1st Year GP Teachers Workshop Summary 2010

Day Overview

This document summarises the GP workshop 24th Sept 2010. The day was spent reviewing the 1st year GP attachment, considering online marking, the new mark schemes and giving feedback to students.

Course Overview

The brief summary of the course is contained in the box on p3 of GP handbook. If you are a seasoned teacher then you might want to check this brief summary along with course changes for this year (summarised on the front cover of the GP handbook). A more detailed course overview can also be found with suggestions on how you might run the student sessions in the GP handbook p12-18.

Key points

- Please send the patient consent letter to patients that students will be making a home visit to (p9/see attached). In the interest of patients being aware of how we use their stories it seems important that we use this form of consent. I will also be asking the students to take the letters out with them on their visits.
- Assessment has three areas to be graded: applied case, essay or creative piece and professional behaviour and attitude (marking criteria p31-43).
- GPs often find the marking challenging. Please review Blackboard for some of the excellent work students are capable of producing. Also there are three marked examples in your GP handbook (Applied case p35, Essay p39, Creative piece p42). Note that the grade is formative and does not count towards their exams; the feedback is potentially more important to student development than a grade that is given. Regarding the creative piece please remember that it is the quality of engagement with the patient and conveyance of the patient story or situation and student reflection or learning that is primarily being marked rather than pure artistic talent.
- The case log in the student handbook (example in GP handbook bottom of p11) is a blank page where consultations of note should be jotted down whilst observing GP surgeries and used in discussion both in general practice and in tutorials in Ethics, Clinical epidemiology, Whole person care and Society, health and medicine.
- Feedback is a high priority as it contributes greatly to student learning. Online feedback forms will include a tick box for you to affirm that you have delivered some feedback to students in week 8. Students will also be asked in their course feedback forms whether they received feedback, in what form and how they rated it.
- We would like to send you all your own individual feedback within 6 weeks of the end of the course (made possible by online feedback gathering, but depends on students and yourselves getting your feedback back to us a.s.a.p.). At the end of the course you will need to grade student work and upload grades onto Blackboard and also to complete the feedback questionnaire (the link is on Blackboard) which incorporates questions from the old finance claim form. See p48-50 for detailed steps and screen shots. If there are any problems please contact Jacqui.gregory@bristol.ac.uk If there are big problems we can email out paper versions of the documentation. Please encourage students to complete their course feedback a.s.a.p. possibly even during your week 8 session.

Course changes this year

- Introduction of questions from the other Human Basis of Medicine courses (to encourage more integration across the courses (p 5-6 GP handbook). You could raise some of these with the students.
- Teaching of clinical skills – details on taking pulse, temperature and BP (p7-8 GP handbook). This is part of a medical school wide detailed teaching/documentation of clinical skills learning. Students will need to be signed off for these skills in year 2.
- Blackboard marking is simplified this year (you will be glad to hear). Main difference – students will email you their work (and put it on Blackboard – this is how they will be able to receive their feedback and grades). We will

email you the new mark sheet in week 6. All the marking can be done offline without going into Blackboard. You will only need to go into the Blackboard grade centre to put the students' grades into the spread sheet and to attach the new mark sheet with your grades and comments on it (see attached mark sheet).

- In order to be nominated for the prize, the student needs to be graded as excellent in all 3 categories (professional behaviour, applied case and the essay/creative piece). What is new is that they should also have noted in their essay or creative piece that the patient has seen the consent form (patient letter p9) and is willing for the student to base their assignment on their story.
- Encouragement of peer learning through students sharing their assignments in week 8.

New ideas arising from the day

- Introduce clinical skills teaching in session one e.g. students taking each others blood pressures (one GP asks students to note their BP readings taken on each other and recorded independently. Then they compare the readings in the group and discuss the variability in BP recorded).
- Take students for a walk around the local area ending up at a coffee shop to talk over the next 7 weeks. Send students out to have a look round the area themselves. They could observe how many shops are closed down, the numbers of smokers and people with other possible health related factors such as weight or age.
- In observing the GP during consultations students could time how long it takes until the GP speaks, or notice the first thing that the patient says or give marks out of 10 for how happy the patient was when they left.
- In the final session, another way of giving individual feedback (apart from taking students aside and talking to them one by one) might be to write some feedback to them from their whole attachment on a postcard and give to them.

In the afternoon Jessica Watson presented two of her innovations that she introduced with her year 1 GP students:

1) Walk in the park as above – taking the students round the local area.
2) Reflective template (attached) for students to fill in after home visits and to discuss in the group tutorial. These can be used as a resource for students when it comes to doing their essay/creative piece.

