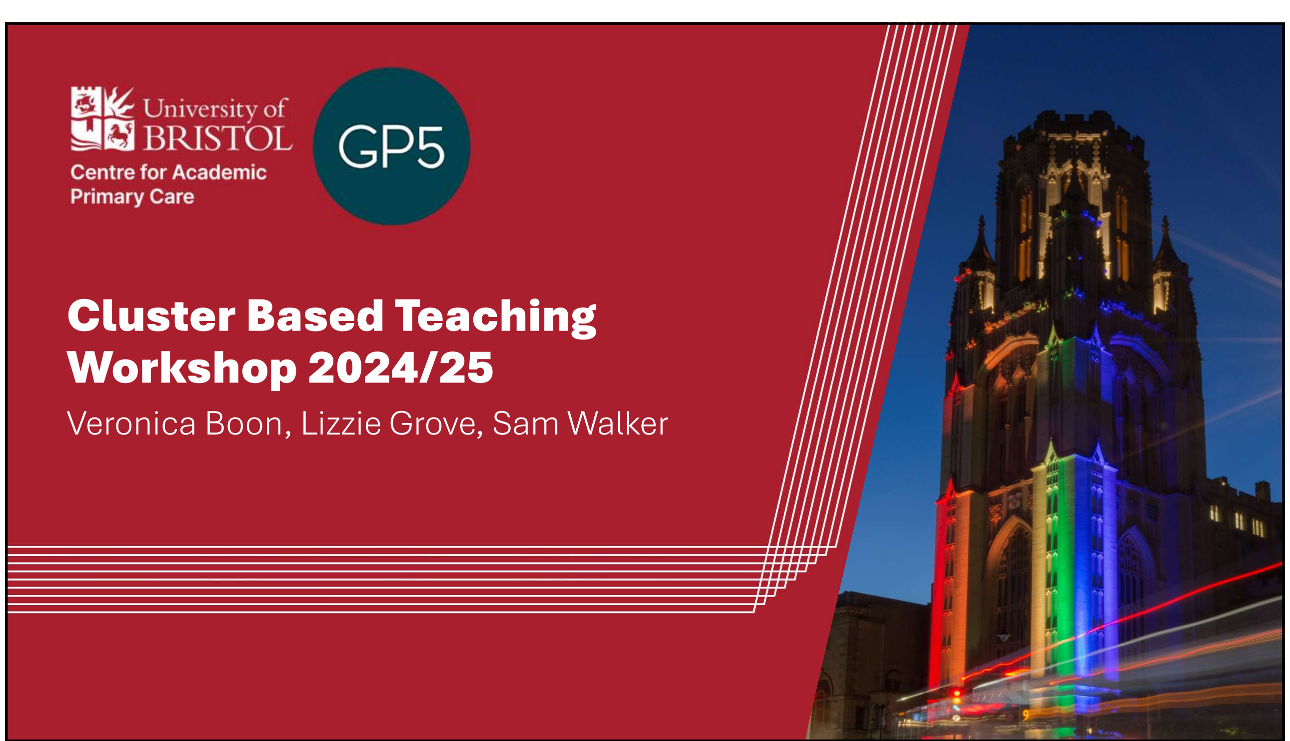

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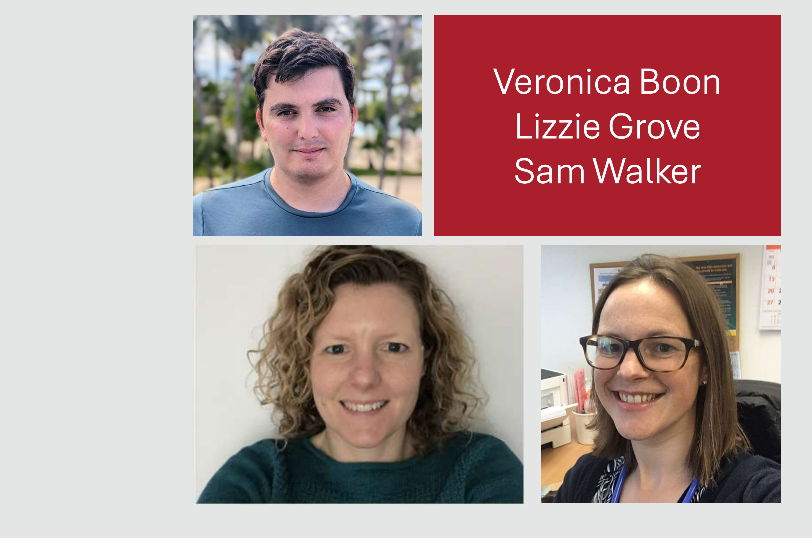
Time	Session	
08:30	Coffee and Registration	
09:15	Welcome and Ice-breaker	
09:30	New Tutors Overview of the course	Experienced Tutors Updates and networking
10:30	Break	
10:40	Assessment	
11:00	Prize winner and Top Tips	
11:15	Break	
11:30	Student concerns	
12:00	New Tutors Week 1 session plan	Experienced tutors Challenges
12:50	Close and Feedback	
13:00	Lunch	

Timetable

2



Meet the Team

phc-teaching@bristol.ac.uk

Ice-breaker

Line up with where your last holiday was in distance from Bristol.

- Closest to Bristol near to us
- furthest away at the other end.

Overview of GP5 and Primary Care Teaching

Prior experience

- Does anyone teach on GP5?
- What prior experience do you have of small group teaching?

Primary care teaching at UOB

Year 1	6 students 13 sessions / year (observed surgery and home visits)
Year 2	6 students, 13 sessions / year Meet expert patients (brought in)
Year 3	6 students, alternate Tuesdays (2x 8-week blocks) Observe and consult
Year 4	4 students, every Wednesday 19 weeks More independence
Year 5	2 student, 9-week block

- Approximately 250 students per year group
- 5-year course
- FINALS at the end year 4

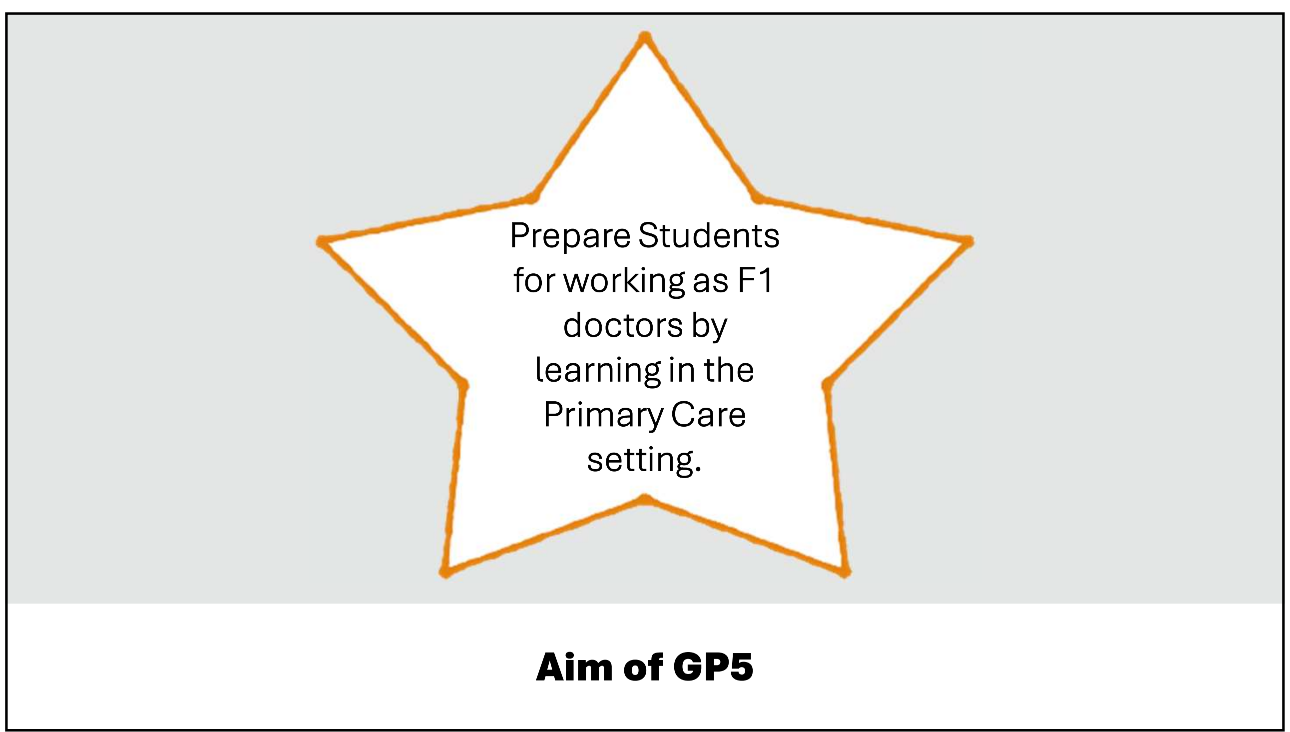
Example Layout of Year 5 Academic Year

Dates	Rotations/Teaching
Aug – Oct 2024	Student Elective Period
Stream A	Ward Based Care
Stream B	Acute and Critical Care
Stream C	Primary and Community Care

Year 5 Teaching Dates

Block	Dates
A	31st October 2024 – 10th January 2025 (Vacation 21st Dec – 5th Jan inclusive)
B	13th January – 14th March 2025
C	17th March – 6th June (Careers week 7th – 11th April & vacation 12th April – 27th April inclusive)
PSA Exams	Main Sitting – 30 January 2025 Resits – 20 March, 1 May, 5 June 2025

9



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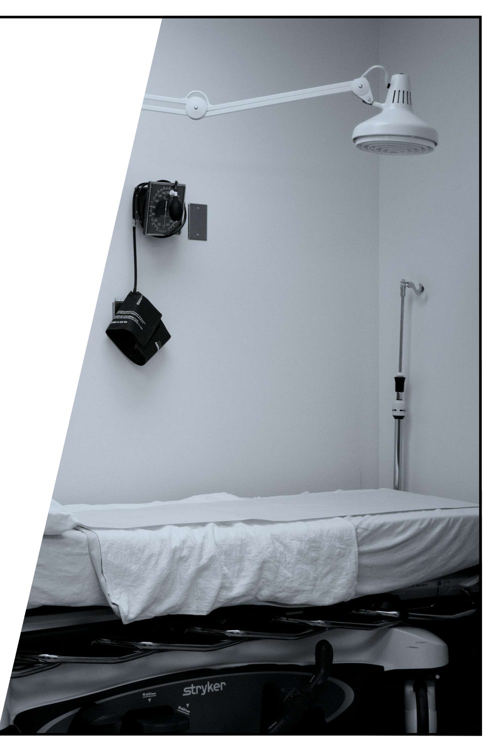
Core Elements of GP5

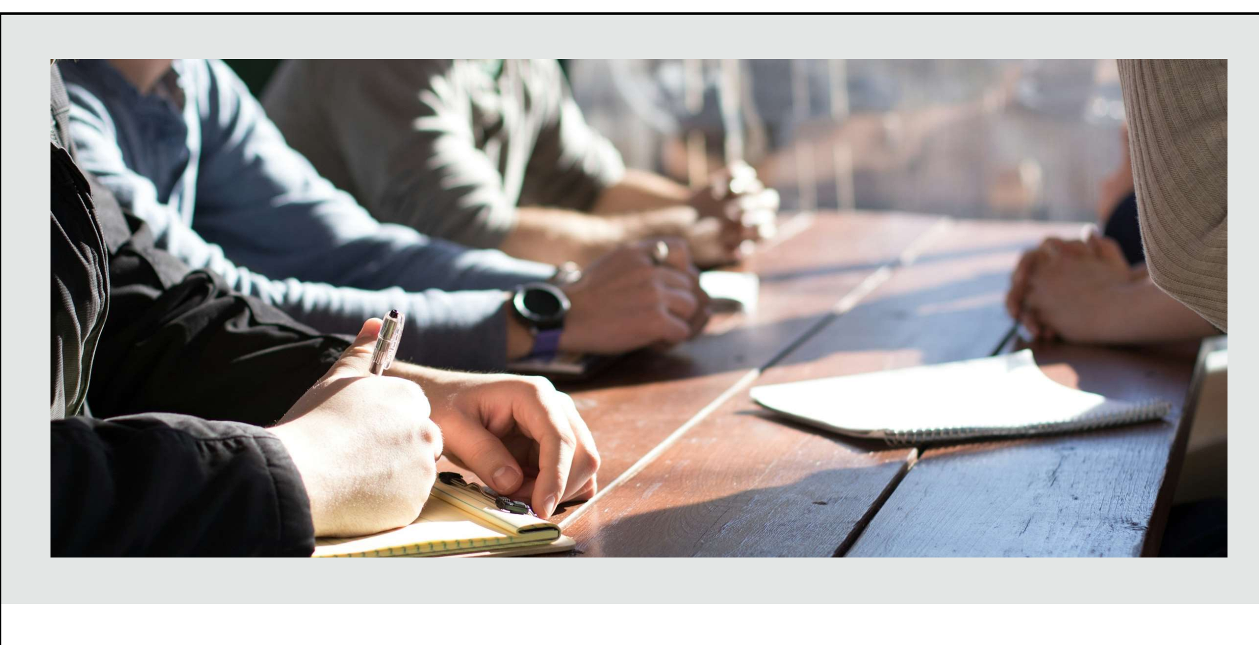
- 6 timetabled sessions in practice each week
  - 5 student-led surgeries
  - 1 joint surgery
  - *NEW* allocated project time over lunch (minimum 2 hours per week)
- May be delivered over 3 or 4 days
- Out of practice every Wednesday for Cluster Based Teaching



	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student-led Surgery *09:00-12:00 including admin/patient follow up*	Student-led Surgery *09:00-12:00 including admin/patient follow up*	Cluster Based Teaching (CBT)	Student-led Surgery *09:00-12:00 including admin/patient follow up*	Student-led Surgery *09:00-12:00 including admin/patient follow up*
Lunch	Break *12:00-12:30* Lunchtime Activity *12:30-13:30* Project *13:30-14:00*	Lunchtime Activity *12:00-13:00*		Break *12:00-12:30* Lunchtime Activity *12:30-13:30* Project *13:30-14:30*	Project *12:00-13:00*
PM	Student-led Surgery *14:00-17:00 including admin/patient follow up*	Private study	CBT Preparation Outside the Box Project	Joint Surgery *14:30-17:00*	Private study

