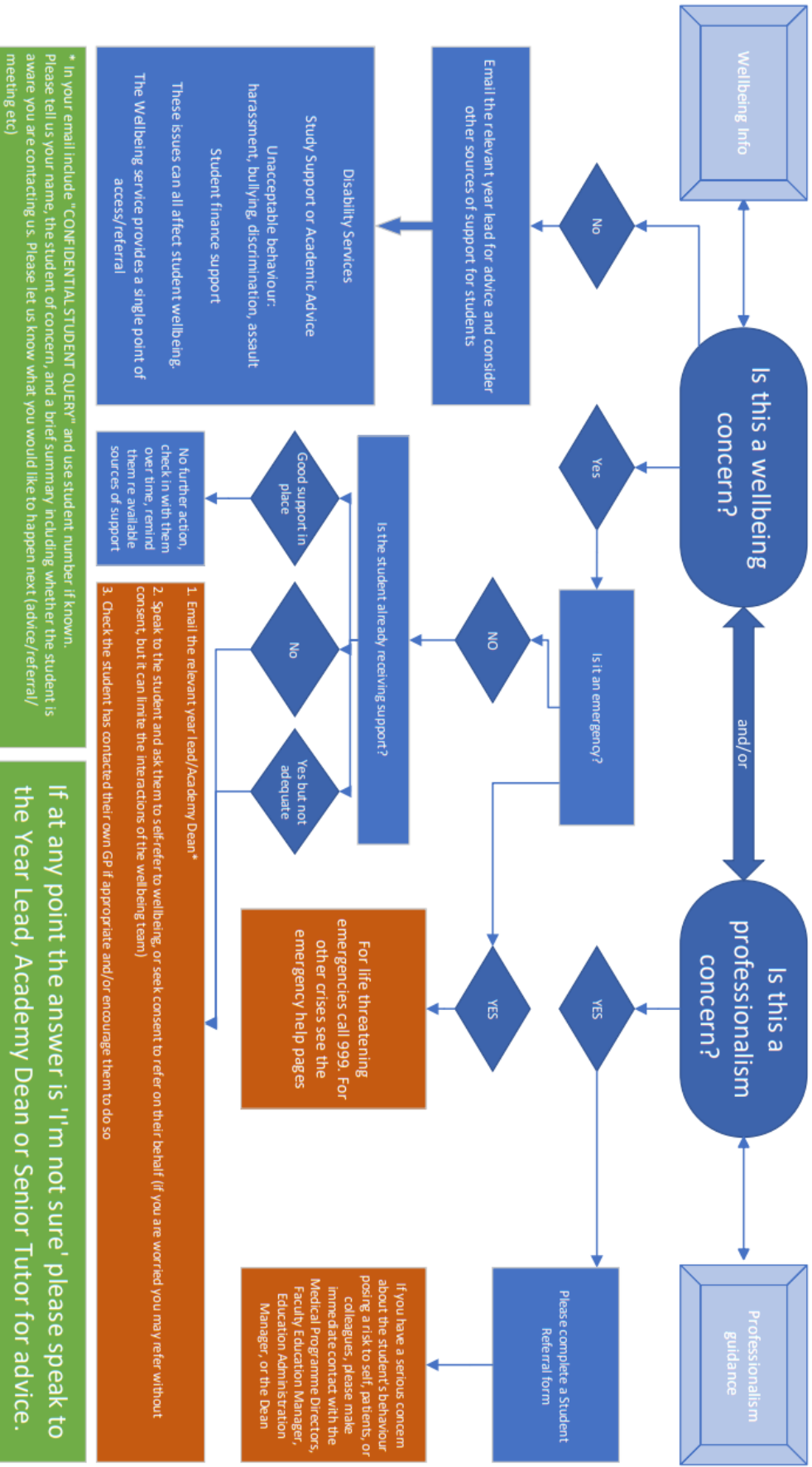




# WORRIED ABOUT A STUDENT?



ADVICE AND GUIDANCE FOR MEDICAL SCHOOL TEACHING STAFF



\* In your email include "CONFIDENTIAL STUDENT QUERY" and use student number, if known. Please tell us your name, the student of concern, and a brief summary including whether the student is aware you are contacting us. Please let us know what you would like to happen next (advice/referral/meeting etc)

If at any point the answer is 'I'm not sure' please speak to the Year Lead, Academy Dean or Senior Tutor for advice.

## Additional useful information

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- The Primary Care Teams Confidentiality and Indemnity information can be found [here](#).
- Student standards (confidentiality and information governance, mandatory learning, dress code and Occupational health) can be found [here](#).