Online resources

The Primary Health Care website (for overview of year 1-5 GP courses, for workshop reports, handbooks etc): http://www.bristol.ac.uk/primaryhealthcare/undergraduatestudents/

Useful course documents, attachments to this email and past student assignments (applied cases, essays and creative pieces) can be found on "Blackboard", Bristol University's virtual learning environment www.ole.bris.ac.uk Under "Guest login", log on using the username (Med159) and password (creative). Then go to "Year 1 GP attachment", "course documents".

Exercise – marking student assignments

I have created new mark schemes this year, partly to try to make your job easier in the marking and to improve consistency across markers. However the main reason is so that students might get more specific feedback (by seeing their marks in the different domains graded) and to hopefully help the students to produce a better quality of work by specifying quality markers in the mark schemes.

We divided into small groups and between us used the new mark schemes to mark applied cases, essays and creative pieces. The new mark schemes were generally agreed to be useful. I have made a few minor changes to the mark scheme based on our discussion (i.e. introduced word counts and shuffled the number of marks for each domain around a bit). Attached are some of the student pieces that we marked (numbers 1-4). Number 5 we gave some written feedback to (see attached).

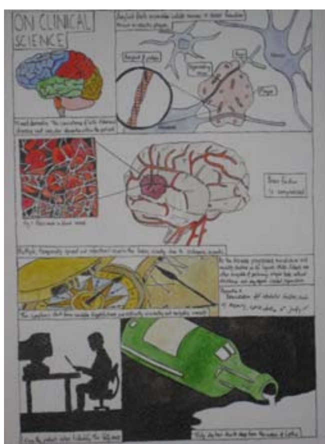
For more on verbal feedback see the GP handbook p17-18 and written feedback p45-47.

Patient and student voice

I presented the concept of patient and student voice within the creative piece/essay with examples. This idea could be used in week 8 when students share their work, to think about how they conceptualise either the patient's story or the student's encounter with the patient. The following was presented with powerpoint and can also be found in the student handbook:

When producing your creative piece you might find yourself concentrating more on the patient voice (i.e. trying to get across their story in their words/images/metaphors e.g. with first person narrative/poetry or with a painting or photo of what the patient might see as they look out on the world) or you may focus on the student voice. This would be your take on the encounter, describing your experience with the patient (e.g. through a painting of how you see the patient), or your reactions and reflections to their story (e.g. in your essay writing or your written reflections accompanying the creative piece). Some students present both patient and student voice for example below is a creative piece relating to a lady with dementia and her carer ("The anti-mnemonist", 2007-08). Different positions are taken in each picture:

The medic looking in (student voice)



patient looking out, (patient voice)

carer looking at the patient (carer voice)

Below are some examples of where the patient or student voice have been powerfully presented in previous student assignments.

Patient voice examples

a) This photo captures part of a patient story about being stopped from suicide by the sight of his child's red toy car. Several times he had "lined up the pills on the table" (Emergency stop, 2007-08).

b) I found my next fix,
Lying just inside the door,
Of Dixon's down the road,
I run to sell it

Some small foul hours pass,
Shaking still, I tighten the tourniquet,
Pull back and push…

This is from part of a poem called "Old Addicts" 2007-08. The student transports us into the body and mind of a drug addict.

c) I once read somewhere about how comets are actually really mostly ice and rock, not the fiery things you imagine them to be when you look at them. Back then that's how I felt, like a small cold ball of loneliness and misery flying through a universe of empty indifference.

A student describing a patient's depression in first person (2009-10, "My story")

d) Those students looked so young, still it's nice to talk to them that way, somewhere down the line at those medical schools I reckon they learn to stop listening. Part of the process I guess, like learning how to handle blood and guts and stuff. Of course I don't mean just hearing what I'm saying; they have to do that to know what's wrong. I mean listening, taking the time to hear the worry in my voice and giving some comfort and confirmation that it's not just all in my head. Perhaps I've just had bad experiences, but I've had enough of them.

A student describing the patient's thoughts around their encounters with students and doctors (2009-10, "My story")

Student voice examples

a) Miss Jones talked about her really bad periods where she would 'stay in her living room for days, shutting out the light', and even 'putting a blanket over her door' so that everyone knew not to go in. This particular image is one that I felt really illustrated her suffering…*

She … talked about the clichéd 'light at the end of the tunnel', and how, at one point "there was no light". I tried to illustrate this in my painting by using her dark room image as the 'tunnel' and her drape on the door falling, to create a small ray of light, a sign of hope, of improvement.

Vincent van Gogh, one of my favourite artists, suffered severe depression, and is well known for cutting off part of his left ear, before finally committing suicide. His works in the final two years of his life however, were perhaps some of his best and he too painted himself in a piece called "Old Man in Sorrow / On the Threshold of Eternity". I have chosen his unique style to paint Miss Jones, in my piece named after the classic cliché she chose to use; "The Light at the End of the Tunnel".