Example Timetable

Q & A



Cluster Based Teaching

Key Details

- Groups of 4-8 students
- 2.5 hrs Wednesdays; AM or PM. Attendance compulsory.
- Face-face (out of area group on Teams)

Aims of Cluster Based Teaching

- Meet with colleagues to **share experiences** and learning from GP placement
- **Reflect on patient cases** and how this relates to current guidelines
- Develop advanced **consultation skills**
- Understand how General Practices can differ in terms of population demographics, available resources and how care is delivered
- Reflect on **General Practice as a specialty** and potential career option
- Further expand on non-clinical areas to develop as a **well-rounded practitioner**

"CBT was the highlight of my week; it was great to meet with other students and the sessions were useful and relevant. Our tutor was really friendly and engaging, the pastoral care and guidance was the best I've had during medical school"

Year 5 student

Week	Topic	Student Pre-work
1	Introduction	Find out about the practice
2	Urgent care	Look at communication from Intergrated urgent care (IUC) . Contact a patient re: OOH
3	Investigations/Results	Review results and discuss management Find a case with an abnormal result to present to group
4	End of life conversations	Read about ReSPECT and lasting power of attorney. Palliative care/nursing home visits
5	Medical complexity	Review management of medication requests/ discharge summaries. Observe complex medication reviews. Spend time with a pharmacist. Find a complex case to present to group.
6	Managing uncertainty	Discuss with your tutor how they deal with uncertainty. Discuss how complaints are managed. Attend a SEA.
7	Using an interpreter	Find out how interpreters are used in practice. Observe an interpreter consultation.
8	Being a doctor	Talk to GPs in your practice about their job. How do they look after their health?
9	Outside the box project	Create 5 minute micro-teach on their project

Cluster Based Teaching Topics – Pre-learning

Introductions 09:00-09:20 14:00-14:20	Ice-Breaker How is their placement going? Any immediate concerns? Any interesting cases/learning they'd like to share with the group brief outline of the rest of the session
Introduction to IUC & Out of Hours Video 09:20-10:10 14:20-15:10	Patients journey through IUC Primary-secondary care interface How is IUC different from in-hours practice
Break 10:10-10:20 15:10-15:20	
Pre-Session Learning 10:20-10:30 15:20-15:30	Students have been asked to find out about how out of hours care works and communicates with their practice and speak to a patient who had recently used the IUC service. What was their patient's experience?
Case Discussion 10:30-11:15 15:30-16:15	Discuss 4 real case from Out of Hours

Example Outline of Session

Feedback from 23/24

- Overall placement rated 4.7/5
  - Most popular student-led surgeries
  - Don't like observing/long lunch breaks

- CBT rated 4.2/5 overall
  - Most popular sessions OTB (4.4) and Being a doctor (4.3)
  - Least popular Intro session (3.9) and urgent care (3.9)
  - Like meeting colleagues, complex case discussion, pastoral care
  - Some found the content quite easy/waffly and didn't like the role plays.

- Tutors
  - Busy sessions/lots of detail in sessions plans - Now powerpoints for all weeks to help structure the session.

Role Of Tutor

The ideal scenario is the get the group doing all the work.

Give them tasks so you are left you to focus on:

- Providing structure: a safe learning environment, keeping to time
- Everyone has the chance to contribute
- Ensuring that the feedback is balanced - key learning points at the end of each section.
- Introducing anecdotes from practice and highlight the relevance of learning to FY1
- Making the session fun and enjoyable
- Complete weekly attendance and feedback forms and student assessments

How To Prepare

- Read Cluster Based Teaching **Handbook**
- Read detailed **session plan** prior to each session (week before)
- Familiarise yourself with recommended pre-learning
- Consider bringing **interesting cases** you have seen to discuss with students
- When required, allocate in advance 1-2 students with patient brief
- Consider contacting the students in advance/ 1:1 initial meetings to see if the students need any specific adaptations or considerations e.g. Student support plans (SSPs)

Role Play

- Allocate a student to 'play' the doctor a week before (keep rota)
- Allocate a student 'the patient role' and give information in advance
- Facilitate the session:
  - Ensure 'active' listening by assigning the students roles based on CogConnect.

Opening

"Please look at how *x* opens the consultation e.g. 3-point identity check, builds rapport, identifies the main reason for attendance"

Explaining

"Focus on howe *x* explains to the patient, taking into account their ICE-IE, does the patient understand"

Activating

"Please listen out if x enables the patient to consider their self-care and give examples"

Planning

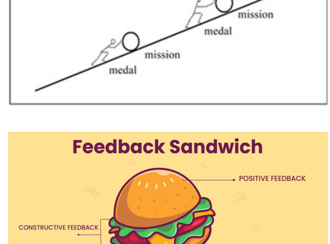
"Does x develop a clear management plan"

Integrating

"Please integrate the consultation by writing notes as though you would in a real-life consultation"

Feedback

Does anyone have any specific feedback style they use?



Opening the door for feedback: 'How was that experience for you?'

Being learner-centred: 'What did you find the most difficult?'

Using direct invitation: 'I saw X happen, and I have a few thoughts if you are interested in hearing them'.

Using direct observation: 'I saw some things that went well and some that could be improved. Would now be a good time to share them with you?'

Being informal, collegial: 'You're usually [Y], today you seemed [Z]. What's going on?'

Scripting examples

25

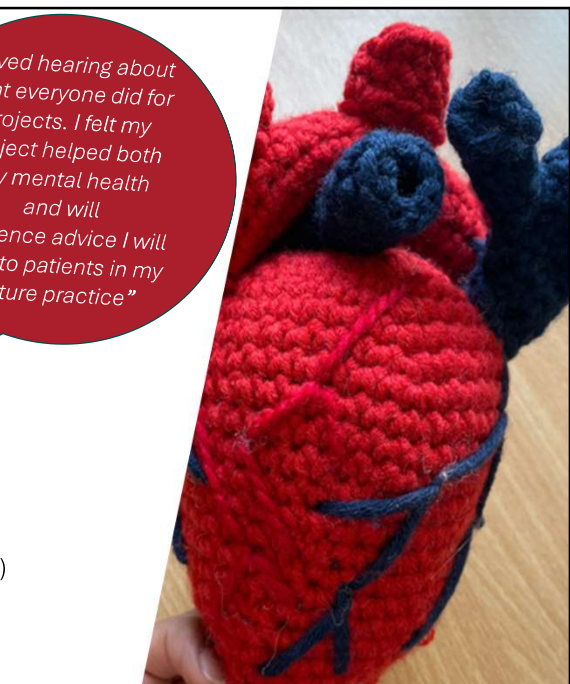
GP5: Outside the Box
Presentation (bris.ac.uk)

Outside the Box

26

Outside the Box

“Loved hearing about what everyone did for projects. I felt my project helped both my mental health and will influence advice I will give to patients in my future practice”



- Over 9 weeks explore a topic ‘outside’ classic medical curriculum.
  - **The creative practitioner** – artist
  - **Lifestyle challenge** – exercise, sleep, mediation
  - **Medical arts review**– film / books / poetry

- Week 1 - Student chooses topic
- Week 3 – Share topic with the group
- Week 9 – Students present results (7 mins & 8 mins Q&A)

Tutor nominates exceptional student for a prize

27

Creative Practitioner

[Song “Red Freckles” by Holly Dejsupa]

- 20-year-old female with bulimia
- *“At least I have these red freckles to my name…”,*
  = Petechia from repeated vomiting

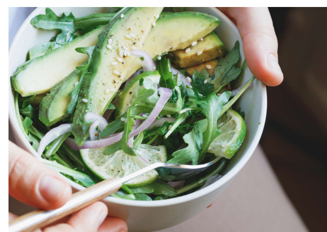
28

Lifestyle Challenger

Mindful Eating

“Outside the box project helped me reflect on my current eating habits but also how far I have come in my journey with food and body image... It will help me in consultations where I need to discuss diet with patients” [Student]

*“She learnt that food gave her **emotional nourishment as well as physical**....She has a great understanding of the restrictions that a busy life of a doctor puts on ability to cook.*
***This exercise has clearly made a life changing impact.**"*
[Tutor]

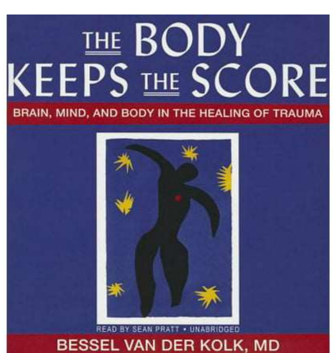


In-Depth Review

How Trauma Affects Health – Book Review

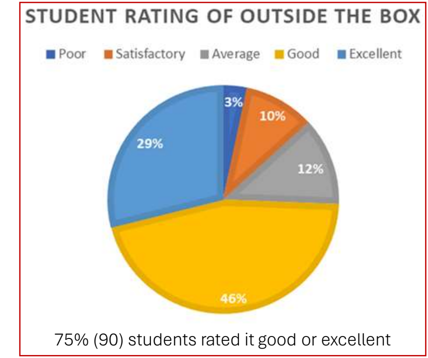
“I really enjoyed picking my own topic to discuss with the group. I have now developed a huge interest in trauma and health ... it was nice to share this with my peers”[Student]

*“ She had obviously researched the areas discussed in the book, **an excellent project** that provided **lots of information for interacting with patients** with a trauma informed approach." [Tutor]*



Outside The Box – What Do Students Think?

- Excuse to extend beyond clinical medicine
  - *"Though at the start I was slightly sceptical… it is perhaps actually one of the highlights of this rotation. It is so easy to lose track of certain passions… and having had the extra motivation to pick up something… was useful. This taught me more than I would have predicted about work-life balance of medicine."*
- Useful for clinical practice
  - *"Nice to see what projects everyone picked – very different, some I will take on in practice to make me a better doctor"*
- Fun
  - *"Fun session to end the term, some useful takeaways on how to manage stress"*
- Good for self-care
  - *"Positive experience stepping back from clinical thinking and spending time on myself, really valuable."*



75% (90) students rated it good or excellent

- 3 negative comments from 121 responses
  - Hobbies should be kept separate
  - *"I think out the box is a great demonstration on how medical school tries to insert itself into our hobbies.."*

Student Prizes

- Monetary award
- Can count for additional points on future job applications
- Criteria
  - Excellent attendance
  - Excellent performance and engagement
  - Excellent patient and colleague feedback
  - Presented outstanding project work
  - Went above and beyond what is expected

Feedback

Your feedback on the course / Students:

- Each week, there is a section on the attendance form to give **feedback on the session**
  - Feedback on content and attendance NOT student concerns
- Voluntary **WhatsApp group** for tutors - invite will be sent with final week 1 session plan
- At the end you may want to nominate a student for a prize.

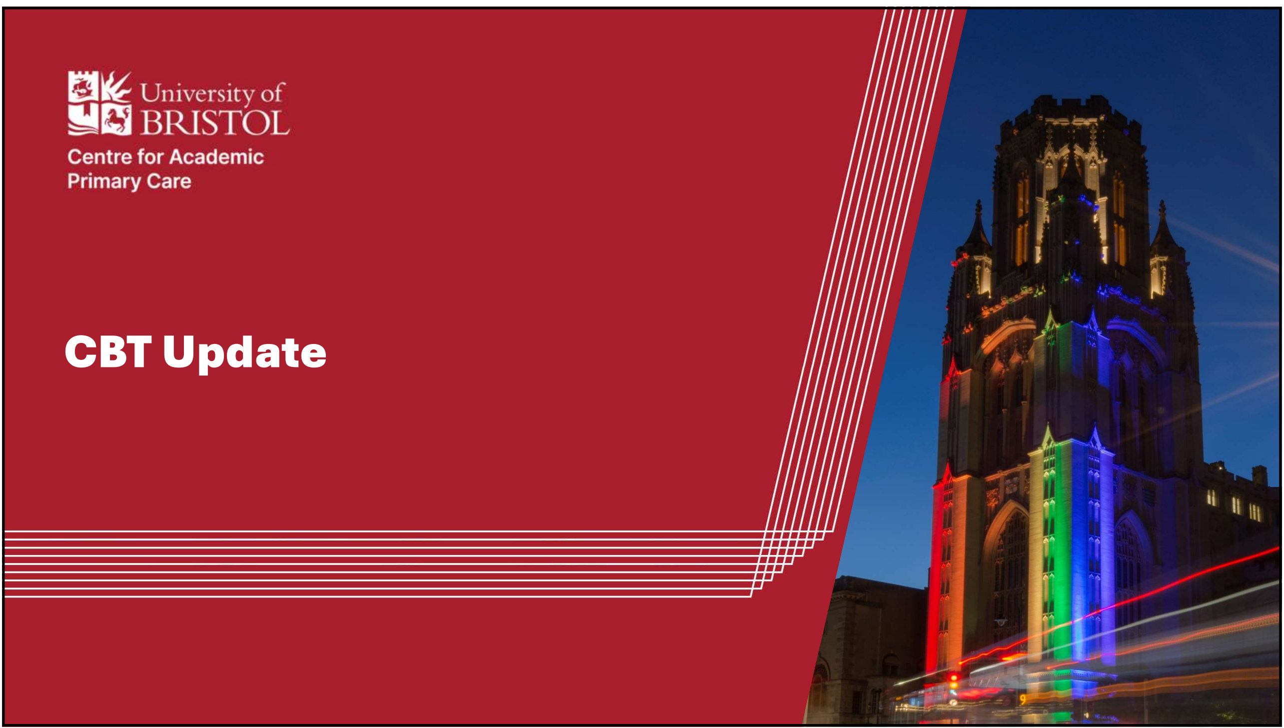
Student feedback:

- At the end of the block, students can voluntarily give feedback about their tutor
- Please encourage them to complete the end of placement feedback form (this is how we get feedback to you)
- You may want to collect your own personal feedback

33

Q & A

34



Aims

- Refresh key information relevant to CBT course
- Share feedback from 23/24
- Highlight significant changes from previous years
- Clarify any queries or concerns
- Share ideas with other tutors
- Create list of top-tips to share with new tutors

** We will be discussing Assessment, Student concerns and small group facilitation challenges in later sessions**

Year 5 Teaching Dates

Block	Dates
A	31st October 2024 – 10th January 2025 (Vacation 21st Dec – 5th Jan inclusive)
B	13th January – 14th March 2025 (12th Feb 2025: F1 placement preference March 2025 (TBC): placement allocations)
C	17th March – 6th June (Careers week 7th – 11th April & vacation 12th April – 27th April inclusive)
PSA Exams	Main Sitting – 30 January 2025 Resits – 20 March, 1 May, 5 June 2025

Core Elements of GP5

- 6 timetabled sessions in practice each week
  - 5 student-led surgeries
  - 1 joint surgery
  - *NEW* allocated project time over lunch (minimum 2 hours per week)
- May be delivered over 3 or 4 days
- Out of Practice every Wednesday for Cluster Teaching

	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	**Student-led Surgery** *09:00-12:00 including admin/patient follow up*	**Student-led Surgery** *09:00-12:00 including admin/patient follow up*	**Cluster Based Teaching (CBT)**	**Student-led Surgery** *09:00-12:00 including admin/patient follow up*	**Student-led Surgery** *09:00-12:00 including admin/patient follow up*
Lunch	**Break** *12:00-12:30* **Lunchtime Activity** *12:30-13:30* **Project** *13:30-14:00*	**Lunchtime Activity** *12:00-13:00*		**Break** *12:00-12:30* **Lunchtime Activity** *12:30-13:30* **Project** *13:30-14:30*	**Project** *12:00-13:00*
PM	**Student-led Surgery** *14:00-17:00 including admin/patient follow up*	**Private study**	**CBT Preparation Outside the Box Project**	**Joint Surgery** *14:30-17:00*	**Private study**

Example Timetable – 4 days

Feedback from 23/24

- Overall placement rated 4.7/5
  - Most popular student-led surgeries
  - Don't like observing/long lunch breaks
- CBT rated 4.2/5 overall
  - Most popular sessions OTB (4.4) and Being a doctor (4.3)
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  - Like meeting colleagues, complex case discussion, pastoral care
  - Some found the content quite easy/waffly and didn't like the role plays.
- Tutors
  - Busy sessions/lots of detail in sessions plans - Now powerpoints for all weeks to help structure the session.

