

# Business meeting

DR LOUISE YOUNIE

LEAD FOR QUALITY, INNOVATION, COMMUNICATION

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Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)

# The opportunities are ...

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...to spend time with enthusiastic learners who appear genuinely grateful for the time and input we give them and who we can see grow and change ...

...to enthuse and inspire students and show them what an amazing career they can have in general practice - how we work closely with multidisciplinary teams and the beauty of knowing your patients and how rewarding that is

...for continuous engagement in the educational process which is a two way process

ACADEMIC	ADMIN
<b>Year 1 &amp; Year 2 MedSoc</b> Ms Maria Hayfron-Benjamin	Ms Melanie Johnson (Year 1) Ms Lorane Smith (Year 2)
<b>Year 2 EPC</b> Ms Maria Hayfron-Benjamin	Mrs Esi Amankwah
<b>Year 3</b> Dr Jenny Blythe	Mrs Esi Amankwah Mr Jim Manzano
<b>Year 4</b> Dr Siobhan Cooke Dr Dev Gadhvi	Ms Kate Scurr (Locomotor) Mr Jim Manzano (HD, B&B)
<b>Year 5</b> Dr Sabir Zaman	Ms Lorane Smith
<b>Physician Associate (PA) Programme</b> Ms Maria Hayfron-Benjamin Dr Tariq Khan Dr Mo Doshi	Ms Melanie Johnson
<b>Head of Unit</b> Professor Anita Berlin <b>Lead for Quality, Innovation and Communication</b> Dr Louise Younie <b>Lead for Faculty Development Communication</b> Dr Will Spiring Dr Daisy Champion	<b>Manager</b> Lynne Magorrian <b>QA</b> Lucy Power

## Review:

- What students say
- What you say (GP tut review)
- Our requirements, changes, finances
- Sharing good practice/trouble shooting



Review of community based learning

# Student feedback and satisfaction rates

Unit	Response Rate			Satisfaction Rate		
	15/16	16/17	17/18*	15/16	16/17	17/18*
MedSoc 1	26%	29%	-	86%	88%	-
MedSoc GEP	33%	43%	-	100%	89%	-
EPC	38%	37%	-	93%	95%	-
Met3A	53%	37%	30%	90%	81%	94%
CR3	32%	33%	-**	90%	89%	-**
Met3B	34%	29%	-**	95%	73%	-**
GP3						
Met3B CC (Pilot)	50%	35%	-	94%	73%	-
HD	52%	46%	36%	81%	87%	88%
Loco	40%	34%	39%	85%	93%	83%
B&B	63%	43%	41%	89%	83%	92%
CC	69%	57%	61%	96%	87%	98%

\*2017/18 figures for Term 1 only

\*\* CR3 & Met3B now GP3

# Comparison with hospital

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Averages	Response Rate		Satisfaction Rate	
	16/17	17/18*	16/17	17/18*
CBME Placement	38%	44%	94%	90%
Trust Placement	24%	28%	86%	86%
Teaching	20%	11%	67%	71%

\*17/18 figures for term 1 only

## Student centred learning

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The ability to consult and examine patients in our own room. This was then debriefed back to the GP who would discuss management options with us and see the patient at the end (yr 4)

## Doctor centred teaching

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Most of the clinics involved observation (yr 4)

# Feedback suggests students want:

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Consult with and examine patients

Dialogue around diagnosis, investigations and management options

Feedback

Tailored tutorials

Well structured placements

Focused time across health care team practices e.g. pharmacist, phlebotomist, nursing clinics, home visits, nursing homes...

Good doctor-patient relationships, clear consenting of patients



## Student centred learning: student active participant

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I was allowed to see almost every patient who came in and first take their history before they saw the GP. If the GP needed to examine the patient they would ask me to do it first and then do it after to double check. (yr 3)

Practising the role of the GP, taking histories and coming up with a differential diagnosis and management plan (yr 3)

The student led clinics were all especially useful learning experiences - both in medicine and in things like time management! It was very useful being left to run a clinic independently and then have a senior doctor come in and review. This is where I learnt the most. (yr 5)

# Student centred learning: tailored to student

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Keep reviewing the teaching from time to time, and listen to our feedback (yr 3)

The best thing about this placement was how proactive it was. When we had a weakness in any fields such as examination or history taking, the GP accommodated to practise these areas (yr 5)

Dr \*\*\* generally asked us to do things on our own (taking histories, doing examinations, doing tests etc.), but he would be there the whole time to offer support if we required it and he made it an overall very comfortable environment. I think this is what made the teaching so good - being "thrown in the deep end", per se, but in a very supported environment (yr 3)

