University of BRISTOL
Centre for Academic Primary Care

GP5

GP5 WORKSHOP 2024/25

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Schedule of the Day

09:00	Coffee and registration	Mel/Sam
09:15	Welcome, Update and Feedback	Veronica/Lizzie/Karen
10:15	Student Concerns	Veronica/Lizzie/Karen
11:00	Coffee	
11:20	Sharing best practice/Top tips	Small Groups
11:40	Assessment	David Rogers
12:20	Giving Feedback using Cog Connect	Juliet Brown
13:00	Lunch	

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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

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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

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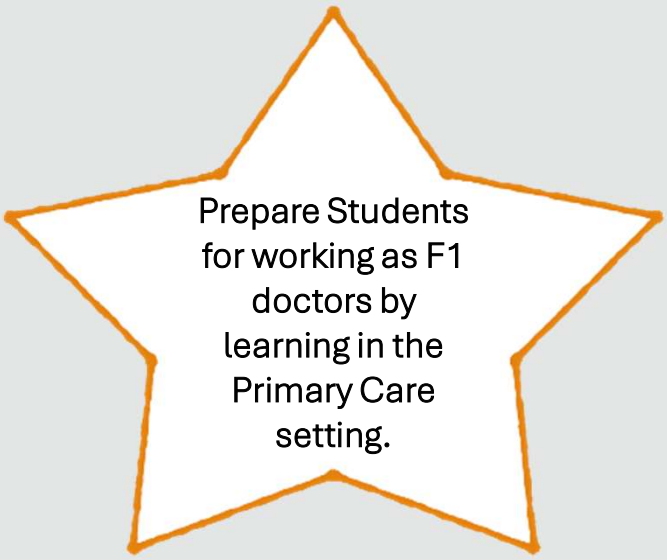

Aim of GP5

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What Do GP5 Students Want?

- Welcoming
  - Made to feel part of team
- Well organized
  - Timetabled teaching
- GP tutor
  - Enthusiastic, supportive and caring
- Consulting with patients
- Being observed
  - Feedback/ assessments
- Clinical skills practice
  - Complete CAPs logbook.

"Went in anticipating not enjoying GP, having never done in the past. This was the first time I've enjoyed a GP placement. The system is well run, and the GP tutors are incredibly accommodating and make a lot of effort to create time for you. A healthy, safe and encouraging environment to learn in."

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What do GP5 students not like?

- Observing
- Long lunch breaks
- Not being challenged/repetitive presentations
- Not feeling supported or part of the team

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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

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	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*	Lunchtime Activity *12:00-13:00*		Break *12:00-12:30* Lunchtime Activity *12:30-13:30*	Project *12:00-13:00*
	Project *13:30-14:00*			Project *13:30-14:30*	
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 day working week (6 scheduled sessions)

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	Monday	Tuesday	Wednesday (Out of Practice)	Thursday	Friday
AM	Student-led Surgery *09:00-12:00 including admin/patient follow up*	Private study	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*	Private study		Break *12:00-12:30* Lunchtime Activity *12:30-13:30*	Break *12:00-12:30*
	Project *13:30-14:00*			Project *13:30-14:30*	Project *12:30-14:00*
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*	Student-led Surgery *14:00-17:00 including admin/patient follow up*

Example Timetable

3 day working week (6 scheduled sessions)

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Lunch Times

- Home visits/ Housebound reviews
- Practice meetings
- Student project – 2hrs per week
- Assist with admin – referral letters, processing docman
- Mini HCA clinics
- Review care plans, medications reviews
- Pick off duty list
- Prepare for cluster teaching

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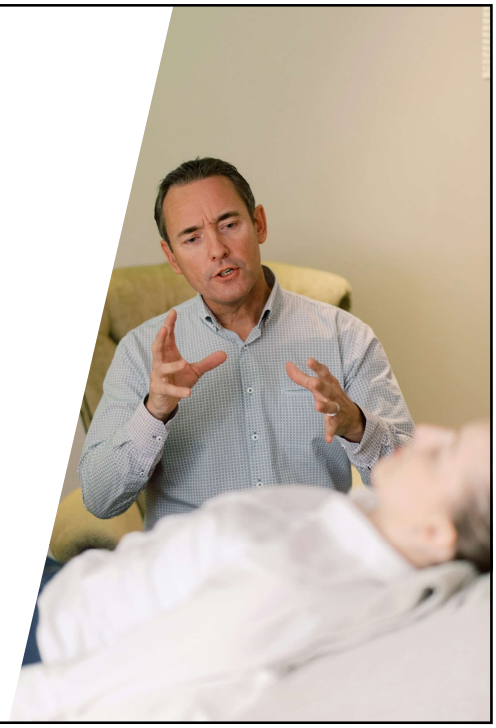
Student Clinics

- Start with 4-5 patients x 30-45 minute appts +/- catch-up slots
- New problems
- Gradually increase the number of patients/reduce length of appointment
- Minimum of 2 sessions of individual clinics
- Assist with at least one duty surgery



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Student Clinics

Time	Student	GP Tutor
09:00-09:45	Patient 1	2 x consults Review student's patient
09:45-10:30	Patient 2	2 x consults Review student's patient
10:30-11:15	Patient 3	2 x consults Review student's patient
11:15-12:00	Patient 4	2 x F2F consults Review student's patient
12:00-12:30	Admin and patient follow up	

09:00-09:20	Student consults patient
09:20-09:30	Student presents patient to GP tutor and discusses plan. GP tutor reviews patient
09:30-09:40	Student explains diagnosis to patient and discusses management
09:40-09:45	Student completes record keeping. Checked by GP tutor before saving in records.