"CBT was the highlight of my week; it was great to meet with other students and the sessions were useful and relevant. Our tutor was really friendly and engaging, the pastoral care and guidance was the best I've had during medical school"

Year 5 student

Week	Topic	Changes
1	Introduction	Actor via **telephone**, asked to be more angry Using SBAR to present rather than SNAPPs Proforma for record keeping
2	Urgent care	No face-face speaker; short interactive video Updated cases
3	Investigations/Results	Planning to develop more complex cases
4	End of life conversations	Moved from week 7
5	Medical complexity	
6	Managing uncertainty	Continuity of care removed, more time for complaints, real examples.
7	Using an interpreter	
8	Being a doctor	Moved from week 5
9	Outside the box project	Not marked, less examples during other weeks.

Cluster Based Teaching Topics & Changes

Outside the Box!

- Well rated despite initial scepticism!
- Some feel
  - 'another thing to do'
  - Shouldn't force us to have hobbies
  - Shouldn't be marked – goes against concept
- Top Tips:
  - Tutor does one too!
  - Make clear the clinical relevance not just about self-care
    - Do you have an example of something that has changed your practice?
  - Be enthusiastic!

"This was a nice way to end our placement and learn a bit more about everyone's techniques for self care and resilience as a doctor."

"Loved hearing about what everyone did for projects. I felt my project helped both my mental health and will influence advice I will give to patients in my future practice"

Feedback

Your feedback on the course / Students:

- Each week, there is a section on the attendance form to give feedback on the session
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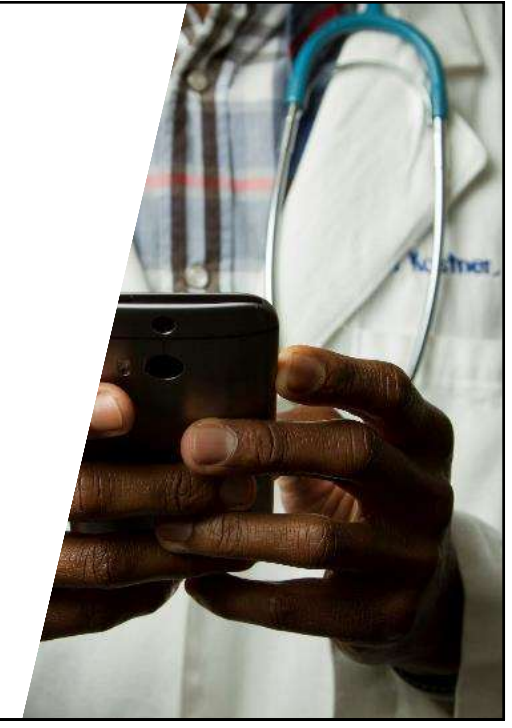
- At the end you may want to nominate a student for a prize.

Student feedback:

- At the end of the block, students can voluntarily give feedback about their tutor
- Please encourage them to complete the end of placement feedback form (this is how we get feedback to you)
- You may want to collect your own personal feedback

Collecting feedback from students

- Post-it notes
- Survey monkey
- Group discussion
- Adapt sessions based on feedback



Student Prizes

- Monetary award
- Can count for additional points on future job applications
- Criteria
  - Excellent attendance
  - Excellent performance and engagement
  - Presented outstanding OTB work
  - Went above and beyond what is expected

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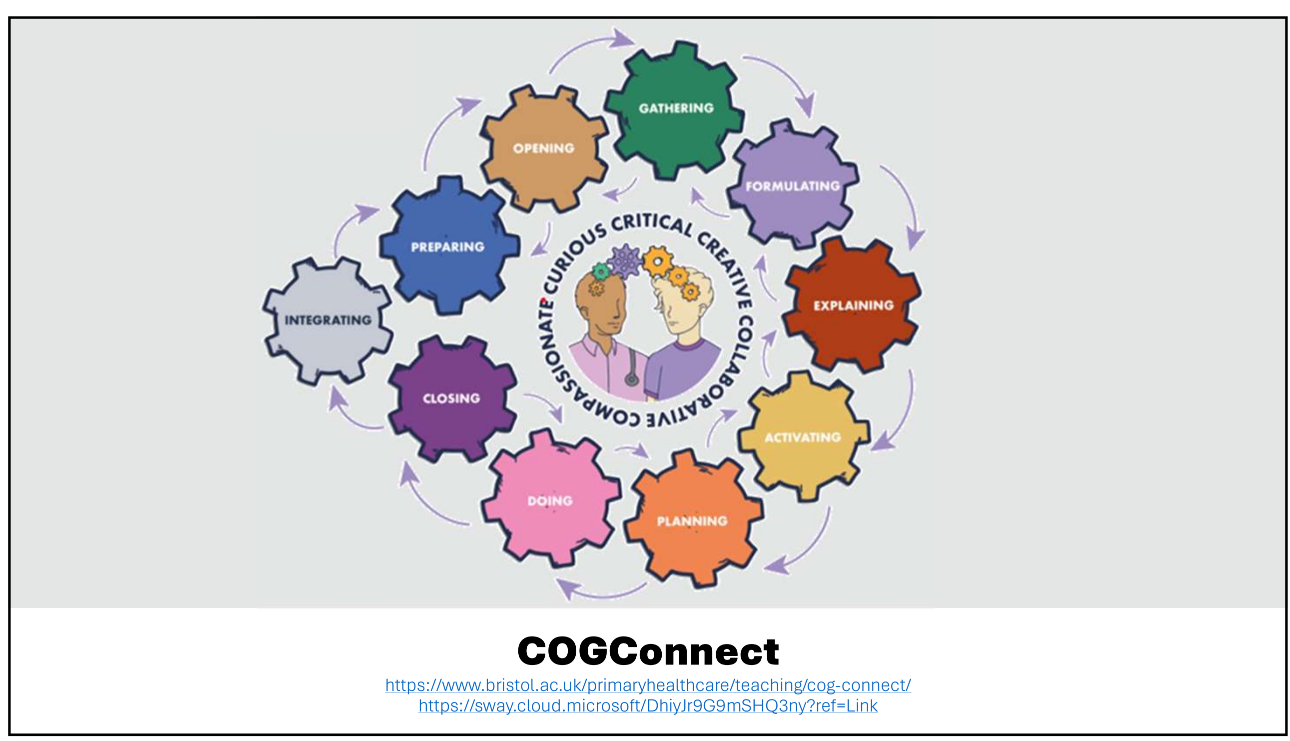


COGConnect

https://www.bristol.ac.uk/primaryhealthcare/teaching/cog-connect/
https://sway.cloud.microsoft/DhiyJr9G9mSHQ3ny?ref=Link

46

Opening

"Please look at how *x* opens the consultation e.g. 3-point identity check, builds rapport, identifies the main reason for attendance"

Explaining

"Focus on howe *x* explains to the patient, taking into account their ICE-IE, does the patient understand"

Activating

"Please listen out if x enables the patient to consider their self-care and give examples"

Planning

"Does x develop a clear management plan"

Integrating

"Please integrate the consultation by writing notes as though you would in a real-life consultation"

COGConnect Consultation Observation Guide **Consulter's name.......................................**

Use this form to provide feedback for a Consulter. Not all aspects will apply, depending on the nature of the consultation.

Competence task	**Score** (Tick 'O') 0=not done; 1=some done poorly; 2=some done well; 3=most done well				Date:
Preparing and opening the session	0	1	2	3	Points of strength & Points for improvement
Prepares self and consultation space and accesses medical record prior to direct patient contact. Introduces self, checks correct patient, builds rapport. Identifies the patient's main reason(s) for attending and negotiates this agenda as appropriate.	O	O	O	O	
Gathering a well-rounded impression	0	1	2	3	Points of strength & Points for improvement
Obtains **biomedical perspective:** presenting problem and relevant medical history including red flags, PC, HPC, PMH, RoS, DH & allergies *as appropriate to presentation.*	O	O	O	O	
Elicits the **patient's perspective:** ideas, concerns, expectations, impact and emotions (ICEIE).	O	O	O	O	
Elicits **relevant background information:** work and family situation, lifestyle factors (eg sleep, diet, physical activity, smoking, drugs and alcohol) and emotional life/state.	O	O	O	O	
Conducts a **focused examination** of the patient. Gains consent, cleans hands, examines courteously and sensitively. Explains examination findings.	O	O	O	O	
Formulating	0	1	2	3	Points of strength & Points for improvement
Summarises the information gathered so far. Shows evidence of understanding current problems/issues and differential diagnoses with reference to predisposing, precipitating and perpetuating causes. Makes judicious choices regarding investigations, treatments and human factors (eg dealing sensitively with patient concerns).	O	O	O	O	
Explaining	0	1	2	3	Points of strength & Points for improvement
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.	O	O	O	O	Any examples of chunking, checking, clarifying?
Activating	0	1	2	3	Points of strength & Points for improvement
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.	O	O	O	O	
Planning	0	1	2	3	
Develops a clear management plan with the patient. Shares decision-making appropriately.	O	O	O	O	
Closing and housekeeping	0	1	2	3	Points of strength & Points for improvement
Brings consultation to a timely conclusion, offers succinct summary and checks the patient understands. Gives patient opportunity to gain clarity via questions.	O	O	O	O	
Arranges follow-up and 'safety-nets' the patient with clear instructions for what to do if things do not go as expected.	O	O	O	O	
Integrating	0	1	2	3	Points of strength & Points for improvement
Writes appropriate consultation notes, referrals, etc. Identifies any personal learning needs. Identifies any personal emotional impact of the consultation.	O	O	O	O	
Generic Consulting Skills	0	1	2	3	Points of strength & Points for improvement
Posture. *Voice:* pitch, rate, volume. *Listening skills:* silence, active listening, questioning techniques. *Counselling skills:* **O**pen questions, **A**ffirmations, **R**eflections (simple and advanced) and **S**ummaries. *Advanced skills:* picking up on cues, scan and zoom, giving space to the patient, conveying hope and confidence.	O	O	O	O	
Organisation and efficiency	0	1	2	3	Points of strength & Points for improvement
Fluency, coherence, signposting the stages of the consultation. Keeping to time.	O	O	O	O	

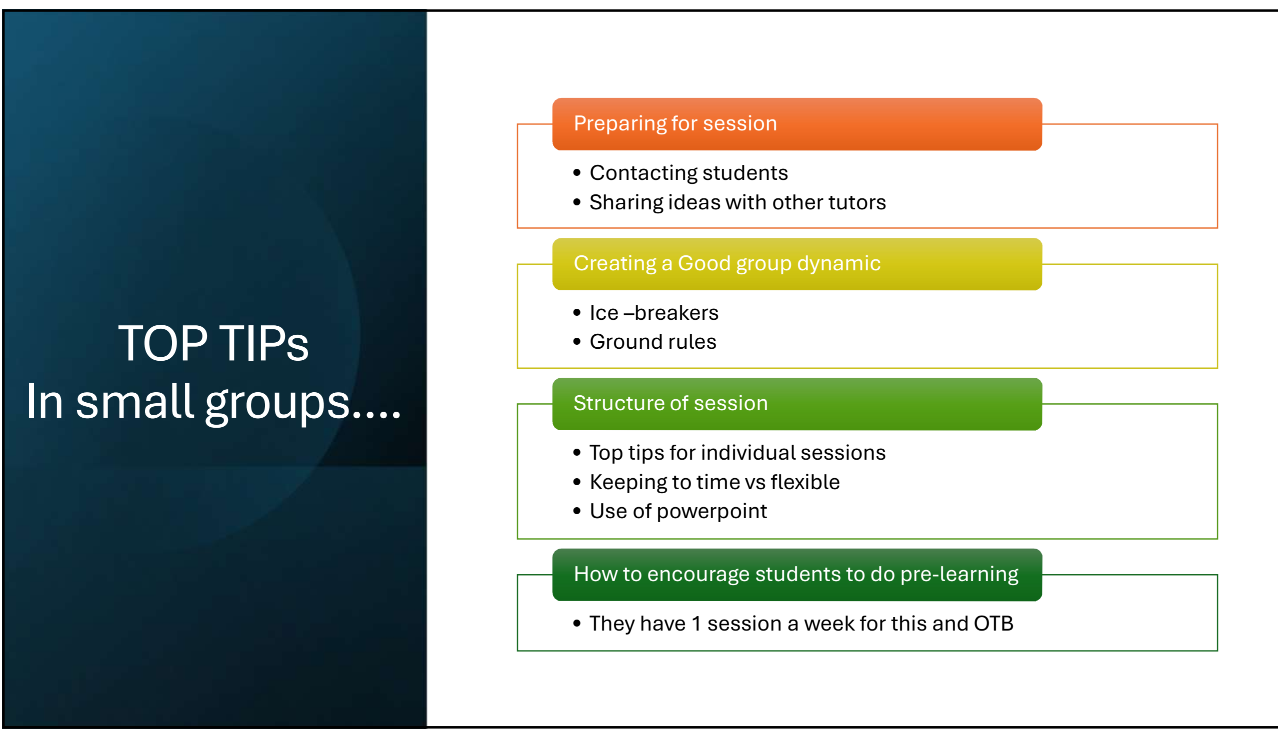
Student Support Plans (SSP's)

- Students with a range of disabilities, learning difficulties and other health and mental health conditions can apply to the University Disability Services to be assessed for an SSP
- SSP's contain a personalised summary of reasonable adjustments recommended for the student's teaching and learning
- As many as 30% of students have SSPs
- Many will not need any additional support
- Some students may need support but do not have an SSP
- If any of your students have an SSP, we will inform you via email before the placement starts
- Please contact students in advance to see if they need any adjustments or want to share any issues that may impact on the placement.