Dr Smith talked of transference of emotions. That was something I certainly felt despite having come across depression before, you don't seem to be able to harden to it. When I had spoken to Miss Jones, for that 70 or 80 minutes, I felt pretty exhausted, tired, and a little sad. I aimed to portray this in my painting but using dark colours and a slumping, figure, positioned to look like she has no cares for the outside world, rather than the down, despairing sadness that we tend to feel and tried to create transference in the observer. (Light at the end of the tunnel, 2007-08)*

In these few excerpts from this student's reflection she explains her use of imagery and symbols (the light, the drape etc) in the painting, even her choice of style and colours used. She has also reflected on what it was like for her to spend time with this patient and how tired she felt after listening to her story. Another angle is her consideration of how the "observer" might experience the painting, seeking to transport the observer into her experience of this encounter.

b) During tutorials before we began GP placements a colleague asked the tutor what she should do if a patient she was with started crying and she felt she was going to cry too. I remember thinking that I was not worried about that and assured myself I would be able to control the situation through 'detachment'. However as Charles started to talk about his cancer, the operations to remove his bladder, prostrate and part of his bowel, the mood in the room changed. Almost without warning he began crying and I did not feel the sense of detachment that I had so hopefully thought I would. In this art piece I have shown this part of the interview by a transition of blues running down the board. I have included this because I feel that it was an important moment for Charles* and for me, as I think we both thought we were strong enough, in very different ways, not to break down. (The slipper and the shoe, 2008-09).*

In this excerpt there is some explanation of the colours of the artwork and also detailed reflections around the experience of hearing this patient's story.

c) An excerpt of "Paint my canvas" (2009-10)

I am a canvas,
As blank as can be,
Inexperienced in suffering,
Ill-health still a mystery to me,
I sit waiting for your paintbrush,
For the colours to unveil,
I sit, I wait…

Around you I am helpless.
Around you I feel ashamed.
Ashamed of my youth,
My energy and smile,
Ashamed to giggle or joke for a while,
I want to understand you,
See through your waning smile.

Will you let me in?

Unlock your past,
And let me into your present,
You have so much to offer,
I won't let it go to waste.
My nonchalance and ignorance,
I'm sure is all you see,
But I'm willing and I'm waiting,
I sit, I wait.

Then at once,
Your story awakens me,
Send shivers up my spine,
I am left floundering,
Choked up.
For reasons I cannot describe,
Your calm, quiet voice sits screaming,
"Wake up and welcome to life"….

This student has become aware of what she is bringing to this encounter with a patient who has terminal cancer and how the patient's situation impacts on her as listener…

d) Unhappy for seven years (2009-10)

After initially writing about how he (the student) was wondering why the GP had sent him to see this gentleman when there was not that much medically wrong with him, the student continues to reflect and goes on to make this picture and draw on philosophy to write this:

"The French philosopher Michel de Montaigne once said "age imprints more wrinkles on the mind than it does on the face". Having met Mr Peters and listened to his stories I know that it would be difficult to determine how much this man has been through by merely examining his appearance or physical symptoms as I first did. With this piece of art I have attempted to manipulate the metaphor 'wrinkles are etchings of experience' by turning each of the lines on his face into a literal event. I feel there are two ways to look at this painting, from a distance as an overview which I feel is how I first viewed Mr Peters*, seeing nothing but a friendly old man with maybe slight signs of skin cancer and retinopathy or you can look a little closer and see that there's much more to Mr Peters* than ...diabetes and cancerous growths".*

e) Excerpt from reflective essay:

It was only my second week of the GP attachment section of my medical course, and I was petrified. I had been studying medicine for three weeks – seen cadavers and prosections...and yet for reasons beyond my understanding, none of them instilled in me as much concern as what I was about to do this afternoon – have a conversation with an elderly man. It made no sense whatsoever. In the car on the way over to the care home our GP debriefed us, giving us his medical records and an abstract on his current situation. We were repeatedly told that Mr. S had happily consented to me and my colleague visiting for a chat, yet I was still nervous. It wasn't as if I'd never spoken to an elderly person before. Or even an ill person. Or, for that matter, an elderly ill person. I'd done charity work, played in concerts for the sick and aged, and often spoken to them amicably afterwards. But this was different, this wasn't the same old ten-minute spiel of them asking me questions – this was going to be an hour's worth of discussion over the disease that was, bit-by-bit, killing him. It was a sobering thought, and I couldn't stop asking myself questions – what if I say something wrong? What if I upset him? What's it all going to look like? Is it going to upset me?...

Feedback from the workshop

Reviewing the feedback from the day, it seems that the majority who attended enjoyed the day and found it helpful in terms of the practicalities of running the 1st year GP attachment including marking and assessing the students. The new/returning teachers suggest an additional session on the basic overview/structure. I will take this into consideration next year.

If you have any further comments, suggestions or questions regarding the course, the handbook or the website please email or phone me. Also let me know if there are any student concerns. Enjoy! Louise.younie@bristol.ac.uk