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Joint Surgery

- **WEEKLY - Whole session blocked**
- Observe students consulting
- Students observe you consult.
- Complete Minicex /CBDs
- Discuss complex cases
- Discuss pre-learning for CBT
- Check progress with EPAs / project
- Review placement / learning needs

Time	Activity
14:30-14:50	Students observe tutor consulting
14:50-15:10	Students observe tutor consulting
15:10-15.40	Catch up – Discuss EPA's, project, complex cases.
15.40-16.20	Student A consults (complete mini-CEX)
16:20-17:00	Student B consults (complete mini-CEX)

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Student Initiated Project

- Schedule a minimum of 2 hours per week over lunch.
- Formative mark sheet
- Students have a handbook
- Something that interests the student and/or is beneficial for the practice
- **Intro talk online 1-1.45 first Tuesday of placement**

"The students reviewed high salbutamol users and discussed converting to MART therapy and changed patients on low dose steroid MDI to DPI's. This helped with our IIF project work on inhalers, improved patients control as well as improving sustainability"

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Project Idea Examples - Brainstorm

- Audits
  - Statin prescribing to eligible patients
  - HRT – progesterone cover
  - Gestational diabetes – annual HBA1c
  - Checking patients with increased alcohol intake have had lifestyle advice and Fibroscan
- Patient Leaflet / AccuRx
  - Sleep hygiene, Ankle rehabilitation. Local exercise classes, sick day rules
- Quality Improvement
  - Removing barriers and increasing uptake of cervical screening
  - Reasonable adjustments for LD
  - Cancer care reviews
- Teaching Session to Staff
  - Coding dictionary to admin staff
  - Basic test interpretation
- Third Sector
  - Visit local primary school, talk about 'being a doctor'

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Cluster Based Teaching

- Every Wednesday
- Small groups of 4-8 students

- Aims:
  - Meet with colleagues to share experiences and learning
  - Reflect on patient cases
  - Develop advanced consultation skills
  - General Practice as a specialty and potential career option

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Cluster Based Teaching Topics - Prelearning

Week	Topic	Student Pre-work
1	Introduction	Find out about the practice
2	Urgent care	Look at communication from 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

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Out of Hours Session

- 1 four-hour session during placement
- Weekday evening or weekend
- 1 session in lieu
- Aim:
  - Gain insight into how the out of hours system works
  - Gain some experience of assessing and managing acute presentations

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Prior to Placement

- Read GP5 tutor Guide
- Who is doing teaching?
- Contact Students - few weeks in advance
- Set up computer access
- Get a set of equipment ready

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First Day

- Introduction
- 1:1 meeting
  - Review SSP (Student support plan)
  - EPAs / CAPS logbook
  - Student project
  - Timetabling
- Joint surgery
  - Mini-Cex

"Completing a MiniCex on the first day was a great way to get the ball rolling and helped me quickly assess their confidence levels and what we needed to work on throughout their placement."

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Check In	Debrief	Check Out
• Hello and welcome • Icebreaker • Plan for the morning	• How did it go? • Learning points? • Learning needs? • Plan for lunch/afternoon	• How did it go today? • Concerns? • What was learned? • What sticks out? • Planning for the next day

Typical Day

3 Contact Points

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Attendance

- Minimum requirement of 80% attendance.
- GMC require 40 hours weekly attendance including self-directed study.
- Attendance checked centrally at end of week 3, week 6, and week 9.
- Allowable absences

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Flexible Annual Leave (FAL)

- **NEW**Maximum of 2 days from GP placement
- 4 weeks' notice required, or leave will be unauthorised absence.
- Should not overlap with any essential teaching (sign offs, etc)
- No FAL can be approved for Cluster Based Teaching (Wednesdays)

- Exception for 5 consecutive days, needs approval centrally from PHC.
- If you do approve leave, please let us know via phc-teaching@bristol.ac.uk.
- FAL is recorded on attendance forms and checked at end of placement
- Absences: Students need to log all absences with the University, this includes FAL and sick leave.

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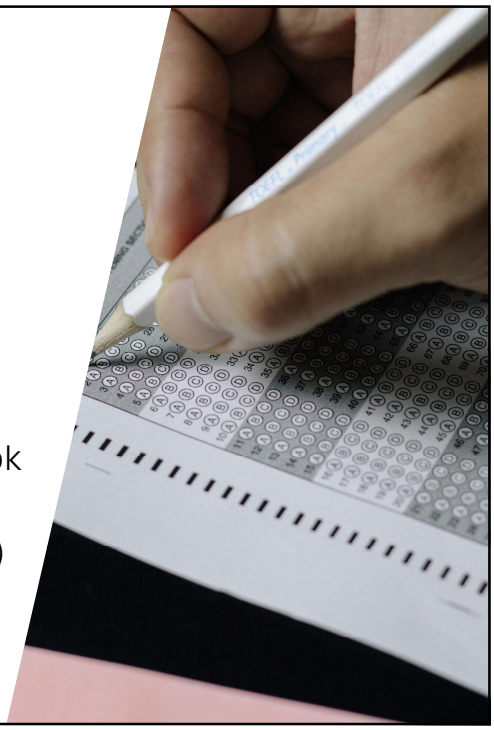
Assessment

- Satisfactory Engagement
- Satisfactory Attendance (80%)
- **NEW** 2 MiniCex (1 in block C)
- **NEW** 2 CBD (1 in block C)
- 1 TAB (NOV-APR only)
- Clinical and Procedural Skills (CAPS) logbook – (ALL) now online
- 16 Entrustable Professional Activities (EPAs)
- Recorded on Assistantship Progress Review form



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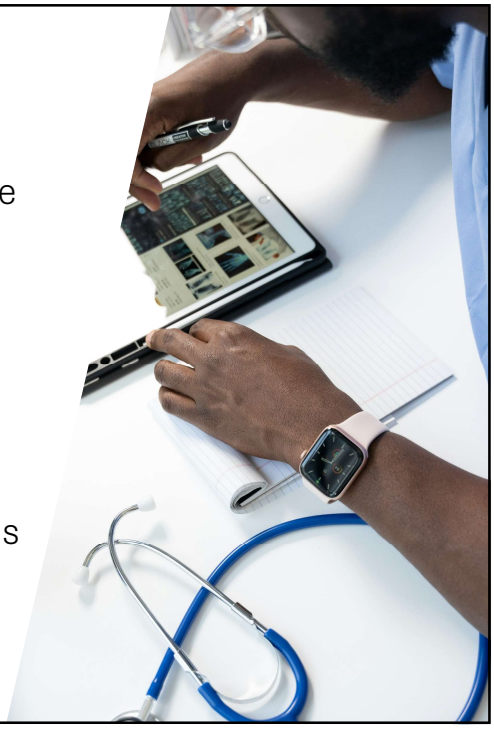
End of Placement/APR