49

Q & A

50



51

52

Aims

- Understand the assessment requirements for Year 5 students
- Understand the assessment requirements for CBT
- Understand how to complete an assessment
- Clarify any queries or concerns about assessment

	Assistantship 1	Assistantship 2	Assistantship 3
Mini-CEX	2	2	1
Case-based Discussion (CbD)	2	2	1
Team Assessment of Behaviour (TAB)	November 2024 – Feb 2025		
Prescribing Safety Assessment (PSA)		30 Jan 2024	
Entrustable Professional Activities (EPAs)	At least 28 (40% of the year total)	At least 56 (80% of the year total)	70 signed off by 9 May
Clinical and Procedural Skills (CaPS) Logbook	Restart All	Continue All	Complete All by 9 May

- Satisfactory Engagement
- 80% Attendance

Assessment in Year 5

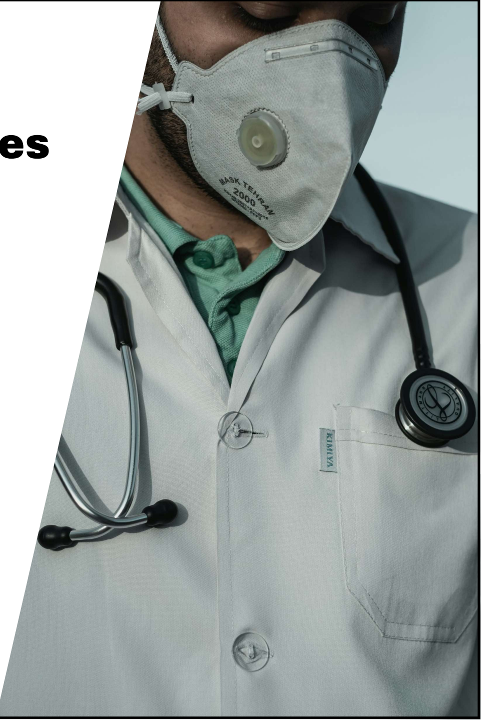
Assessment in CBT

- Satisfactory Attendance and Engagement
  - At the end of each session you will be sent a link to complete an attendance and engagement survey for each student.
  - COMPULSORY: Only allowable absence is for Prescribing Exam
  - Flexible annual leave (FAL) days: Maximum 1 day, 4 weeks notice, Not last week, email phc-teaching.
- Please virtually sign their year 5 workbook where appropriate (suggested EPAs each week but you can sign any you feel are appropriate)
- Students may ask you to complete a Team Assessment of Behaviour (TAB)
  - You will be sent a ticket request (an email) asking for feedback for their TAB. You then need to follow the link and complete the short form if requested to do this.

55

Entrustable Professional Activities (EPAs)

- Entrustable Professional Activities (EPAs) are 'units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence.
- We have mapped the GMC's Outcomes for Graduates to 16 Bristol Entrustable Professional Activities.



56

1. **Gather a history and perform mental state and physical exam**
2. **Communicate** clearly, sensitively and effectively with patients
3. Prioritise a **differential diagnosis** following a clinical encounter
4. Recommend and **interpret common diagnostic screening tests**
5. **Prescribe** appropriately and safely
6. **Document** a clinical encounter in the patient record
7. Provide an **oral presentation** of a clinical encounter
8. Form clinical questions and retrieve **evidence to advance patient care**/ or population health
9. **Give or receive a patient handover** to transition care responsibly
10. **Communicate** clearly and effectively with colleagues
11. Collaborate with an **inter-professional team**
12. Recognize a **patient requiring urgent or emergency care**, initiate management
13. **Obtain informed consent** for tests and procedures
14. Contribute to a culture of **safety and improvement** and recognize and respond to system failures
15. Undertake appropriate **practical procedures**
16. Adhere to the GMC guidance on good medical practice

EPAs

EPA – Responding to a Request

- For each EPA students need 5 pieces of evidence (e.g. a mini-CEX, CBD, prescribing etc)
- Maximum of 5 EPAs can be signed off on one form but should represent 5 different patient interactions.
- We have allocated EPAs to CBT sessions
- Signed by any doctor F2 or above, or allied health professional if appropriate.

EPA – Responding to a Request

1. Students prepare an EPA log in their ePortfolio: MyProgress (web or app)
   - They should complete the date and provide information about the situation
2. You can either:
   - Complete the EPA log in person with the student (web or app)
   - Ask the student to send an 'email for later' request ensuring the 'situation' box is complete by then.
3. Sign off – only 1 EPA / scenario
   - You sign off with GMC number/name and 'Finish' the form
   - EPA 11 only to be signed off once for the whole of Cluster Based Teaching

Grading of WBA

Each WBA can have one of 2 global judgements:

Not yet performing at level expected	Performs at level expected
means you do not feel confident that the student has reached a standard that will allow them to function as an FY1. It is important that you select this grade if you think that the student demonstrated behavior that could potentially compromise patient safety	means you consider them to be procedurally competent and safe, and have demonstrated at least the **minimal** level of competence required for **commencement** of FY1

If 'Not yet performing' then you can keep on repeating the assessment until satisfactory 'level'

You are completing this form for: Sara Gamgee - sg19999

EPA Log

EPA Log

You should use this form to provide signatory evidence of practice and procedures that display competence at FY1 level of your Entrustable Professional Activities. Your signatory will be asked to complete their name and email address when submitting the form. You should sign off no more than two EPAs using this log. Please refer to the Entrustable Professional Activities guide for more information and suggested activities for completion.
NB: CaPS completion alone is sufficient for EPA 15, and TAB completion alone is sufficient for EPA 16 sign off.

Date of Activity

This question must be completed to submit your form.

14/09/2022

Situation

This question must be completed to submit your form.

Please enter a brief description of the environment in which this skill was signed off as competent

GP practice - brief info on patient

Entrustable Professional Activities

You should select no more than two EPAs to sign off using this form.

	Not yet performing at level expected at the start of FY1	Performs at level expected at the start of FY1
1. Gather a history and perform a mental state and physical examination	○	○
2. Communicate clearly, sensitively, and effectively with patients and relatives verbally and by other means	○	○
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient	○	○
4. Recommend and interpret common diagnostic and screening tests	○	○
5. Prescribe appropriately and safely	○	◉
6. Document a clinical encounter in the patient record	○	○
7. Provide an oral presentation of a clinical encounter	○	○
8. Form clinical questions and retrieve evidence to advance patient care and/or population health	○	○
9. Give or receive a patient handover to transition care responsibly	○	○
10. Communicate clearly and effectively with colleagues verbally and by other means	○	○
11. Collaborate as a member of an inter-professional team, both clinically and educationally	○	○
12. Recognize a patient requiring urgent or emergency care and initiate evaluation and management	○	○
13. Obtain informed consent for tests and/or procedures	○	○
14. Contribute to a culture of safety and improvement and recognise and respond to system failures	○	○
15. Undertake appropriate practical procedures	○	○
16. Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient, and responsible doctor	○	○

Observer GMC Number

This question must be completed to submit your form.

123456

Observer Position

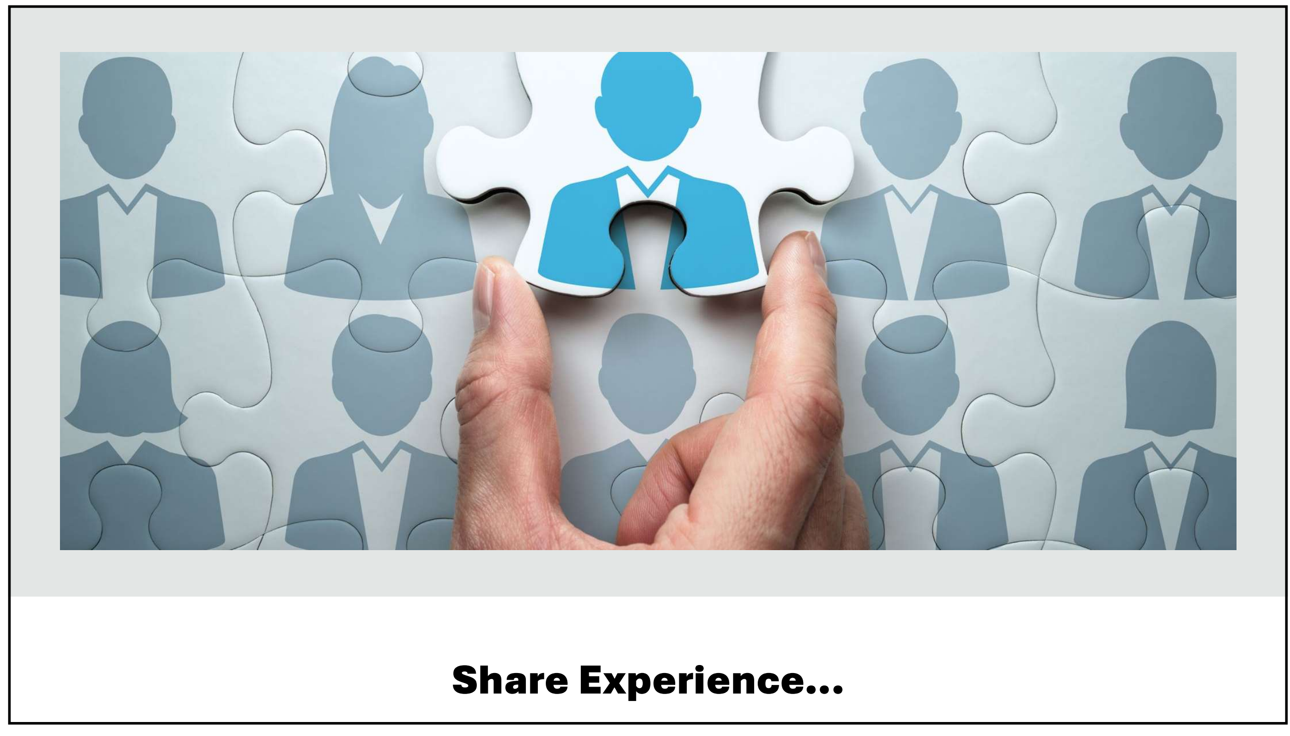
This question must be completed to submit your form.

GP

Save progress

EPAs

61



Share Experience...

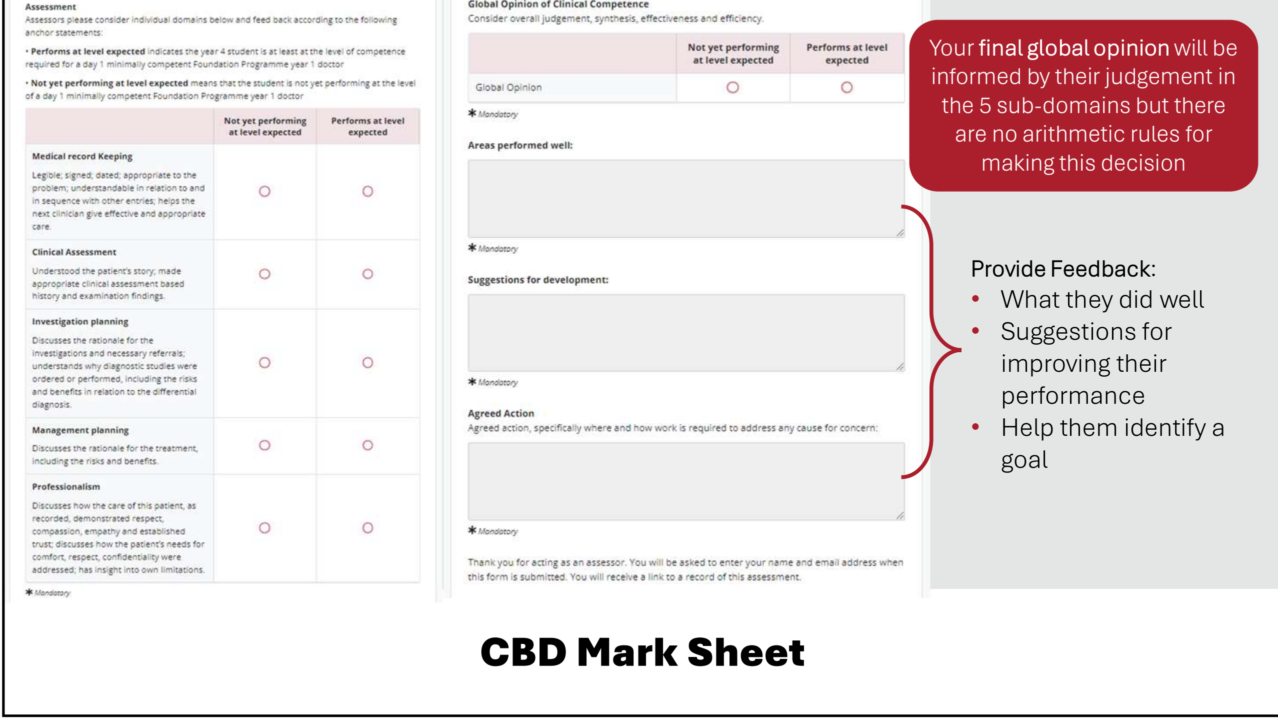
62

Case Based Discussion (CBD)

- Planned event (during / after CBT session)
- Structured discussion led by the student from a clinical case

- The student should bring two potential cases to discuss (professionalism)
- You, the examiner, should select one of these cases for use in
- The discussion centred on the student's own record in the notes.