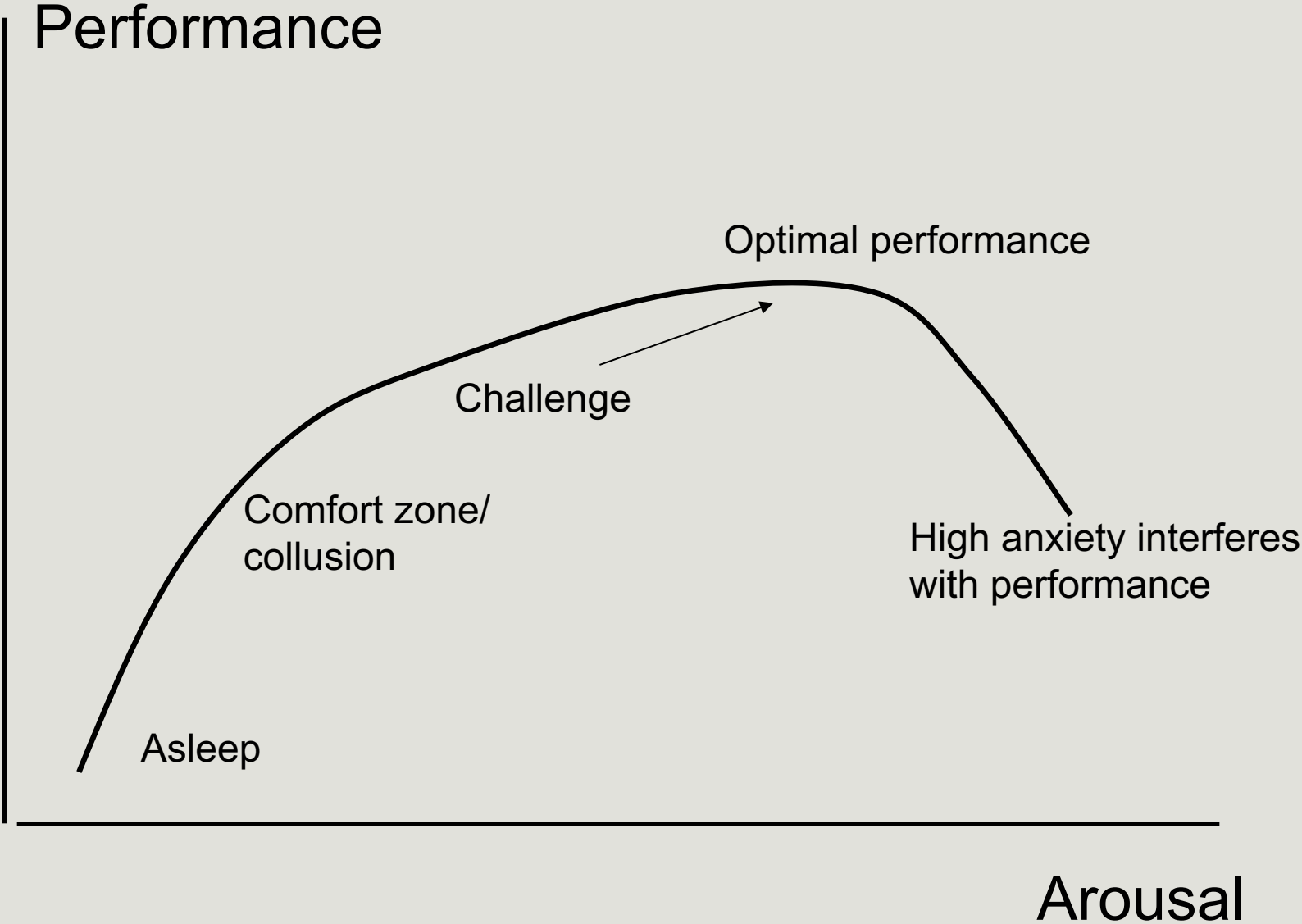
The student led surgeries increased in frequency as the weeks went on as our confidence grew rather than being thrown in at the beginning, which was a great way to do it. (yr 5)

# Not tailored to student

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Some not so useful teaching sessions that lasted too long for example on statistics.  
(yr 3)

# Yerkes Dodson Law



# Student centred learning: feedback

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+VE

In particular, Dr. \*\* teaching was very useful. This is because she gave us plenty of opportunities (every patient) to take a focused history and examination, and gave constructive, relevant feedback. She is also very positive, and this really helps with my learning. (yr 5)