- Final joint surgery - Mini-CEX can demonstrate progress
- 1:1 Feedback - learning goals for next rotation/first job
- Assistantship Progress Review form (30 minutes)
- Mark/Discuss student's project if not done already
- Ask students to complete feedback form – this is how we get feedback for you!
- Complete attendance and payment form



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Placement Feedback

- We will be asking you and your students for feedback at the end of week 3, 6 and 9.
  - Opportunity to raise any concerns
- If you have any concerns, please raise them ASAP with us
  - phc-teaching@bristol.ac.uk

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Student Prizes

- Monetary award
- Can count for additional points on future job applications
- Criteria
  - At least 90% attendance
  - Excellent performance and engagement
  - Excellent patient and colleague feedback
  - Presented outstanding project work
  - Went above and beyond what is expected

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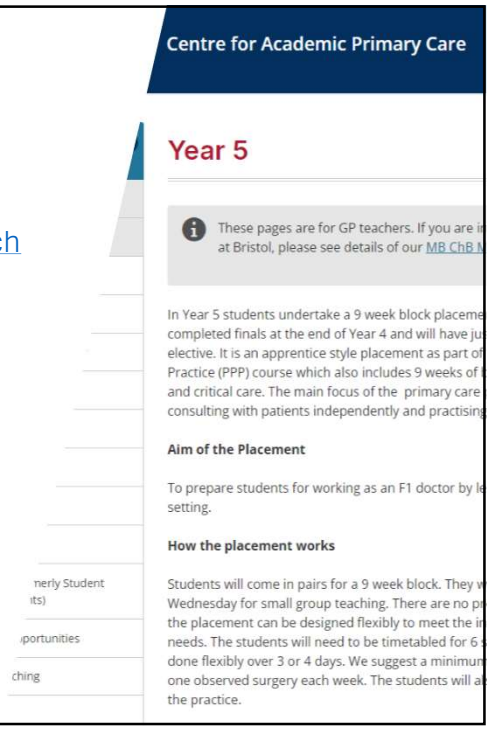
Further Information

- Year 5 GP Teaching Guide and website
  - https://www.bristol.ac.uk/primaryhealthcare/teaching/teaching-in-practice-by-year/five/
- Mandatory introduction presentation for students on **first Tuesday in practice over lunchtime (13:00-13:45)**

  Presented via Teams
  - Stream A: 5 November 2024
  - Stream B: 14 January 2025
  - Stream C: 18 March 2025



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Q & A

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Student Concerns – Key Messages

- You are an educator not a clinician
- You are a doctor but not their doctor
- Student support plans exist
- There is lots of support for students and you
- Escalate concerns sooner rather than later (email PHC)
- You do not have a duty of confidentiality

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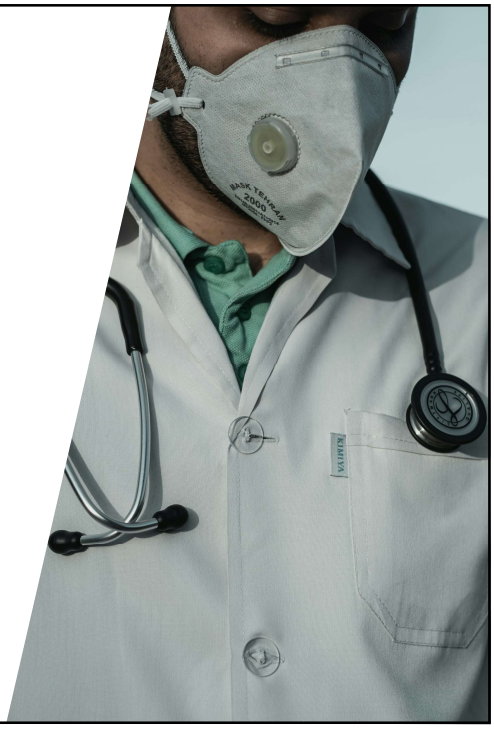
Common Areas of Concern

- Professional behaviour
- Pastoral/ health
- Knowledge
- Safety and risk



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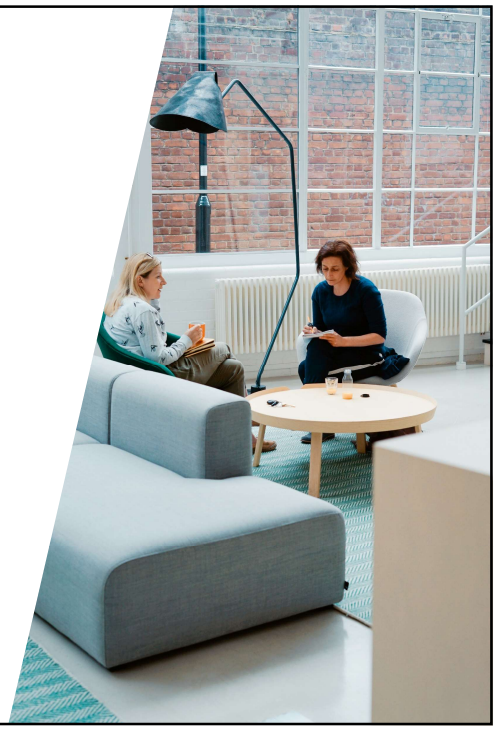
Professional Behaviour

Is this really a pastoral concern?