- Approximately **15-20 minutes** including time for feedback.



Assessment
Assessors please consider individual domains below and feed back according to the following anchor statements:

- **Performs at level expected** indicates the year 4 student is at least at the level of competence required for a day 1 minimally competent Foundation Programme year 1 doctor
- **Not yet performing at level expected** means that the student is not yet performing at the level of a day 1 minimally competent Foundation Programme year 1 doctor

	Not yet performing at level expected	Performs at level expected
Medical record Keeping Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.	○	○
Clinical Assessment Understood the patient's story; made appropriate clinical assessment based history and examination findings.	○	○
Investigation planning Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.	○	○
Management planning Discusses the rationale for the treatment, including the risks and benefits.	○	○
Professionalism Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; has insight into own limitations.	○	○

* Mandatory

Global Opinion of Clinical Competence
Consider overall judgement, synthesis, effectiveness and efficiency.

	Not yet performing at level expected	Performs at level expected
Global Opinion	○	○

* Mandatory

Areas performed well:

* Mandatory

Suggestions for development:

* Mandatory

Agreed Action
Agreed action, specifically where and how work is required to address any cause for concern:

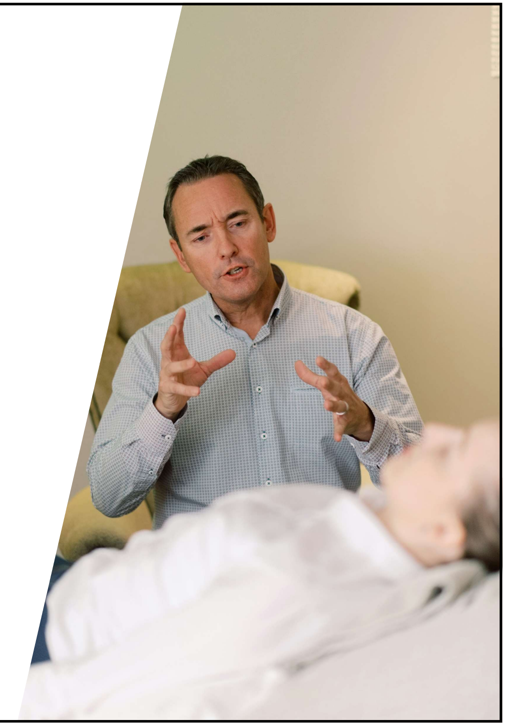
* Mandatory

Thank you for acting as an assessor. You will be asked to enter your name and email address when this form is submitted. You will receive a link to a record of this assessment.

CBD Mark Sheet

Mini-Cex

- A mini-CEX = Direct observation of a student/patient clinical encounter.
- A mini-CEX should take **10-20 minutes** to complete
- Should be planned and agree before what is going to be assessed.
- **You need to get patient feedback** - please get ask away from the student
- *'Would you be comfortable with this student looking after you if they were a newly qualified doctor?'*

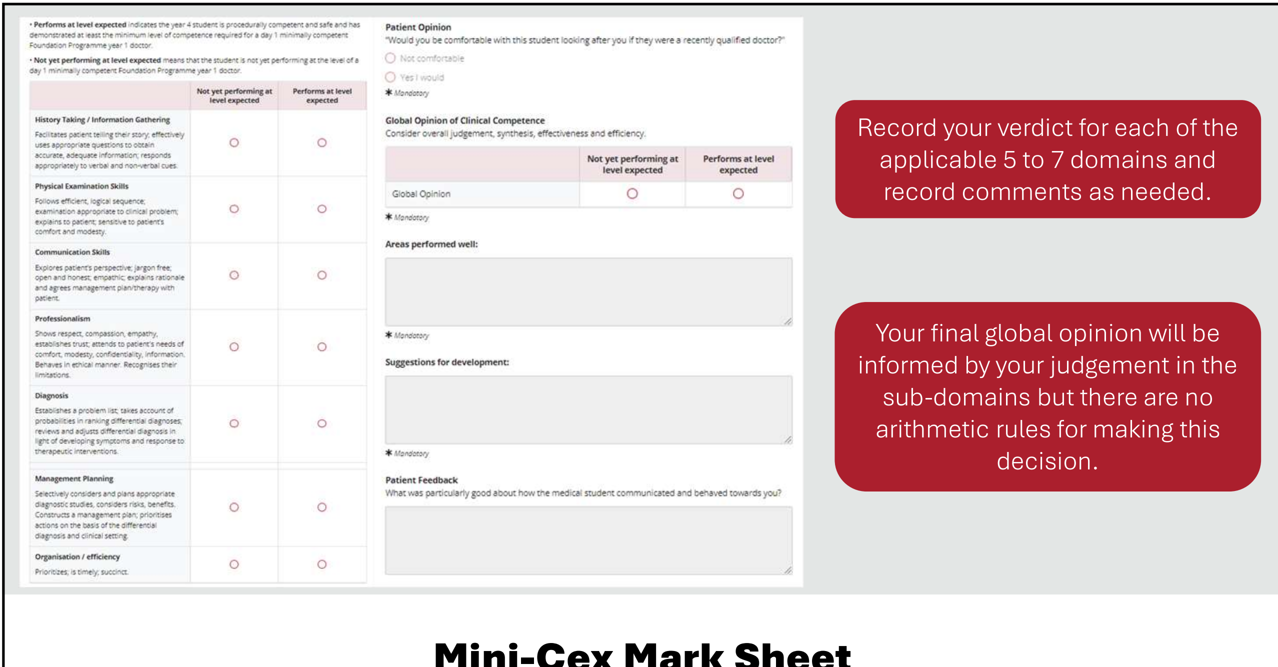


Mini-Cex (7 Domains)

1. History taking/information gathering
2. Physical examination skills
3. Communication skills
4. Professionalism
5. Diagnosis
6. Management planning
7. Organisation/efficiency

Only 5 of these domains must be covered

A mini-CEX might not cover physical examination skills or making a diagnosis



• **Performs at level expected** indicates the year 4 student is procedurally competent and safe and has demonstrated at least the minimum level of competence required for a day 1 minimally competent Foundation Programme year 1 doctor.

• **Not yet performing at level expected** means that the student is not yet performing at the level of a day 1 minimally competent Foundation Programme year 1 doctor.

	Not yet performing at level expected	Performs at level expected
History Taking / Information Gathering Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.	○	○
Physical Examination Skills Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty.	○	○
Communication Skills Explores patient's perspective; jargon free; open and honest; empathic; explains rationale and agrees management plan/therapy with patient.	○	○
Professionalism Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information. Behaves in ethical manner. Recognises their limitations.	○	○
Diagnosis Establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.	○	○
Management Planning Selectively considers and plans appropriate diagnostic studies, considers risks, benefits. Constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting.	○	○
Organisation / efficiency Prioritizes; is timely; succinct.	○	○

Patient Opinion
"Would you be comfortable with this student looking after you if they were a recently qualified doctor?"

○ Not comfortable

○ Yes I would

✱ *Mandatory*

Global Opinion of Clinical Competence
Consider overall judgement, synthesis, effectiveness and efficiency.

	Not yet performing at level expected	Performs at level expected
Global Opinion	○	○

✱ *Mandatory*

Areas performed well:

✱ *Mandatory*

Suggestions for development:

✱ *Mandatory*

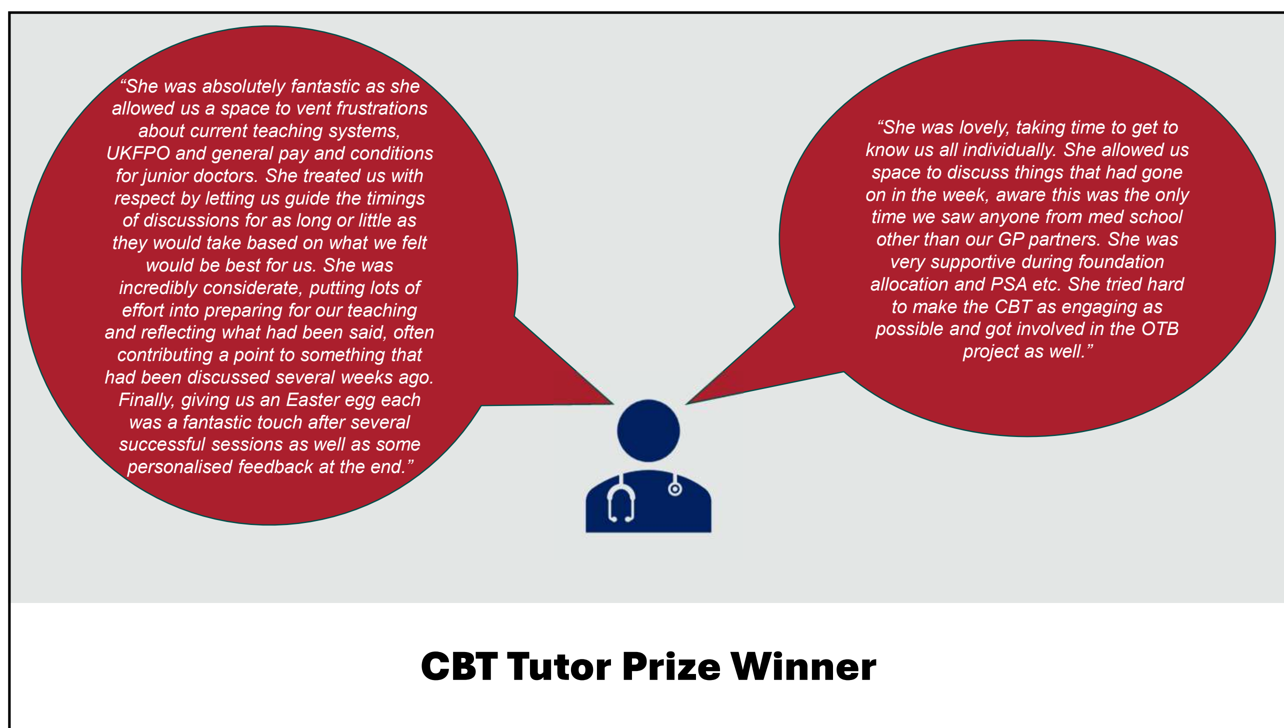
Patient Feedback
What was particularly good about how the medical student communicated and behaved towards you?

Record your verdict for each of the applicable 5 to 7 domains and record comments as needed.

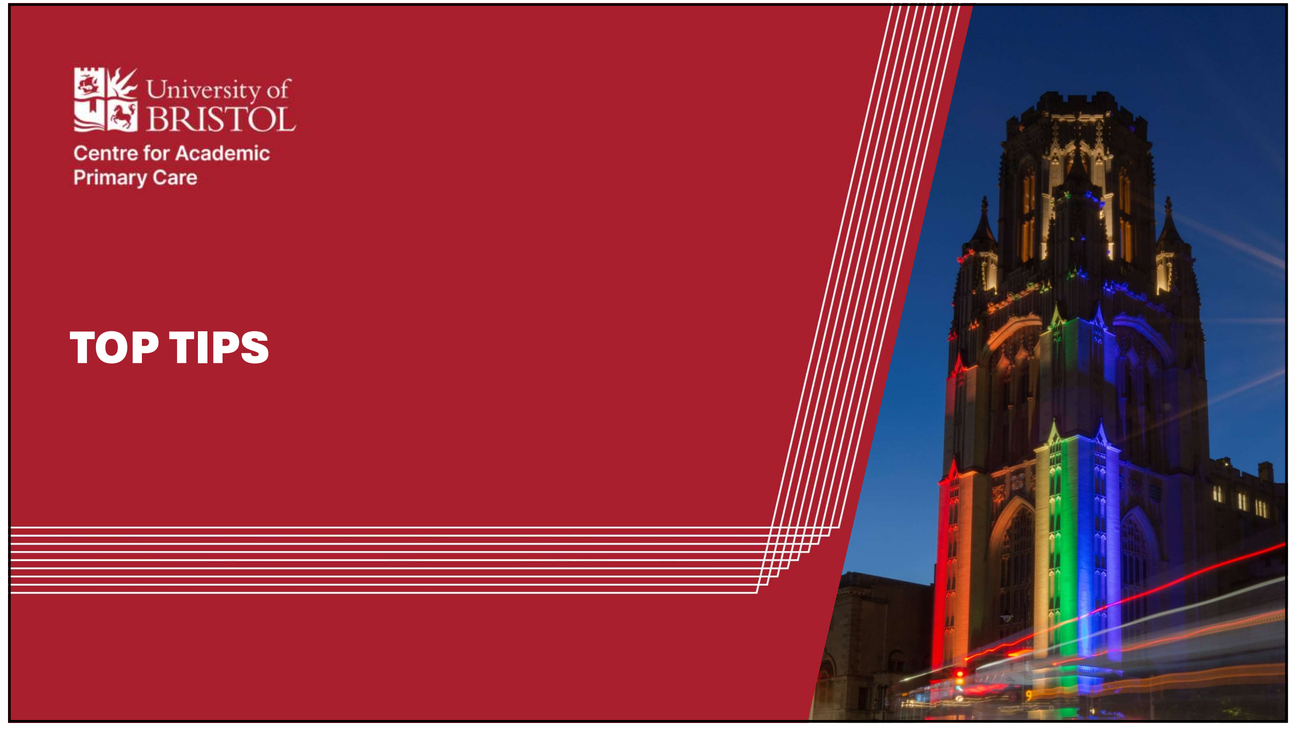
Your final global opinion will be informed by your judgement in the sub-domains but there are no arithmetic rules for making this decision.