-VE

Observed history and clinical examinations, as all of the histories and examinations performed on this placement were not observed by a member of the team who could provide feedback (yr 4)

## SUPPORTED LEARNING

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I think if we did not have dr \*\*\*with us for the nursing home day, the day would have been a waste. it was really useful having someone to ask us questions and stimulate learning...(yr 5)

## UNSUPPORTED LEARNING

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It may have helped if a clinician came with us when we went to the hospice and explained what you would look for in a dementia patient. As there were no guidance and it was hard to elicit a history as no one else was present to give a collateral history, I didn't feel I gained the most experience I could have when visiting the hospice (yr 4)

# Learning from the team

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We could shadow pharmacist. Practice blood taking skills when shadowing phlebotomist and other clinical skills like peak flow from time to time (yr 3)

Schedule time to assist nurses with practical procedures required for the logbook. (yr 3)

Know that students were coming, have some content ready to present to the students, prepare patients to be spoken to, give students a chance to take histories as required in their log books, don't sit them in with nurses who aren't expecting them and have nothing to say to them (yr 3)

improvements

nominations

Nothing really! I changed my elective last minute because of the positive experience I had.

I split it from 6 weeks radiology to 3 weeks rads + 3 weeks GP! :)

the way in which he valued and respected our contribution and treated us as part of the team from the offset... He was always willing to talk about any aspect of medicine, including careers .. NHS, ...life generally as a doctor and the positives and negatives of medicine as a career (mostly positive though!). He also led excellent weekly tutorials and encouraged us to think as FYs rather than medical students



# Review of BOS

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GP tutor review responses say 90% access and act on BOS

98% practices have accessed BOS at some point

10% practices have not logged on in last 6 months with surveys to view

How do you encourage student feedback

How do you access student feedback

How do you act on student feedback

# Example GP tutor changes in practice from student feedback 1

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more activities requested.....more provided less talk and more action...talks curtailed and more group/role play work. more clarity on the curriculum....review learning objectives each session.

more thorough learning needs assessment now undertaken after feedback

In previous placements students have reported that they found it particularly useful to sit in with the junior members of our team eg FY2 and GP registrars. As a result we timetable at least one session with a junior Doctor within their placements.

We have previously been told that the gap between morning and evening clinics is quite big. We encourage students to come to home visits with us now and we also organize consultant teaching for them to aid with learning.

# Example GP tutor changes in practice from student feedback 2

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Students are constantly asking for more patient contact across all years so we really try and get them to see as many patients as possible. They like tutorials and we have added them to the timetable

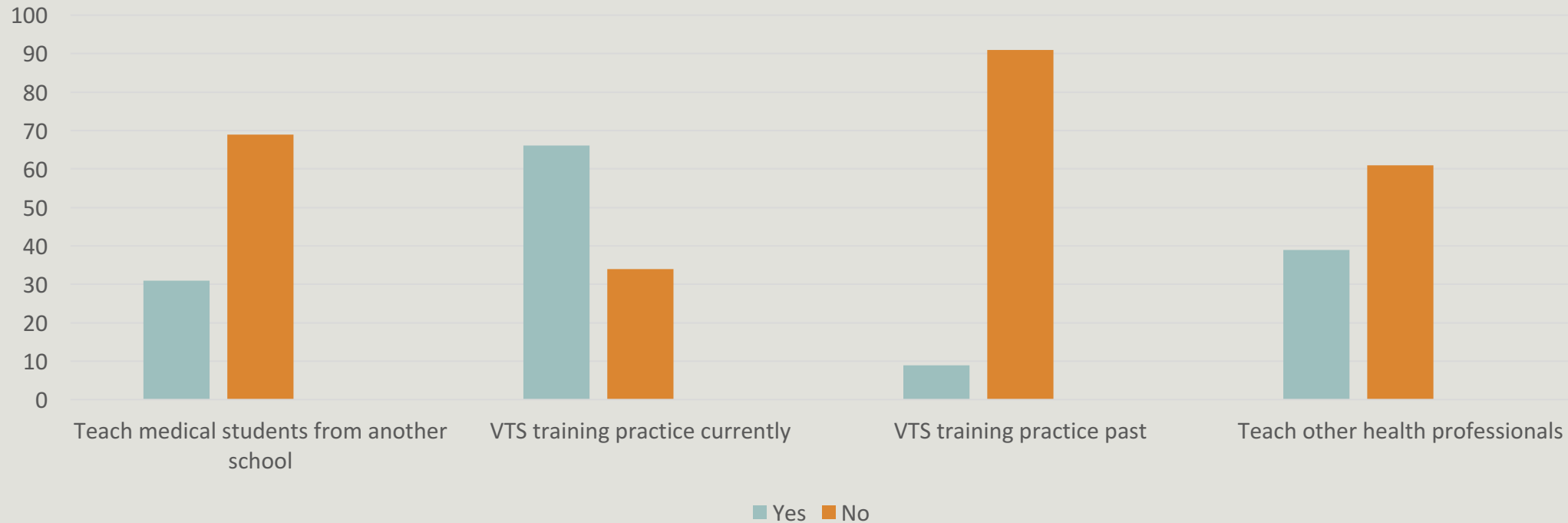
I have watched 5th year students consult - rather than just listen to presentations