- Discuss with student
- Let PHC team know via email
- Fill in FTP concern form



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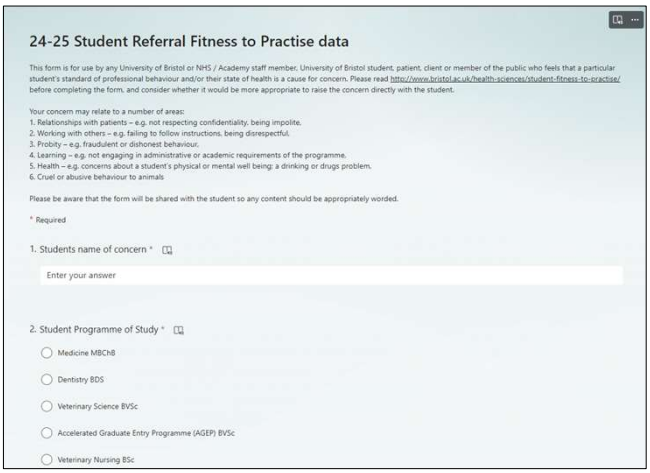
Student Referral Form

- 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/



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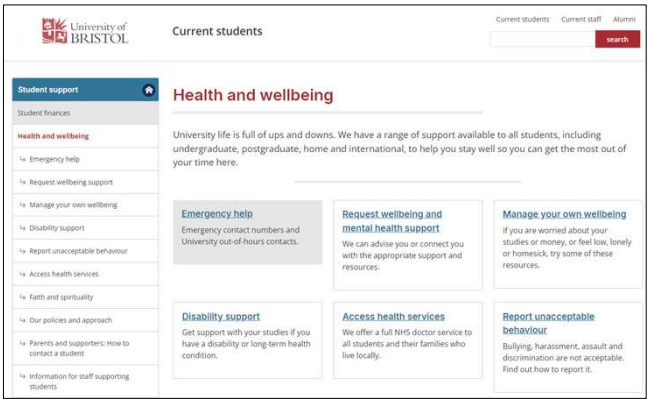
Pastoral/Health

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



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Knowledge

- Discuss with student
- Email PHC

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Safety/Risk

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

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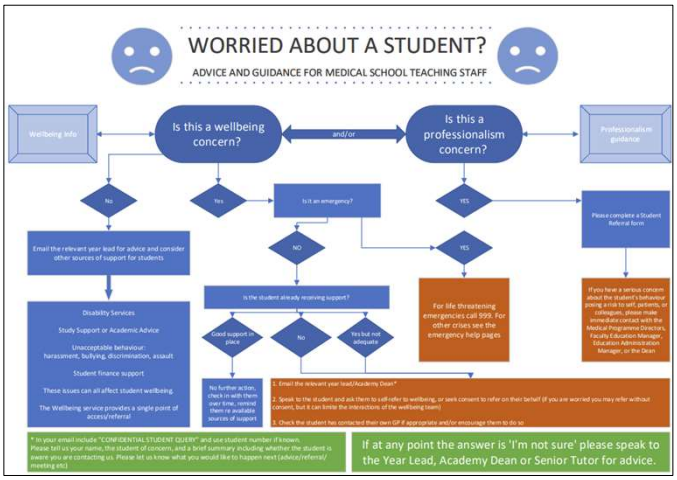
In Summary

- Discuss with the student
- Email PHC
- https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/handbooks/stu-support-advice-flow-chart.pdf



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People Students Can Speak To

- GP tutor
- Academy dean
- CTF (clinical teaching fellow)
- Year lead
- Professional mentor
- Senior tutor
- Programme director
- Wellbeing services
- Disability services
- Study support services
- Peers/ Galenicals

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Case Study 1 – Wellbeing Concern

Worried about consulting independently without tutor/colleague - wk 3 of placement

- Tearful/ worried about making mistakes.
- Worrying about missing things and safety netting
- GP has no concerns about her clinically, lovely with patients.

Please discuss in small groups what the GP could do next?

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Step 1 – GP and Student

Speak with Student 1:1

- Is this a new worry? Or do they suffer with anxiety?
- Are they getting any support?/Do they know about support available?
- Do they need to take a couple of FAL days
- Are there any adaptations that can be made? Less patients/More active observation

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What Happened Next

Student had known anxiety – already getting support for this from GP /wellbeing

- Worse currently as student feeling a lot of pressure for starting F1. Doubting whether she wants to be a doctor.
- Too overwhelmed to think how any changes could help

What would you do next?

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What if the Problem isn't Easily Resolved?

- Contact year 5 leads via PHC email
- Refer to wellbeing for alternative careers advice

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Outcome

- GP emailed into PHC – Year 5 lead arranged prompt meeting with GP to discuss.
- GP5 lead then met student
  - As already involved with wellbeing, year 5 lead emailed them to update
  - Agreed to adjust timetable
  - GP tutor did a joint surgery focusing on safety netting/ documentation
  - Anxiety and confidence improved over placement
  - Handed over to next placement
  - Decided to defer F1

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Case Study 2 – Professionalism Concern

GP has concerns regarding professional behaviour – not clinical concerns

- Late on multiple occasions
- On phone, eating and drinking
- Doesn't seem engaged when peer is consulting
- Left early one day to pick up medication
- Student has SSP – ADHD Didn't feel they needed any adjustments

Please discuss in small groups what the GP could do next?

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Step 1 – GP and Student

Speak with Student 1:1

- Reassure student that you are happy with clinical knowledge but have concerns regarding professional behaviour
- Is everything ok at home?
- How is placement going? Travel?
- Do they want to revisit SSP? Any adaptions needed?

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What Happened Next

- Frustrated with commute
- Tutor discussed possible adaptations - declined
- In touch with own GP and ADHD being managed
- Likes to look up things on phone as way of keeping focused during consultation.
- Agreed to be on time

No improvement after 2 weeks - what would you do next?

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What if the Problem isn't Easily Resolved?