Mini-Cex Mark Sheet

Q & A



69

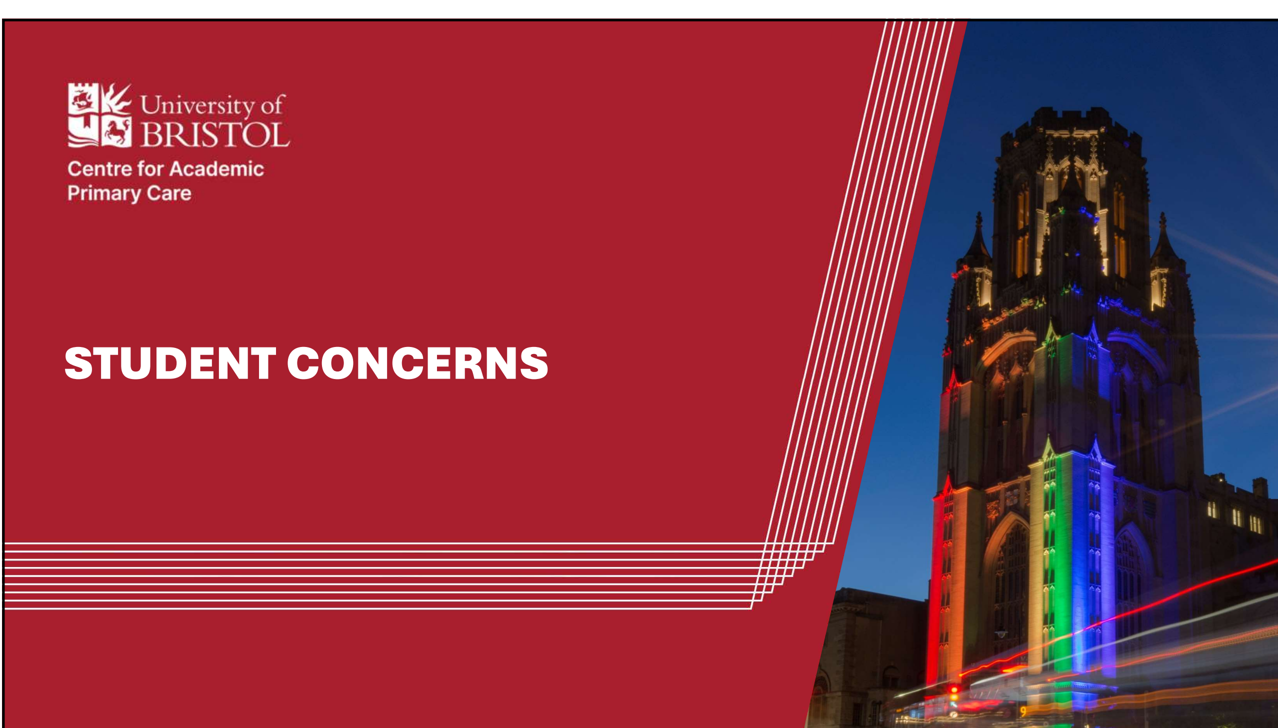


70

TOP TIPS from tutors

- Cake rota
- Weekly feedback for you and adapt teaching based on it
- Establish group rules early on – emphasise value
  - 2.5 hours with a doctor – your time – make the most of it
  - Discuss phone/laptop use
- Spend time on check-in
- 1:1 feedback at end
- Asking students in turn to bring out quieter students
- Doing an OOA project with the students
- In interpreter session don't worry if it goes wrong – use this to talk about how it is difficult in real life
- Bring own stories; your ups and downs in medicines including finance/complaints
- Related learning to clinical anecdotes
- Calling students 'colleagues'
- Honesty – its ok not to know everything – share when you don't know
- Be adaptable to the group – e.g. they might not want both role plays each week. Could role-play a bad doctor and dissect that, you could act as the doctor and they feedback on you.
- Ice-breaker every week
  - Line-up, First paycheck, Favourite holiday destination

71



72

Aims

- Understand common areas of concern
- Understand how to respond to student concerns
- Understand support available for students
- Discuss some student concern cases
- Clarify any queries around student concerns

73

Common Areas of Concern

74

Professional Behaviour

Is this really a pastoral concern?

- Discuss with student
- Let PHC team know via email
- Fill in Student Referral form

Student Referral Form

- Supportive process
- Low threshold to complete
- Facts not opinions – will be shared with student
- <2% end with formal warning
- https://www.bristol.ac.uk/health-sciences/student-fitness-to-practise/

24-25 Student Referral Fitness to Practise data

This form is for use by any University of Bristol or NHS / Academy staff member, University of Bristol student, patient, client or member of the public who feels that a particular student's standard of professional behaviour and/or their state of health is a cause for concern. Please read http://www.bristol.ac.uk/health-sciences/student-fitness-to-practise/ before completing the form, and consider whether it would be more appropriate to raise the concern directly with the student.

Your concern may relate to a number of areas:
1. Relationships with patients – e.g. not respecting confidentiality, being impolite,
2. Working with others – e.g. failing to follow instructions, being disrespectful,
3. Probity – e.g. fraudulent or dishonest behaviour,
4. Learning – e.g. not engaging in administrative or academic requirements of the programme,
5. Health – e.g. concerns about a student's physical or mental well being; a drinking or drugs problem,
6. Cruel or abusive behaviour to animals

Please be aware that the form will be shared with the student so any content should be appropriately worded.

* Required

1. Students name of concern *

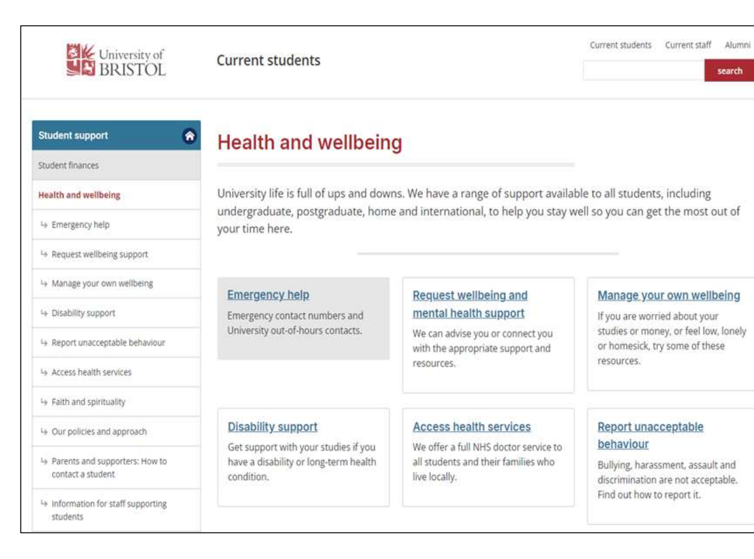
Enter your answer

2. Student Programme of Study *

- Medicine MBChB
- Dentistry BDS
- Veterinary Science BVSc
- Accelerated Graduate Entry Programme (AGEP) BVSc
- Veterinary Nursing BSc

Pastoral/Health

- Discuss with the student
- Email PHC
- Wellbeing referral form
- https://www.bristol.ac.uk/students/support/wellbeing/



77

Knowledge

- Discuss with student
- Email PHC

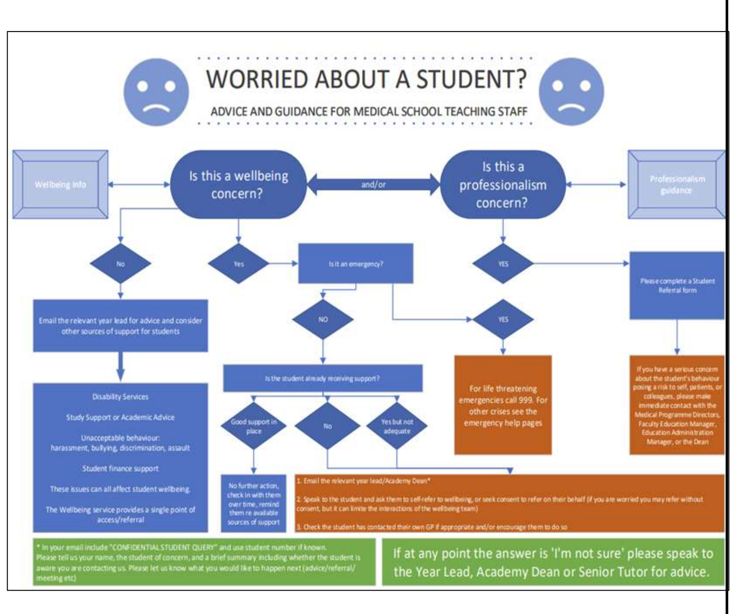
78

Safety/Risk

- Discuss with student
- For urgent and immediate concerns consider 999
- Risk to others but no immediate concern email PHC and ring 011794282987

In Summary

- You are an educator not a clinician
- You are a doctor but not their doctor
- There is lots of support for students and you
- Escalate concerns sooner rather than later (email Phc-teaching@bristol.ac.uk)
- You do not have a duty of confidentiality
- https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/handbooks/stu-support-advice-flow-chart.pdf



Q & A

Professionalism

- It is week 3, one student is consistently late and has never done the pre-session tasks. They contribute when asked but don't seem actively engaged in the session often looking at phone or out the window. They had a vague SSP which mentioned some difficulties with organisation and planning but you emailed them before the first CBT session to discuss this and they said, they didn't think it would be a problem for these sessions and no adjustments needed.

- What are your thoughts?
- How are you going to manage this?
- What could have been done to try and prevent this situation?

What would you do?

- Set expectations and ground rules in first session
- Speak with student 1: 1
- Is something else going on?
- Do they need some support?
- Can you make any adjustments to the session?
- Are there any immediate risks?
- What are their interests?
- Give them a chance to rectify then email phc-teaching@bristol.ac.uk
- Consider student referral form

83

Wellbeing

- You are halfway through week 4, end of life conversations session. You start watching the video on advanced directives and one student walks out of the session visibly upset. You pause the video to find try and find them but they have left the building already.

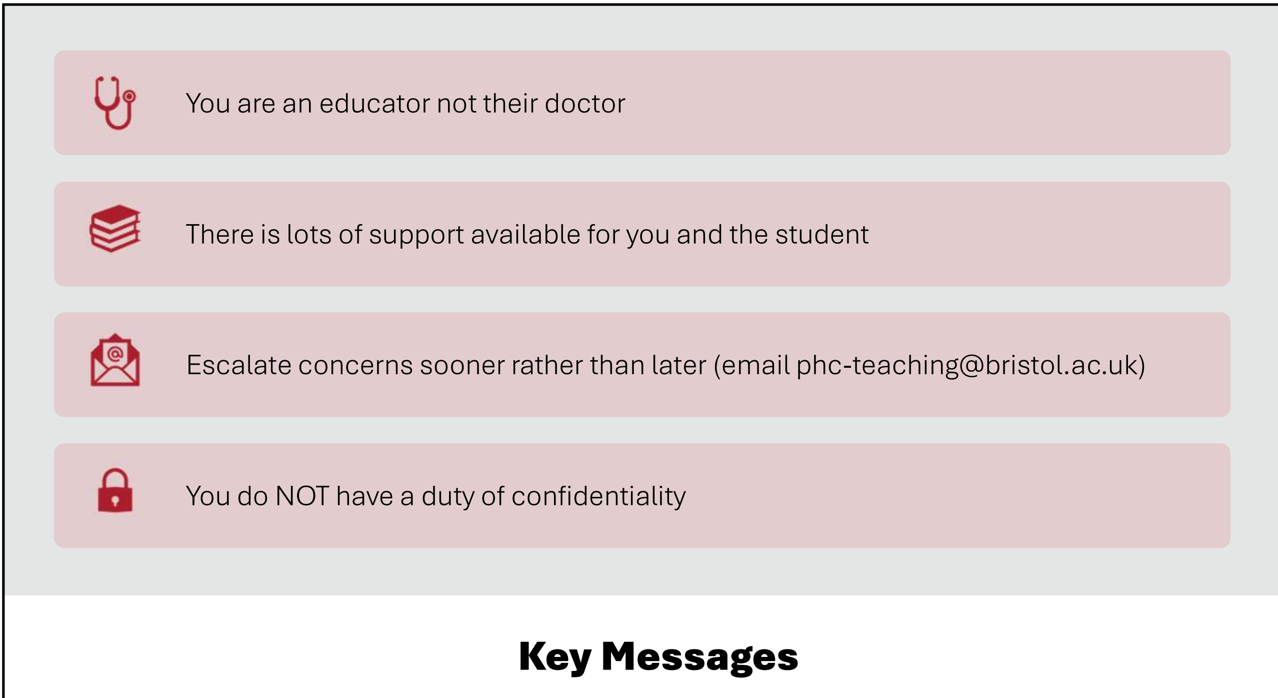
- What are your thoughts?
- How are you going to manage this?
- What could have been done to try and prevent this situation?

84

What would you do?

- Speak with student 1: 1?
- Do they need some support
- Can you make any adjustments to the session?
- Are there any immediate risks?
- Consider content warnings – in ground rules say if you need to leave take your phone and text tutor that you are ok.
- Email phc-teaching@bristol.ac.uk
- Consider wellbeing referral

85



Key Messages

86

87

88

Aims

- Work through a typical CBT session plan
- Share ideas for ice-breakers/groups rules
- Work through a case discussion
- Work through a consultation skills scenario
- Clarify any questions or concerns about delivering a CBT session

89

Session	Content
Introductions 09:00-09:20 14:00-14:20	Ice-breaker Overview of CBT Group rules
Check-in 09:20-09:30 14:20-14:30	Where are you for your placement? Any immediate concerns? A brief outline of the rest of the session.
Common GP Cases/Resources 09:30-10:00 14:30-15:00	Discuss case(s); differentials, management and resources. Share Appendix D resources
Break 10:00-10:10/15:00-15:10	
Remote Consulting Skills, Presenting & Record Keeping 10:10-11:10 15:10-16:10	Introduction /Preparation (10 mins) Role play (10 mins) Feedback and Discussion (10 mins) Presenting/record keeping (25 mins)/Further Discussion (5 mins)
Outside the Box 11:10-11:20 16:10-16:20	Video introduction to Outside The Box Brainstorm different resources / Share Appendix B resources
Reflection and Planning 11:20-11:30 16:20-16:30	Discuss next week's session and expected pre-session work. Make sure you have decided how you communicate with each other. **Feedback** on the session: • Students feedback on the session • Please complete attendance and feedback form online

CBT Week 1: Intro and common primary care consults

Introduction to Cluster Based Teaching and Common Primary Care Consultations

90

Week 1 Aims

- Increase confidence in clinical reasoning to support diagnosing and managing common GP presentations.
- Awareness of useful resources for doctors and patients.
- Awareness of the differences between a remote and face-to-face consultation.
- Understand the benefits and potential pitfalls of telephone/remote consultations with respect to the safe diagnosis and management of patients' problems.
- Reflect on strategies to manage an angry patient
- Review presenting skills and electronic record keeping

Pre-Learning

- Refresh their knowledge of remote consulting by looking through this remote consulting resource for students.
- Refresh your knowledge of how to present a patient effectively by looking at this summary of SBAR.
- Refresh your knowledge of clinical record keeping by completing this sway presentation including reading the UKCCC guide to writing in the clinical record which is linked to this.