we now use open on the day slots more regularly for students to clerk patients pre they see the doctor that morning and tailor these to the firms

# GP tutor review results 2017-18

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## Teaching overview:

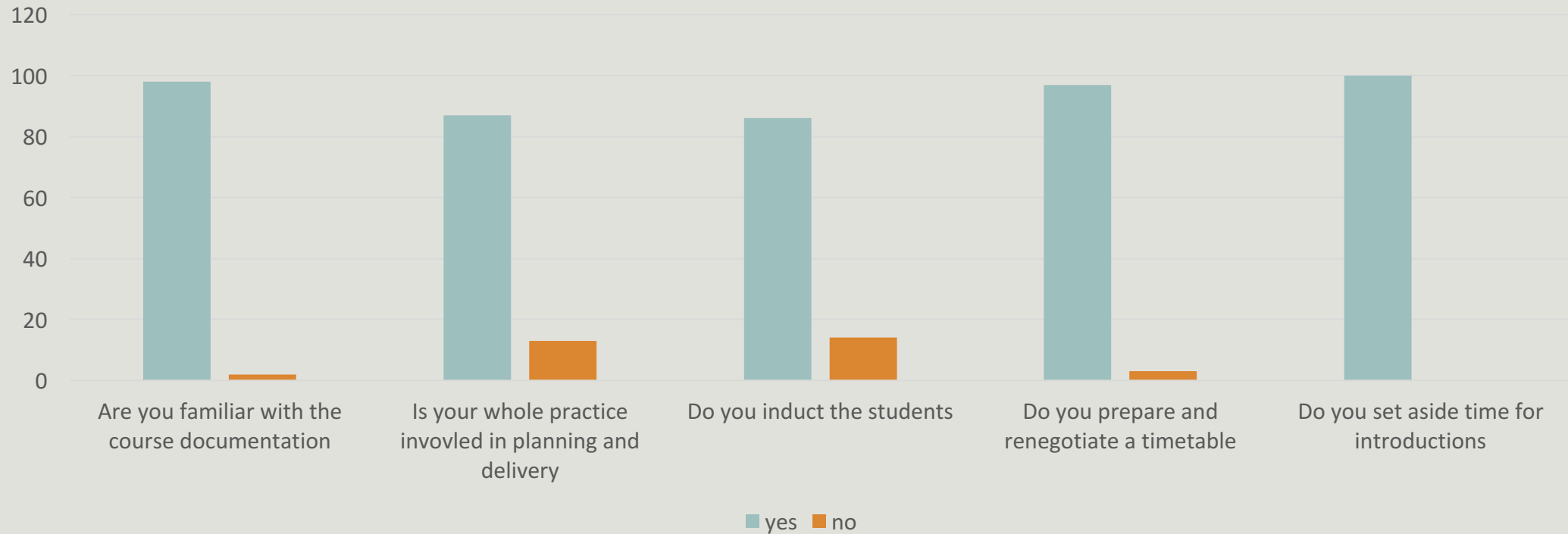


Nurses,  
nurse  
practitioners,  
nurse prescribers,  
district nurses,  
health visitors,  
pharmacists,  
physician  
associates,  
FY2 doctors,  
GP registrars

