

Business meeting

PROFESSOR ANITA BERLIN

LEAD

COMMUNITY BASED MEDICAL EDUCATION



Barts and The London
School of Medicine and Dentistry

www.smd.qmul.ac.uk

Creating a community

PROFESSOR ANITA BERLIN

LEAD, COMMUNITY BASE MEDICAL EDUCATION

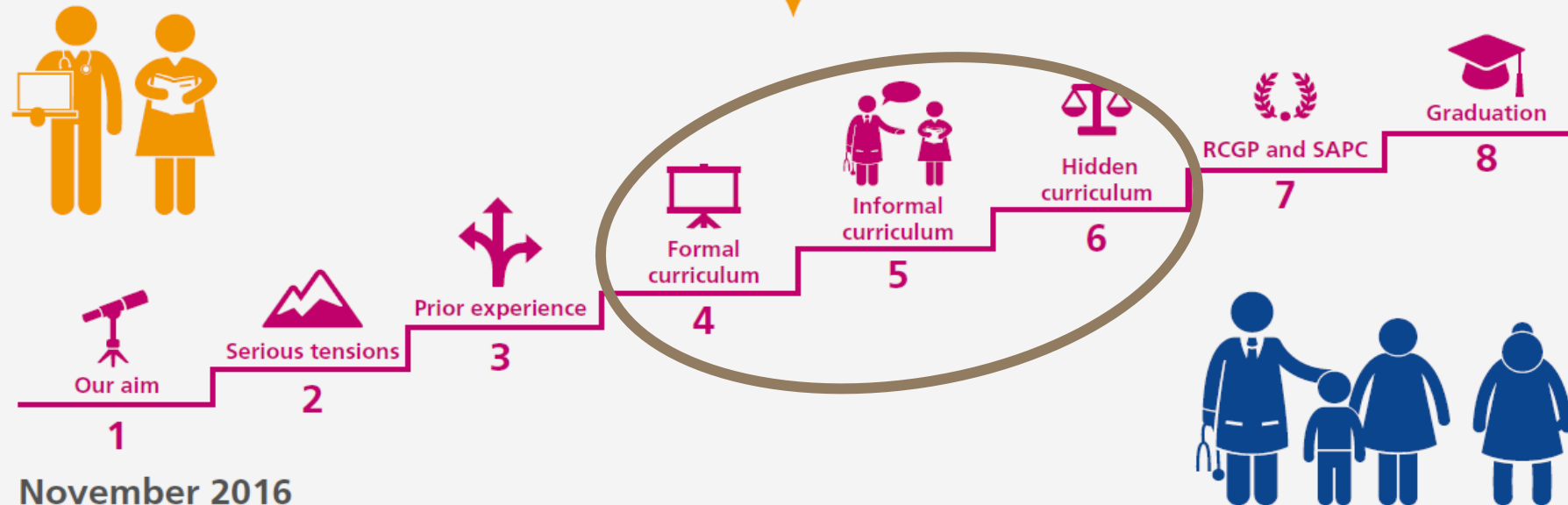


Barts and The London
School of Medicine and Dentistry

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By choice – not by chance

Supporting medical students towards future careers in general practice

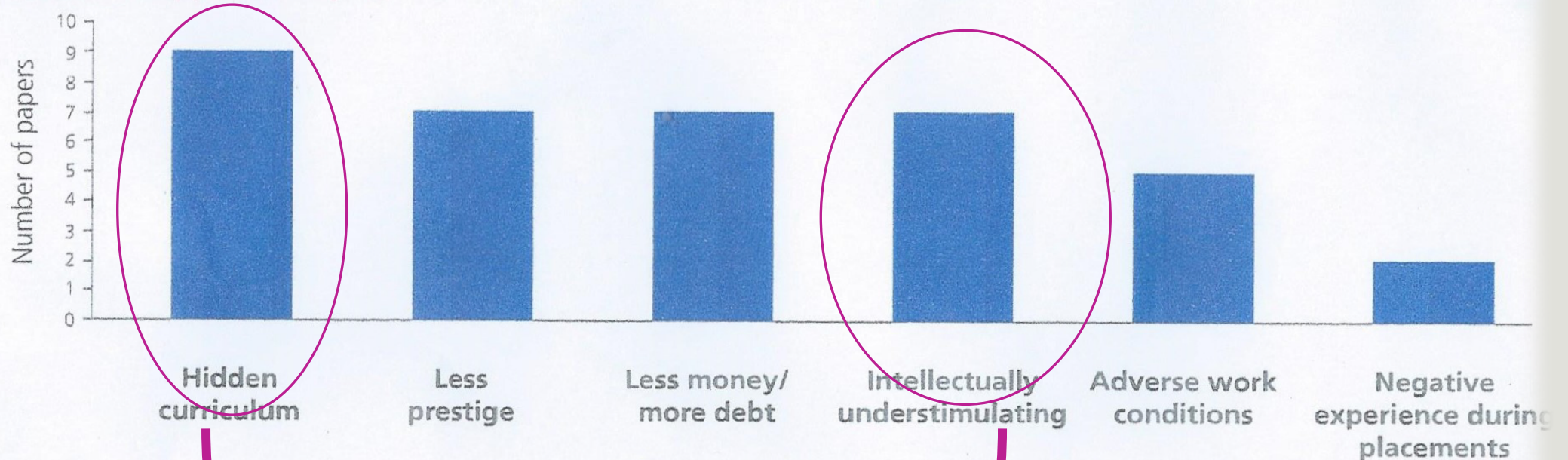


November 2016

Wass Recommendation 6 & 11:

- Tackle undermining of GPs
- Highlight intellectual challenge

Why don't students choose GP?
(Refer to Appendix 1 p50)



Hidden curriculum.....

- GP denigration
- Self denigration

Intellectually under-stimulating



All images: Wass Report (By choice-not by chance , 2016)



Understanding pressures in general practice

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GP workload : volume & complexity.