- Contact year 5 leads via PHC email
- Year 5 lead spoke to GP, student and CBT tutor
- Advised to contact disability services regarding SSP
- Agreed to later start time of 30 minutes to allow for delays on transport
- Active listening discussed
- Referral form FTP completed / unsatisfactory
- Year 5 leads contacted/ contact with disability services/ CTF support for next placement

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Outcome

- Student completed a 2 weeks placement at another practice
- Professional behaviour was much improved
- Always on time
- No further concerns – graduated with peers

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Case Study 3 – Knowledge Concern

GP tutor has concerns about the student's level of knowledge – Stream C

- Worried that their knowledge is not at the level of other 5th year students they have taught
  - Concerned about their history and examinations
    - Not fluent, tends to lead consultation to one diagnosis rather than considering a differential
    - Missing some red flags
    - Examinations

Please discuss in small groups what the GP could do next?

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Step 1 – GP and Student

- GP tutor and student had a 1 :1
- They checked everything was ok with student ? Any worries?
- Student agrees to use patients to revise History taking, investigations and management plans
- GP tutor agreed to do 1 x mini cex assessments each week and give feedback
- GP tutor advised year 5 team of concerns in week 3 feedback form and said they would monitor

By week 6 there had been some improvement but tutor still had some concerns. What would you do next?

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What if the Problem isn't Easily Resolved?

- Contact year 5 leads via PHC email
- Discussion with Year 5 primary care lead – although improving and not missing red flags or key examinations still feel level much below other year 5 students.
- As block C, needs to complete sign-off in week 6
- Agreed not at expected level – Unsatisfactory APR

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What Happened Next

- 2-week allocated period at the end of year 5 called “skills week”
- Student completed 2 weeks at another practice
- Completed satisfactory assessments
- Graduated with peers

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In Summary

- You are an educator not a clinician
- You are a doctor but not their doctor
- There is lots of support available
- Escalate concerns early via Year 5 leads via PHC email

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Q & A

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"Hannah has been an incredibly enthusiastic GP teacher this term. The way she runs our sessions and encourages us to each clerk a patient every week has been great for my learning. I have probably built the most confidence in my clerking skills from being at the GP with Hannah giving advice and helping us through it. Her style of clerking and talking to patients has also taught me a lot as she has such a great rapport with them and goes the extra mile to help them. She is extremely inclusive to the diverse population of Barton Hill which is very inspirational. I have loved being in GP with Hannah this term as she has taught and shown me how to be a more empathic and caring doctor!"

"She has been absolutely unbelievable and made me feel very passionate about being a GP myself and about what they do at this practice. It has been amazing, and I have learnt and progressed so much. I have always felt like she genuinely cared about us."

"Dr Verry made me feel so welcome and a valued member of the team from day one. Always encouraging me to be more independent which has drastically increased my confidence, especially in forming and communicating management plans. She made my final placement at medical school a real joy. A truly lovely GP who has so much care for her patients. I hope I will make as kind a doctor and teacher as her!"

"Dr Verry is an amazing GP! She truly cares so much about her patients and is so passionate about teaching too! She made our last day feel really special and celebrated our achievements! She made sure our placement was varied, interesting and well supported!"

GP Tutor Prize Winner

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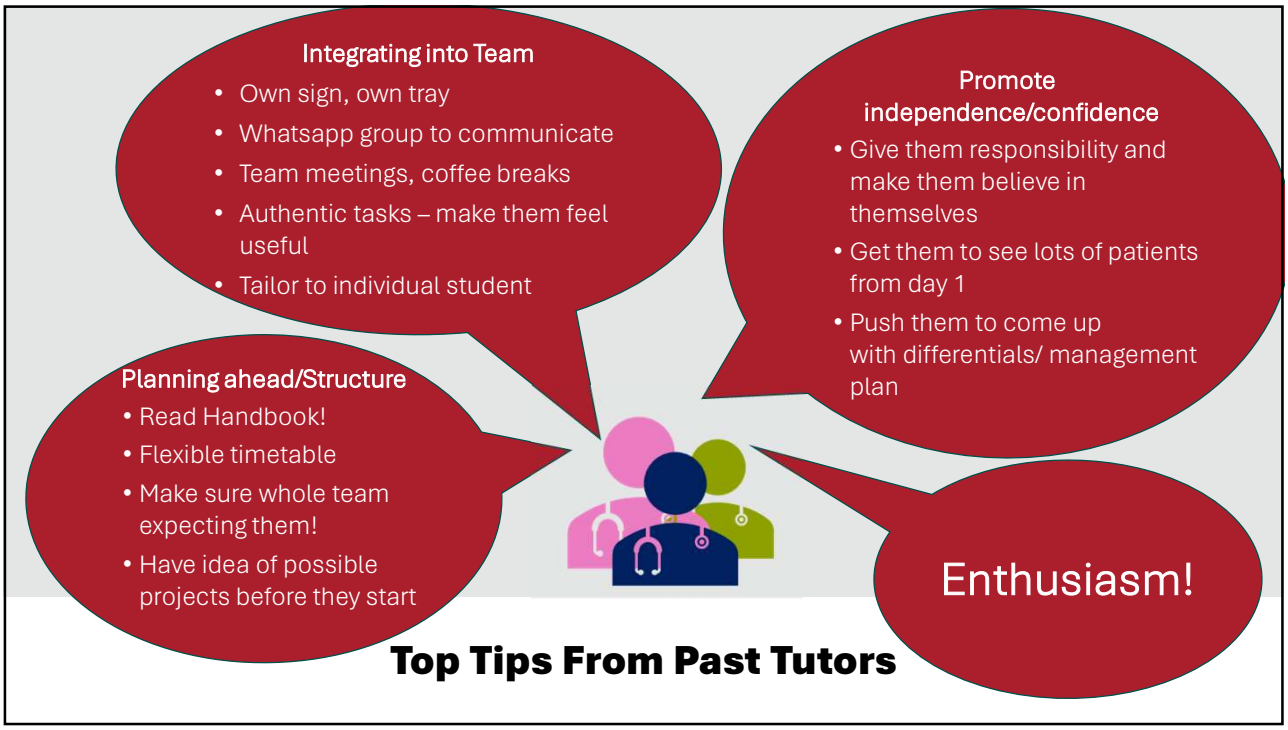

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GP Assessments in Year 5

September 2024

David Rogers
MB ChB Programme Co-Lead
David.Rogers@bristol.ac.uk

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Handover from Previous Assistantship