## Appendix 1 – Teaching Dates and Topics 2024-25

| <b>Block A</b> |          |   |
|----------------|----------|---|
| Week           | Date     | Topic   |
| 1              | 17/9/24  | Gastrointestinal                                    |
| 2              | 1/10/24  | Rheumatology  |
| 3              | 15/10/24 | Renal   |
| 4              | 29/10/24 | Dermatology   |
| 5              | 12/11/24 | Ophthalmology and ENT                               |
| 6              | 26/11/24 | Respiratory   |
| 7              | 10/12/24 | Emergencies in General Practice                     |
| 8              | 7/1/25   | Simulated Surgery (in GP surgeries)                 |
| <b>Block B</b> |          |   |
| Week           | Date     | Topic   |
| 9              | 28/1/25  | Cardiovascular                                      |
| 10             | 11/2/25  | Endocrine   |
| 11             | 25/2/25  | Neurology   |
| 12             | 11/3/25  | Musculoskeletal                                     |
| 13             | 25/3/25  | Urology   |
| 14             | 8/4/25   | Abdominal presentations including domestic violence |
| 15             | 6/5/25   | Diabetes  |
| 16             | 20/5/25  | Simulated Surgery (in GP surgeries)                 |

## Appendix 2 – Frequently Asked Questions

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**Can more than one GP deliver the teaching?** Yes, although we would prefer no more than two regular teachers per block.

**Can I change the timings of the day?** You can arrange this with the students. They must still receive the sessions outlined however.

**If I have a GP trainee, can they help?** We are delighted to see that practices have been involving GP trainees in student teaching, and that this has had such positive feedback from students. We are happy for GP trainees to support some of the sessions throughout the teaching block, for example by providing feedback and debriefing after the effective consulting scenarios. Trainees should be supervised by the GP tutor, who should lead most of the sessions in order to maintain an overview of the performance and engagement of each individual student. **IMPORTANT:** Note that GP Trainees should not supervise the patient facing student consultations. These must be observed, directly, by a qualified GP.

**Will material for the workshop be provided?** Yes, we will provide detailed material for running the workshop.

**My student has an SSP – what is this and what do I do?** An SSP, or Student Support Plan, is an official University document outlining adaptations that may be required during study. It is good practice to meet one on one with each of your students on the first day but this is particularly true of students with SSP so you can discuss what support they need during the placement.

**When do we get paid?** Payment is retrospective – we will send out attendance and payment forms prior to the last session of the block. On receipt of these, we will pay the practice. This is the same as our teaching in all other years. Practices on an Academies Package Contract will receive their GP3 payment as part of their regular monthly payments.

**I am concerned about a student – what should I do?** Information on what to do about a student you are concerned about can be found [here](#). If in doubt, contact us at [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) for advice.

**Are the students DBS checked?** Yes, the Year 3 students have all been DBS checked.

**Have the students had information governance training?** Yes, the students have had training on the importance of confidentiality and the management of patient identifiable data (PID)

**What should I do if I am unable to teach for any reason?** We would expect you to arrange for a colleague to deliver the session on your behalf.

## Appendix 3 – Students Observing

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Here are some tips on how to turn observation from simple absorption into active memorable learning. Giving students observation tasks engages students and enhancing learning.

- Who to observe? Should they be focusing on the GP or the patient? Could one student focus on the GP, the other on the patient?
- What to observe? Body language, consultation micro skills, i.e. are cues being noted and addressed? Have specific questions in mind – What is the mood of the patient? i.e. anxious. Encourage your students to set their own observation tasks. Students consulting in pairs can set each other observation tasks
- At the end of a consultation ask your students to identify the aspect that they feel merited the most attention or identify something that caused them to think differently about the management etc.
- Ask the students to write the notes whilst you are consulting – what would you have done differently?
- Ask the students to examine the patient
- Ask the students to summarise the consultation
- Ask the students to suggest the management plan or explain something to the patient

Examples:

- Watch Mr. Jones during this consultation and see what features of PD you can identify. I also want you to think about how this may impact on his ADLs and what help he may need.
- When you are joining the pharmacist/practice nurse for the Diabetes/Asthma, COPD, HT clinic I would like you to focus on
  - o Side effects mentioned by the patient
  - o Adherence
  - o How the patient is involved in decision making?
  - o What monitoring is needed for a given condition /medication?
  - o Whether and which ones of the medications need adjustment because of renal function
  - o What are the medication changes that are being made and what factors are being taken into consideration?