15 % overall increase in contacts

63 % increase in telephone contacts

- Recruitment
- Retirement
- Burnout
- Work-life balance

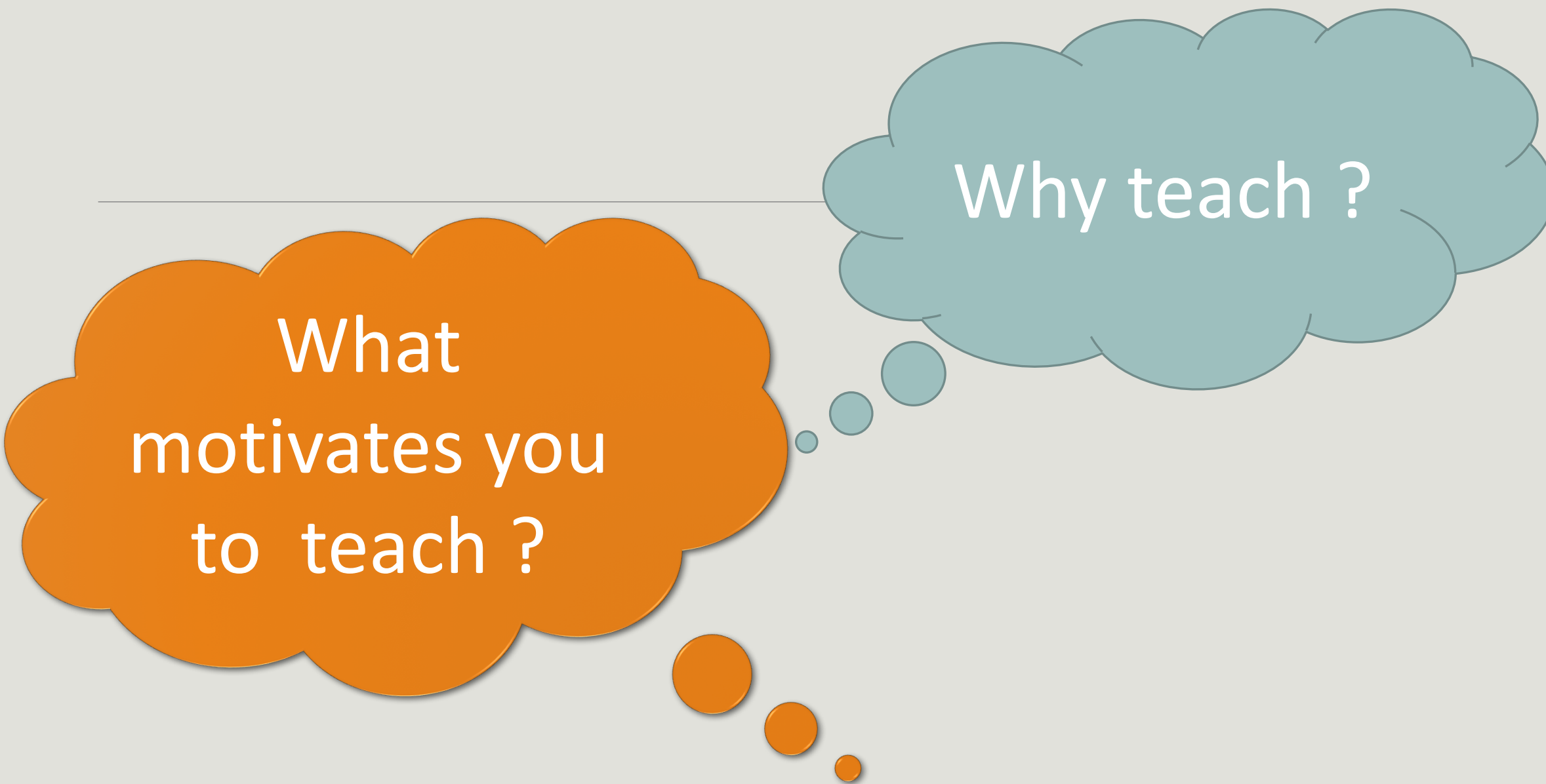
Under pressure



Under pressure

Why teach ?






What
motivates you
to teach ?

Why teach ?



Why teach ?



What
discourages