Tutor Handover
Tutors: Please use this space to provide general comments, feedback and a suggested plan of action.
e.g. CaPS skills or generic consultation skills to work on, timekeeping, attendance etc.
Students: please discuss this with your Tutor at your next placement.
[ ]

Student Handover
Students: Reflect on your experience of this current placement. Consider what went well, as well as challenges and difficulties you faced. How can you be better supported at your next placement? Would a student support plan or a meeting with your Senior Tutor would be beneficial?
Is there anything you would like to note here to bring forward into your next placement?
[ ]

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Student Progression Document- Year 5

Eligibility to graduate depends on

- Satisfactory engagement with elective
- Satisfactory engagement with each assistantship(APR, WBAs)
- Satisfactory completion of Entrustable Professional Activities, Consultation and Procedural Skills & Team Assessment of Behaviour
- Passing the Prescribing Safety Assessment
- Not being the subject of an ongoing Fitness to Practice case

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Summative Assessments in Year 5

	Assistantship 1	Assistantship 2	Assistantship 3
Mini-CEX	2	2	1
Case-based Discussion (CbD)	2	2	1
Observed Long Case	During ward-based care (if expected standard not reached in year 4)		
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

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Mini-CEX

A supervised learning event based on **direct observation** of a student/patient clinical encounter

Must be **planned**. The assessor and student should agree what is going to be assessed

Should take **10-20 minutes** to complete

Mini-CEXs must comprise clinical encounters that are routinely performed by a Foundation doctor.

They must include a degree of information gathering as well as communication of clinical information. They may, but are not absolutely required to, include aspects of clinical examination.

The complexity of cases will vary; assessors should take account of this

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Students should not ask an assessor to complete a mini-CEX when the student/patient interaction was **not** observed

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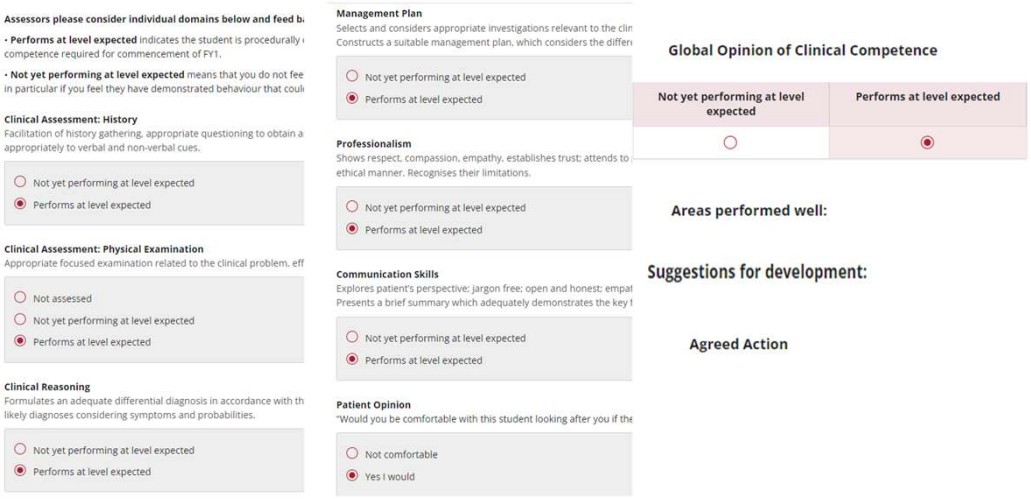
Mini-CEX



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Case-based Discussion

Should be a **planned** event.

Structured discussion of a patient who **you either clerked or reviewed** during the assistantship.

For each CbD you should select **two** patients who you have seen during your assistantship

Bring **anonymised** clerking or copies of your case note entries to the assessment.

Your assessor will decide which patient to discuss

	Not yet performing at level expected	Performs at level expected
Clinical Assessment Understood the patient's story; made appropriate clinical assessment based history and examination findings.	○	◉
Clinical Reasoning Offers comprehensive differential diagnosis in relation to history and exam.	○	◉
Investigation and Management Plan Discusses the rationale for the investigation and treatment, including the risks and benefits.	○	◉
Professionalism Adequate medical record keeping, and discusses how the patient's needs for comfort, respect, confidentiality were addressed; has insight into own limitations.	○	◉
Communication Skills Satisfactory presentation of the case with regards to data gathering and formulation of diagnosis.	○	◉

Global Opinion of Clinical Competence
Consider overall judgement, synthesis, effectiveness and efficiency. If a student is not performing at the level expected, please detail why.

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

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Mini-CEX and CBD

Students must reach the expected standard in their 1 or 2 mini-CEXs and CBDs

If you do not meet the expected standard you can have another attempt

There are no limits to the number of attempts at each mini-CEX and CbD

If students do not complete the minimum number of workplace based assessment during each assistantship, you will be invited to a meeting with a Senior Member of Staff or Academy Dean to create a Learning Agreement

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Entrustable Professional Activities

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. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions'.

We have mapped the **GMC's Outcomes for Graduates** to 16 Bristol Entrustable Professional Activities.

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Bristol's Entrustable Professional Activities

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

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Bristol's Entrustable Professional Activities

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 (CAPS logbook)
16. Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor. (TAB feedback)

**[modified from the American Association of Medical Colleges' core entrustable professional activities for entering Residency (2014)]*

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Bristol's Entrustable Professional Activities

For each EPA (1-14) students need to collect 5 pieces of evidence

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Bristol's Entrustable Professional Activities

Each piece of evidence for a single EPA should come from a different patient

One patient can be the basis of your evidence for more than one EPA providing you have interactions with that patient on different days

You can collect evidence for more than one EPA on a single day provided that each piece of evidence comes from a different patient

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Consultation & Procedural Skills

Students should complete all skills required in their CaPS logbook at the level for graduation during Year 5. This requirement supersedes all previous CaPS completion.