# GP tutor review placement planning

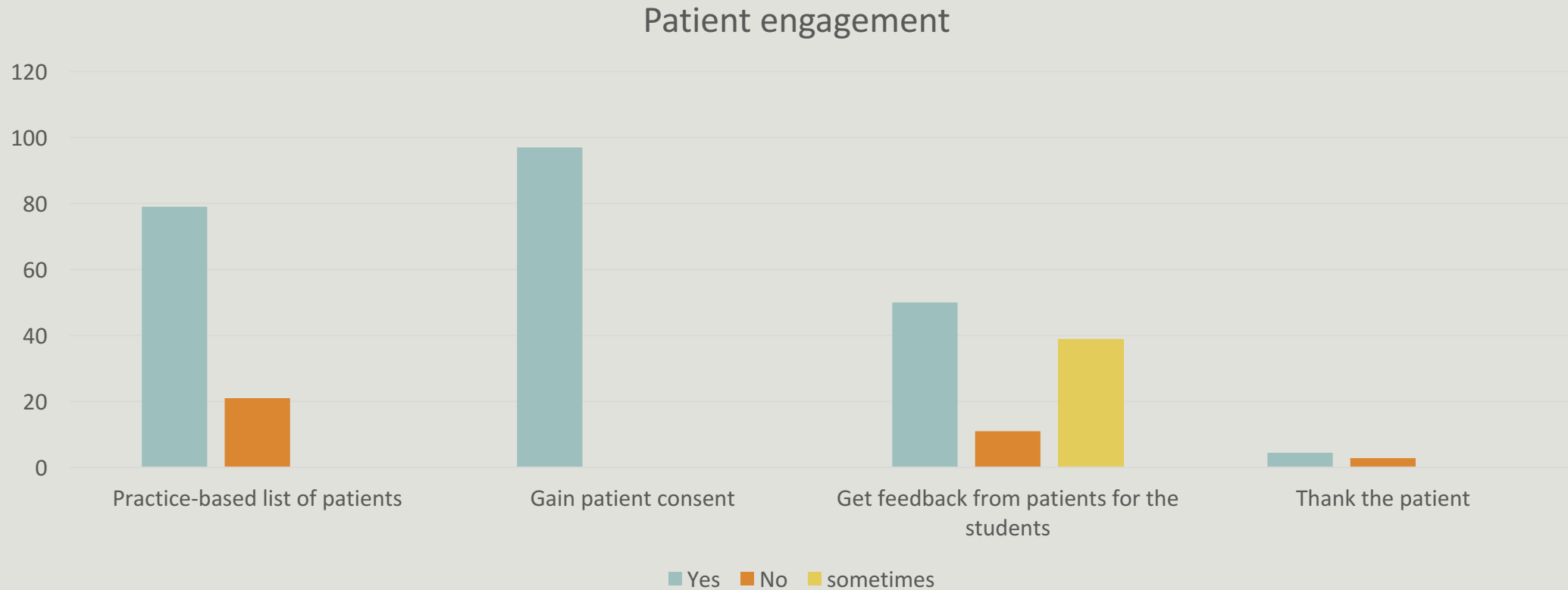
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## Planning and delivery of teaching



# Engaging patients

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# GP tutor review

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## KEY ISSUES

Practice factors

CBME factors

Student factors

Technical issues

Year specific issues

## KEY SUGGESTIONS

Share best practice

Develop tutor training and expand accessibility

Develop 2-way communication

Website

Patient consent

Pastoral care

Assessment

# CBME responses

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Working on the website

BOS

Review of CBME curriculum

Student info pre placement

Training dates a year in advance

Sharing practice

Two-way communication



# Planning for 2018-19

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No curriculum changes 2018-19

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# Finances SIFT 2018-19 & Teaching Preferences

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No change to placement or facilities payments for 2018/9

On-line form, circulated early this year – 9<sup>th</sup> January 2018

Just over 50% returned

<https://qmul.wufoo.co.uk/forms/so5lcuf0lv8ek2/>

# Student absences

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Please inform us know if a student does not attend on the first day of the placement as soon as possible so that we can follow this up. Also let us know if there are any ongoing attendance problems or unexplained absences.

It is important to notify us of any attendance issues, so that the School can follow this up as part of our duty of care to the students.

# QA processes

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## Contact with GPs

- New practice visit, visit/phone if issues, GP tutor training

## Asked from GPs

- SLA, GP tutor review (example of peer dialogue, response to student feedback)

## FB to GP

- Individual BOS, end of year FB overview, GP prize and poster of comments

## QA

- Negative log, engagement with BOS, **return SLA (100%!), return GP tutor review 76% practices, attendance tutor training**

# SLA current agreement

The practice will:

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provide a **role model** of clinical and professional excellence

provide **support for students** in line with current School practice

maintain the commitment and **safety of its patients** whilst working with students.

appoint a **Lead Tutor** who will ensure that GP Tutors have appropriate training and teaching skills and knowledge of the course.

ensure that all teachers engage in **peer conversations** around their teaching

ensure appropriate and robust **administrative** support for teaching and learning

meet the mandatory commitment that a representative will **attend** tutor training annually

# Roy Alexander Briggs Prize

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The patient examines the doctor

Freya Elliott, 2<sup>nd</sup> year medical student