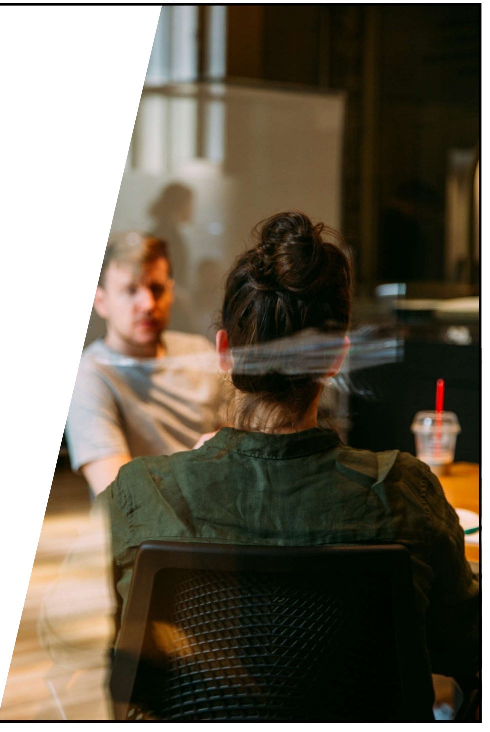
EPAs Linked to Week 1

- EPA 1: Gather a history and perform a mental state and physical examination: If leads the role-play scenario.
- EPA 2: Communicate clearly, sensitively, and effectively with patients and relatives verbally and by other means: If leads role-play scenario.
- EPA 3: Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient. If leads discussion on differentials and appropriate management in consultation or cases.
- EPA 5: Prescribe appropriately and safely. If leads scenario and suggests appropriate prescription, using guidelines/BNF as necessary.
- EPA 6: Document a clinical encounter in the patient record. If completes the EPR task.
- EPA7: Provide an oral presentation of a clinical encounter. If presents the case.
- EPA 11: Collaborate as a member of an inter-professional team, both clinically and educationally: Only one sign-off for the whole of CBT.
- Please note only 1 EPA can be signed off for each individual case/activity.

93

Introductions

- Icebreaker
- Group rules
  - Preparation
  - Presence
  - Purpose
  - Professionalism
  - Participation



94

Check-in

- How is there placement going?
  - Any concerns?
- Any other worries/concerns e.g exams
- Highlight primary care handbook on blackboard
- Highlight weekly session plan and expectations of pre-learning
- Anything specific they want to cover today?

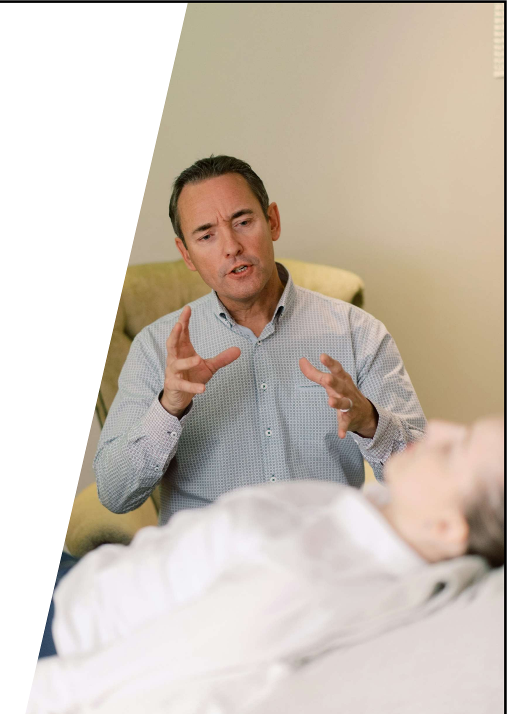
Cases and Resources

- Encourage students to bring cases each week
  - Allocated vs ad-hoc
  - Could use to sign off CBD
- As this is first week, we have pre-prepared some typical primary care cases based on real patients
- Focus on diagnosis and management
- Signpost to useful resources

9am (appointment)	67-year-old man, knee pain
	10 minute catch-up
9.40am (telephone)	46-year-old women. Would like test for menopause
	10 minute catch-up
10.20am (appointment)	36-year-old man. Red Eye

Case A
67-Year-Old With Knee Pain

- Retired male builder
- Left knee pain intermittently for a few years
- Last 3 weeks worsening pain
- Walked in with antalgic gait



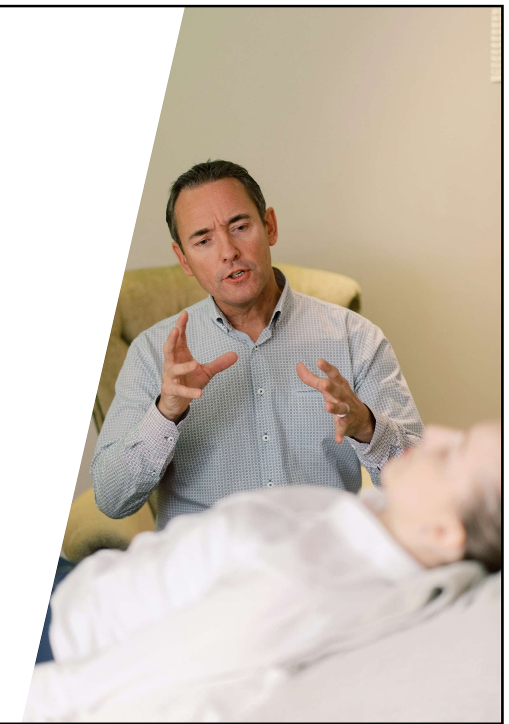
Skip Case A

What Further Information Would You Like?
History of presenting complaint…

- No injury
- No swelling of the knee /Knee not red or hot
- Pain worse on walking – struggling to manage shopping and getting up from a chair
- No other joint pain / No fever
- Has been taking paracetamol and ibuprofen OTC which normally helps
- Similar to previous pain but worse and normally doesn't last this long
- No weakness, numbness, tingling of leg / No locking or giving way
- No night pain
- Had an x-ray 3 years ago which was suggestive of OA
- Was given some exercises to do – hasn't really helped

What Further Information? PMHx/DHx

- Pmhx – Hypertension, Type 2 diabetes
- Dhx – Ramipril 10mg, Amlodipine 5mg, Atorvastin 20mg, Metformin 500mg BD.
- NKDA
- BMI: 38



What are the Differential Diagnoses?

- Flare of OA
- Meniscal/cartilage injury
- Gout
- Referred pain from hip
- Need to consider and exclude septic arthritis, malignancy, fragility fracture

What options do you have for managing this patient?

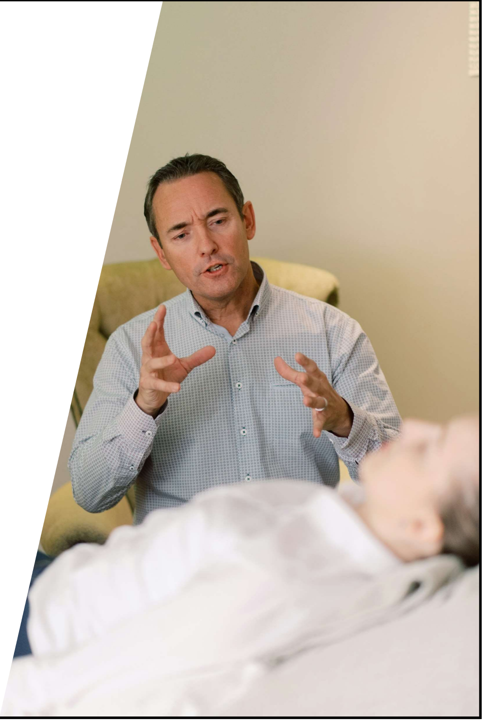
- Could repeat x-ray – what are the indications?
- If there is diagnostic uncertainty/ To exclude alternative conditions.
- If there is a sudden clinical deterioration in symptoms

- No indication for MRI > 50 yrs if signs of OA / No indication for acute knee clinic
- Refer physio
- Corticosteroid injection
- Refer to MSK service for consideration of surgical options
- Weight loss advice – what services are available locally?

101

What Happened?

- Seen by FCP who injected knee and referred to physio
- Minimal benefit from injection and after 6 months of physio so referred to MSK interface who referred to orthopaedics.
- Seen by orthopaedics who felt anaesthetic risk too high so advised weight loss.
- At this point he was taking co-codamol 30/500, 8 tablets a day, topical NSAID and pain was severely impacting QoL.



102

What options do you have now?

- Refer for tier 2 weight loss program – discuss what available locally
- Refer for tier 3 weight management services. BMI>35 and co-morbidities
- https://remedy.bnssgccg.nhs.uk/adults/weight-management/weight-management-tier-3-4-service-bnssg/
- Trial of capsaicin cream
- Refer to pain clinic
- https://remedy.bnssgccg.nhs.uk/adults/pain-management-and-mecfs/persistent-chronic-pain/

Consultation skills sessions

- Remote consultation: angry patient with rash on hands
- Actor will play patient for this session
- Ask a student to volunteer to be 'student doctor'
  - Each student should have at least 1 go at being doctor during the 9-week block - keep a record
- All students should contribute to feedback – allocate roles
- Ask one student to take notes in order to present case using SBAR
- Ask one student to make electronic notes using proforma

Feedback

- Ask student doctor what went well, what they think can be improved
- Ask other students and actor to feedback
- Use specific phrases
- Brainstorm different ways of approaching the situation
  - Re-run parts of consultation if necessary
- Summarise key things they did well and a couple of things to work on
- Focus on consultation skills initially
- Use scenario to highlight key differences between remote and face-face consultations and how to manage an angry patient – see tutor notes
- Time allocated for clinical discussion after

Outside the Box

- Play intro video
- Get students to express thoughts and share idea
- Share resources list
- Set goal to choose topic and share by session 3.

Reflection & Planning

Reflection
- Signpost to student reflection tasks

Feedback
- Key learning point
- What worked well
- What could have been better

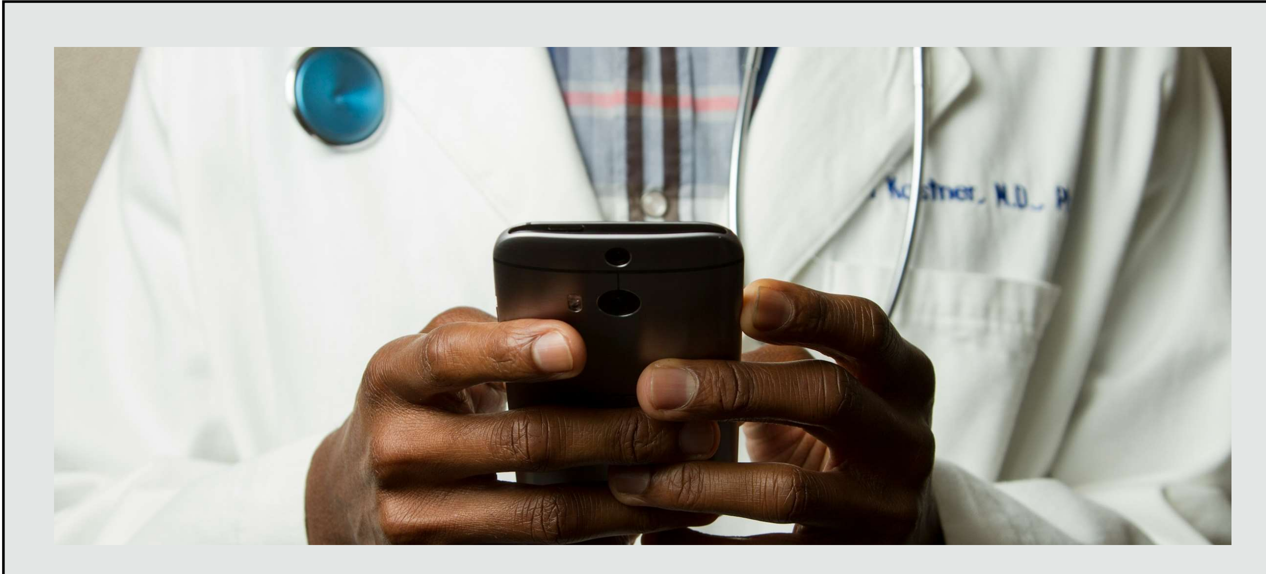
Planning
- Discuss session plan for week 2 – is there anything they would like to cover?
- Highlight pre-session work
- Encourage to bring interesting cases to discuss
- Discuss how you want to communicate
- Consider a snack rota

Complete attendance and feedback form

107

Q & A

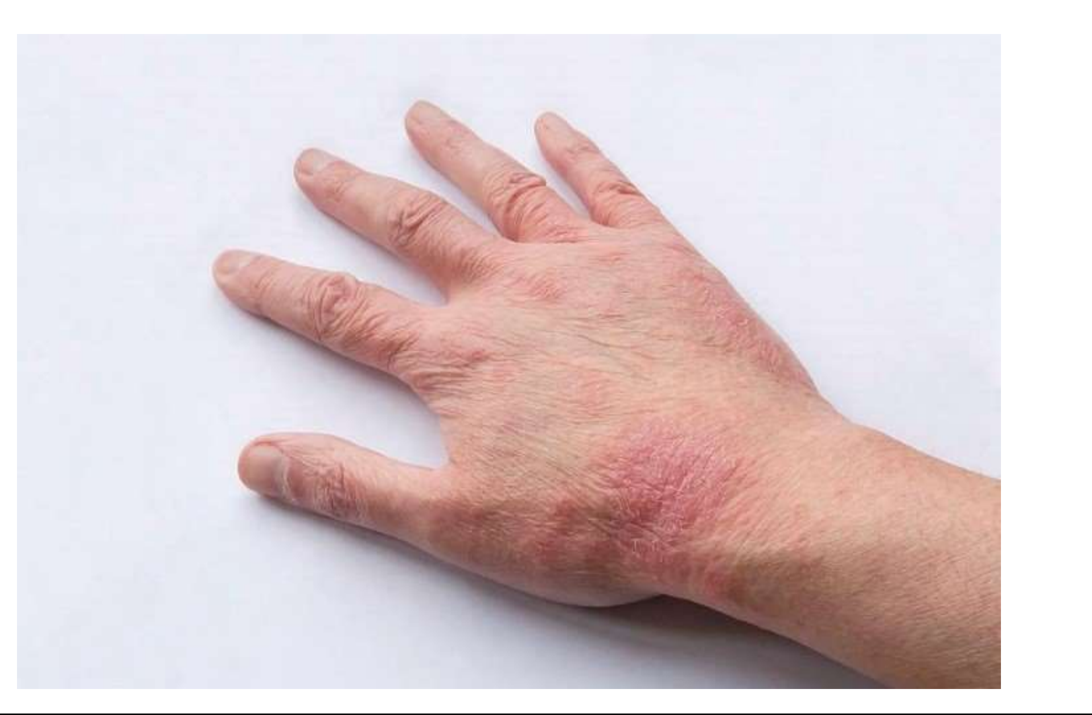
108



Consultation Skills Scenario

Consultation Skills Scenario

- You are a 5th year medical student. Your next patient Nick/Nicola Harris is for a telephone triage consultation. He/She is 35 years old. He/she does not consult her GP often. His/her last consultation was 8 months ago with hay fever. The computer screen says, “Has had a rash on her hands for the last year, getting worse”.
- Please conduct a telephone consultation with Mr/Ms Harris. You were held up with your previous patient who was suicidal and needed to arrange an emergency assessment, so you are 30 minutes late calling this patient.