Level of competence required by the end of Years 3, 4 and 5

Skill	Level of competence required by end of:			Notes
	Year 3	Year 4	Year 5	You only require one signature at any given competence level
1a Measuring temperature	3	3	3	
1b Measuring pulse rate	3	3	3	
1c Measuring blood pressure	3	3	3	
1d Measuring oxygen saturation	3	3	3	
1e Measuring urine output	3	3	3	
2 Measuring peak flow	3	3	3	
3 Direct ophthalmoscopy	2	3	3	
4 Otoscopy	3	3	3	
5 Taking blood cultures	1	1	2	
6 Obtaining arterial blood sample	1	1	2	
7 Performing venepuncture	2	3	3	
8 Measuring blood glucose	3	3	3	
9a Urinalysis	3	3	3	
9b Mid-stream urine specimen	3	3	3	
10a Managing ECG monitor	2	2	3	
10b Performing ECG	2	2	3	
11 Nose, throat and skin swabs	2	3	3	
12a Hand washing and 'scrubbing-up'	2	3	3 2	Handwashing in Years 3 and 4; Scrubbing up in Years 4 and 5
12b PPE	2	2	3	
13 Setting up an infusion	1	1	2	
14 Moving and handling patients	3	3	3	
15 Instructing inhaled medication	3	3	3	
16 Administering oxygen	1	2	3	ILS session during Acute and Critical Care
17a Subcutaneous and intramuscular injection	2	2	3	Can use experience in vaccination clinics if relevant
17b Making up drugs	2	2	2	
18 Peripheral intravenous access	1	2	2	
19 Blood transfusion	1	1	1	Blood transfusion tutorial or clinical experience
20 Performing urinary catheterisation	1	1	2	Both sexes should be represented either in real patients or manikins
21a Wound care (stitching)	1	1	2	
21b Wound care	1	1	3	
22 Inserting nasogastric tube	1	1	1	At least 1 in manikin
23 Use of local anaesthetics	1	2	3	
Bristol 1 Ankle brachial pressure index	3	3	3	ABPI can be undertaken in CMOP or GP
Bristol 2 Management of the airway	0	1	2	This includes ILS in Year 5

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Assistantship Progress Review

Assistantship Progress *
To successfully complete the assistantship, each student should review the following with their GP Tutor.
The weekly Clinical Learning Journal, CAPS log and EPA log are accessible from the student's ePortfolio.
The Year 5 Student Progression Requirements document can be found on the MBChB Sharepoint site
EPAs: Students should:
> complete at least 28 (40% of total required) items of evidence across EPAs 1-14 by the end of their first assistantship,
> complete at least 56 (80% of total required) items of evidence across EPA 1-14 by the end of their second assistantship,
> complete 70 (100% of total required) items of evidence (five items for each EPA 1-14) by the mid-point of their third assistantship.
MinCEX: 2 x completions in Assistantship 1 and 2, 1 x completion in Assistantship 3
CbD: 2 x completions in Assistantship 1 and 2, 1 x completion in Assistantship 3
CaPS: sufficient progress in completion of all skills this year to the required level by the end of Year 5

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Assistantship Progress Review

If you answer 'No' to any of the questions below you will be asked to provide further details in a free text area below, as this will lead to a supportive meeting with the student, Academy and Year Leads to arrange appropriate remediation.
By completing this recommendation you confirm that to the best of your knowledge the information on this form is correct and reflects evidence provided by the student.

1.Is the Clinical Learning Journal (weekly log) complete for this assistantship?
Yes No
2.At this point of the year, is there evidence of sufficient completion of:
Entrustable Professional Activities (EPAs)
MiniCEX and CbDs and
Consultation & Procedural Skills (CaPS)
Yes No
3.Are you satisfied with the student's level of professionalism?
Yes No

Feedback *

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Assistantship Progress Review

Final Sign Off for CAPS and EPAs

Please check your response carefully, and respond with 'not applicable' if this is *not* yet the student's final review of the year.

Refer to the guidance on the MBChB Assessments area for Year 5 **for CaPS and EPA requirements.**

1. End of Year Sign Off: Is the student's CaPS record fully signed off and complete?
   Not Applicable / Not Complete / Complete
2. End of Year Sign Off: Is the student's EPA log complete?
   Not Applicable / Not Complete / Complete

Tutor Handover

Tutors: Please use this space to provide general comments, feedback and a suggested plan of action.
e.g. CaPS skills or generic consultation skills to work on, timekeeping, attendance etc.
Students: please discuss this with your Tutor at your next placement.
[ ]

Student Handover

Students: Reflect on your experience of this current placement. Consider what went well, as well as challenges and difficulties you faced. How can you be better supported at your next placement? Would a student support plan or a meeting with your Senior Tutor would be beneficial?
Is there anything you would like to note here to bring forward into your next placement?
[ ]

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Feedback using COGConnect

Dr Juliet Brown
Effective Consulting Curricular and Clinical Skills lead

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COGConnect

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

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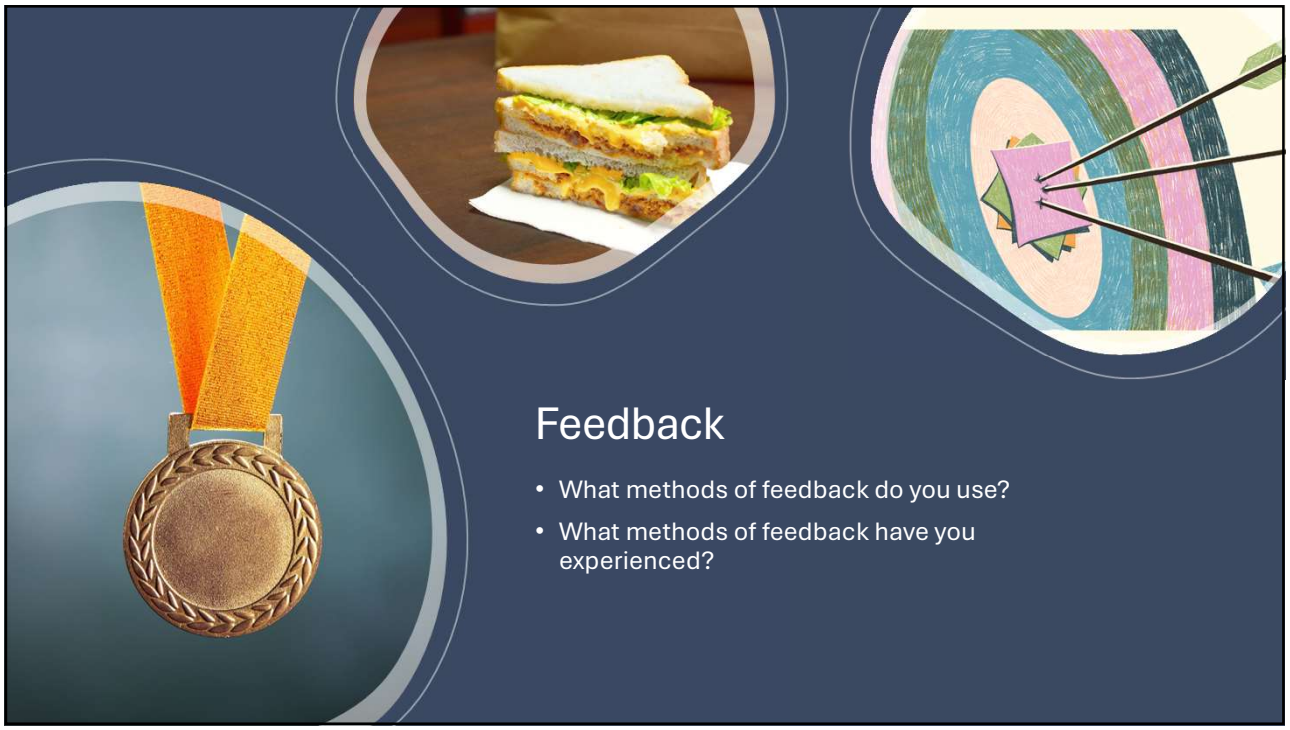

Feedback

- What methods of feedback do you use?
- What methods of feedback have you experienced?

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Feedback models

- Pendleton (1984)
  - What did you think you did well?/What do I think you did well
  - What could you do better?/What do I think you could do better
- ALOBA (Agenda Led Outcome based analysis)
  - Learner's agenda
  - What's the outcome
  - Self assessment
  - Descriptive feedback
  - Try it out
- PEARLS
  - Where is the learner on the stages of readiness to change cycle?
  - Partnership, Empathy, Apology, Respect, Legitimation, Support

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What do you think when you hear the word "Feedback"

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What do you think of when you hear the word 'feedback'? A reflective thematic analysis study of interviews

- Feedback as a process of sense-making in which both provider and receiver actively participate
- The word 'feedback' triggers emotional responses from both the person giving feedback and the person receiving it
- Feedback credibility:
  - Relationship between learner and feedback provider
  - Perceived intention of those providing feedback
  - Direct observation of performance
  - Alignment with self assessment
  - Perceived impact on self esteem or autonomy

Alansari R, Lim P-W, Ramani S, Palaganas JC. What do you think of when you hear the word 'feedback'? A reflective thematic analysis study of interviews. *Clin Teach*. 2024; 21(3):e13696. https://doi.org/10.1111/tct.13696

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Themes

- Can I tell you a story about my feedback experience
- It's probably going to be negative
- There's always something to learn if you're willing to hear the message
- It's like getting a report card

When asked "How do you feel when you hear the word feedback"?

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Feedback literacy

- Appreciation of feedback – but so what?
- Making judgements – this is going to be negative and you're just lying about the positive things to make it seem nicer
- Managing Affect – am I a bad person?
- Taking action – I didn't hear anything you said so I can't act on it

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How to foster positive associations

- Awareness – self and others
- Proactive – honest conversations
- Shared approach
  - How does the student want to receive feedback
  - Invite feedback
  - Open questions about perception of this feedback
- Find scripting which works for you

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Scripting examples

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?'

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Feedback literacy examples:

1. Appreciating Feedback:'I understand that receiving feedback can be challenging, but please know that my intention is to help you grow, it's natural to feel a bit disappointed, but remember that feedback is an opportunity for improvement'.
2. Making Judgements:'I saw some things that went well and some that could be improved. Would now be a good time to share them with you?'
3. Managing Affect:'I appreciate your effort and dedication in this project. I understand that receiving feedback can sometimes be challenging, but please know that my intention is to support your growth and development, how do you feel about that?'
4. Taking Action:'My role today is to share tips and techniques with you. And I'd like to hear anything you notice in any of my approaches. I have a few points to bring to your attention. For example…'

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COGConnect for feedback

1. As a structure/process for you as the feedback provider
2. As a way to identify specific areas of the consultation to feedback on using CC-COG

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COGConnect – as a structure/process

- Preparing – time/space/place
- Opening – agenda setting/relationship
- Gathering – direct observation and info sharing
- Formulating – what was going on? Check your bias
- Explaining – develop a shared understanding
- Activating – foster self efficacy OARS
- Planning – next steps and shared decision making
- Doing – anything that needs doing immediately? Role play?
- Closing – wrap up
- Integrating – emotional and practical

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COGConnect Consultation Observation guide

https://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/teaching/year-1-and-2/cog-connect-consultation-observation-guide-form.pdf

- Joint surgeries
- Student surgeries (notes / presentation of case etc)
- Mini CEX
- Feedback for next rotation or first job
- End of Placement feedback 1:1

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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	

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Formulating

Formulating
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).

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Activating

Activating
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.

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Integrating

Integrating
Writes appropriate consultation notes, referrals, etc. Identifies any personal learning needs. Identifies any personal emotional impact of the consultation.

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Feedback credibility

- Relationship between learner and feedback provider
- Perceived intention of those providing feedback
- Direct observation of performance
- Alignment with self assessment
- Perceived impact on self esteem or autonomy

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https://forms.office.com/e/U1Y9hxVdWS

We Value Your Feedback

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