Remote consulting - differences

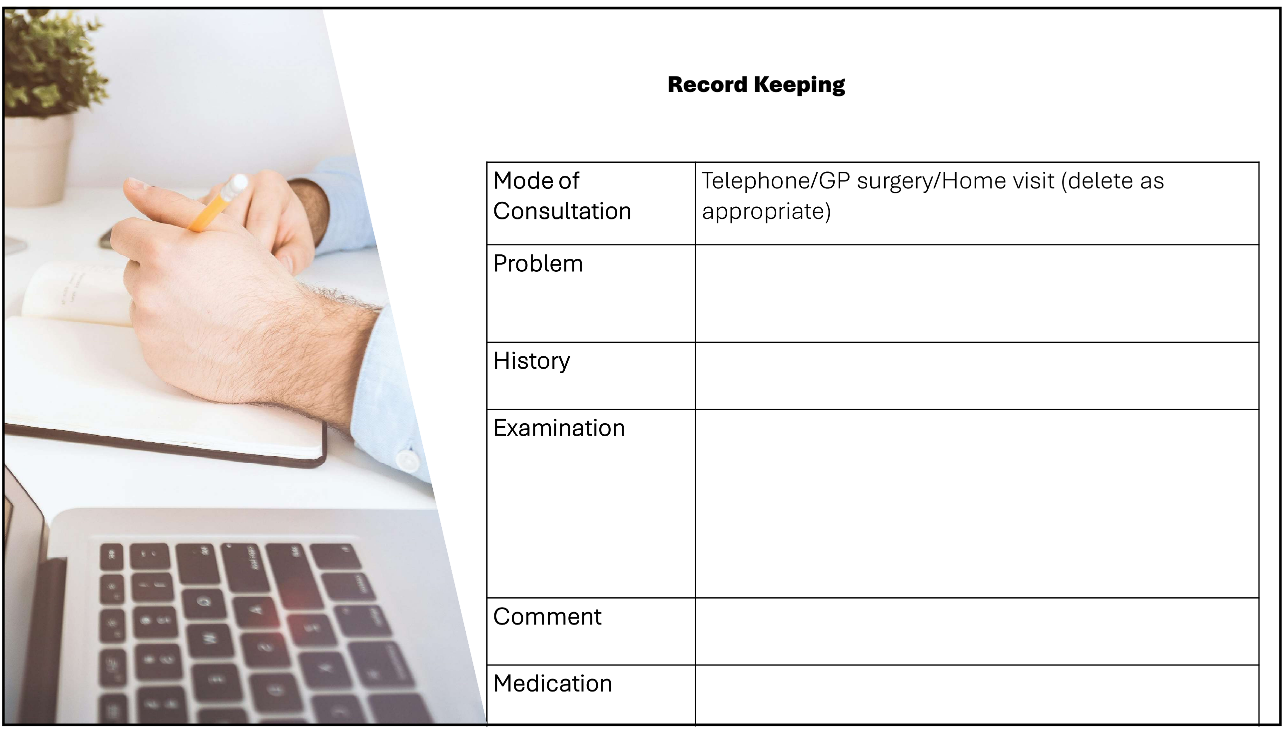
- More comprehensive ID checking to ensure you are talking to the correct person
- Confirming the patient is ok to talk – Can they hear you? Do they have time, a private space, do they need to pull over if driving?
- Recognising para-verbal cues rather than visual cues (Rate and speed of speech, volume and tone, expression, hesitation)
- Increased importance of an early empathic statement as harder to gain rapport with patient over the phone
- More explicit verbal confirmation of patient understanding as no verbal cues
- Verbal confirmation from patient that they happy with plan
- Explain any silences

Situation	• Introduce yourself (name, role) • Brief summary of patient (age, presenting complaint and location) • Reason for presenting case
Background	• Relevant history • Include relevant positives and important negatives
Assessment	• Relevant clinical findings, results and investigations • Differential diagnosis • Overall impression
Recommendation	• Proposed management plan • Follow up and Safety Netting • Clarify expectation of response

Presenting Using SBAR

Example Presentation

- *Situation: My name is 'x'. I am a 5th year medical student. I am presenting a patient I have just had a telephone consultation with as part of my student-led surgery. Mr/Mrs Harris is a 35 yr old male/female with a one year history of a new itchy dry red rash on the back of her hands. I would like to discuss the management of this patient.*
- *Background: The rash on his/her hands has been getting progressively worse over the last year. He/She has no rash elsewhere and no nail changes. He/She has a 1 year old child and has increased hand washing since their birth. He/She has tried treating with OTC moisturisers. His/Her past medical history includes hayfever and He/She has a family history of psoriaisis. He/She is on no other medications and has no allergies.*
- *Assessment: I reviewed a photo of the rash which showed several diffuse patches of erythema and dry skin. There was no scale, crusting or weeping. My differential diagnosis is eczema, psoriasis or a fungal skin infection. Given the duration and appearance and distribution of the rash along with the history of increased hand washing and hayfever, I think this is eczema. Psoriasis is less likely as there is not scaling, he/she has no nail changes or scalp involvement and there are no other skin areas involved. The distribution is not typical of a fungal infection and I would have expected this to have spread more rapidly over the year. Although it has worsened it is dry with no signs of crusting or oozing so I don't think it is infected.*
- *Recommendation: I would treat this with a moderate potency steroid for 7-10 days. I would advise to replace soap with an emollient and also use this after washing and regularly throughout the day. I would advise to follow up if no better after treatment or sooner if spreading redness or any oozing or crusting. Could you please review the photo and advise if you think this is a suitable management plan.*



Record Keeping

Mode of Consultation	Telephone/GP surgery/Home visit (delete as appropriate)
Problem	
History	
Examination	
Comment	
Medication	

115

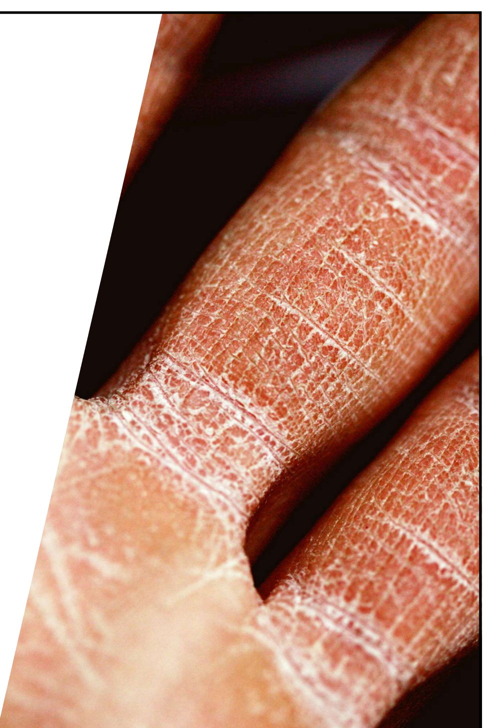
18-Sep-2023 15:12	Telephone consultation
Problem	**Eczema** *(First)*
History	seen by Max Brown medical student supervised by Dr Green itchy rash both hands for a year washing hands a lot has tried moisturisers history of hayfever no scalp or nail changes or rash elsewhere concerned could be psoriasis as uncle has
Examination	picture sent by patient attached red dry cracked skin on dorsum of hand no ooze crust or evidence of infection
Comment	discussed eczema agreed moisturisers and reduce use of soap trial short course of steroid cream 1 weeks discussed application follow up 1 week sooner if worsening spreading redness oozing or crusting sent link to https://patient.info/skin-conditions/atopic-eczema
Medication	Betamethasone valerate 0.025% cream Apply Thinly Once A Day to rash for one week 100 gram

Example EPR

116

Discussion of clinical management of Eczema

- Which emollient/steroid would you prescribe?
- Do you know about different preparations of emollient/steroid ladders?
- Fingertip rules
- What guidelines would you use?
- What would you do if the patient came back because their rash was no better?
- How would you know if this was infected?
- If you are sure the eczema is not infected, but it cannot be controlled what would you do next?



117

Summary

- Read session plan!
- Check IT working
- Remember it is only a guide – you do not need to cover everything
- Follow students' interests
- Bring own cases
- Complete the attendance form on the day of the session
- Contact us at phc-teaching@Bristol.ac.uk with any questions or concerns

118

119

120

Challenges

- Have you had any challenges during your CBT sessions?
  - What was the scenario
  - How did you manage it
  - Anything you'd do differently in the future

Dynamic between CBT tutor and GP supervisor

Student A is always on time and well prepared, you have been impressed with their contributions in CBT.

They contact you prior to a session to tell you they did a cased-based discussion with their GP tutor, but they didn't feel fully listened to and they weren't sure they agreed with their GP tutor's management plan. They would like to discuss the case with you.

- What are your thoughts?
- How are you going to manage this?

What would you do?

- Speak with student 1: 1?
- Do they need extra support. How is the other student finding it?
- Offer for them to present the CBD to the group?
- Encourage student to take ownership and go back to tutor
- Second opinion from another GP in the practice

- Email phc-teaching@bristol.ac.uk - we can see if issues before / discuss with GP tutor.

Placement Issues

Its week 3 and one student pair haven't brought a patient case with an abnormal result that they had been asked to. They said they aren't getting much patient contact. They are mostly observing other GPs and sitting in with allied health care

- What are your thoughts?
- How will you manage this?

What would you do?

- Find out more information - Speak with student pair
- Direct them to the course expectations in the handbook – many have not read!
- Get other students to share their experience
- Encourage the students to speak to their tutor - often resolvable
- If week 3,6,9 the student can feedback on their feedback form.
- You or the student email phc-teaching@bristol.ac.uk and we can talk to student/practice - we sometimes send out generic emails if student worried about us contacting practice

Over-bearing student

Student B is a keen-bean. They are always on time, come well-prepared and have lots of clinical cases to discuss. Even when asking about how the week has gone, they can happily chat for 25 minutes.

You notice when they are contributing other students can look disengaged and are rolling their eyes. If you try and shorten their answers Student B looks upset and hurt.

- What are your thoughts?
- How are you going to manage this. Think of specific phrases you might use?

What would you do?

- Clear ground rules at the beginning
- Allocate roles rather than asking for volunteers
- Explain that due to time pressures you'll have to limit answers to hear from everyone – being succinct is a good skill to learn!
- Offer time after the session/in break to hear more from them

Poor knowledge

You are half-way through your CBT sessions. Student C turns up on time and is happy to provide feedback to other students. They brought a patient case in week 3 with blood results. They had misinterpreted the results and seemed to have a poor grasp of what was going on, but they said it was because they hadn't had time to fully look at it. This week they are the doctor in the role play. Your observation is that they are far behind their peers in their consultation skills; they lack structure and struggle to formulate a management plan. The student says they are pleased with their performance, and their student colleagues said they did well.

- What are your thoughts.
- How are you going to manage this. Think of specific phrases you might use.

What would you do?

- Document specific examples
- Discuss 1:1 with the student, anything else going on?
- Email phc-teaching@bristol.ac.uk (we can triangulate – GP, past performance, other placements)
- Option to extend / another placement
- Supported FY1 placements

Quiet Group / Student

Your now on week 5 of CBT. You seem to have a quiet group in general who don't seem to 'get the point' of CBT. Additionally, one student doesn't like to participate at all, despite you talking to them separately to try and find strategies to help. They were meant to lead the role play today, but then say in front of the whole group that they are not feeling well and don't want to be the doctor today. The rest of the students say they don't really like role play and perhaps you should give it a miss today.

- What are your thoughts?
- How are you going to manage this. Think of specific phrases you might use?

What would you do?

- Set clear ground rules / expectations in first session
- Find out what is going on for students at the moment
  - Are they doing PSA – shall we focus on prescribing aspects?
- Consider how you frame the sessions / active observation of the role play
  - Rename 'consultations skills challenges'
  - Link to clinical anecdotes
  - Empathise with students but highlight benefits from experience
  - Give everyone a role to increase participation
- Adapt the sessions to the groups needs
  - Demonstrate role play yourself
  - Do group consultations
  - Use your own cases
  - Link to EPA/MiniCex
- 1:1 with the student not wanting to role play – is there underlying wellbeing/knowledge issue?
- Email phc-teaching - ? Concerns in placement too

131

Summary

- Get to know your students, consider brief 1:1 to identify any issues early on
- Set expectations and ground rules
- You are their facilitator not their doctor or supervisor
- There is 2 weeks for 'remedial teaching' at the end of year 5
- If concerns discuss with us at phc-teaching@bristol.ac.uk - we can triangulate feedback

132

https://forms.office.com/e/renRCamTbJ

We Value Your Feedback