you?

Creating a

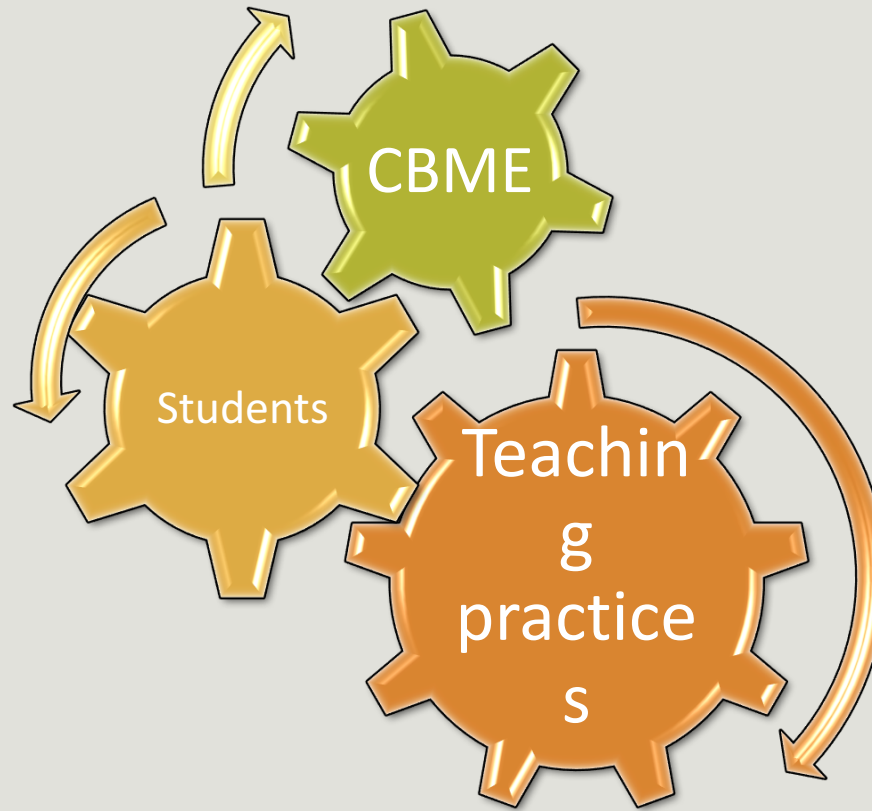
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graph TD; A[Creating a .....] --> B[Sense of community]; B --> C[Community of learning]; C --> D[Community of practice];
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Sense of community

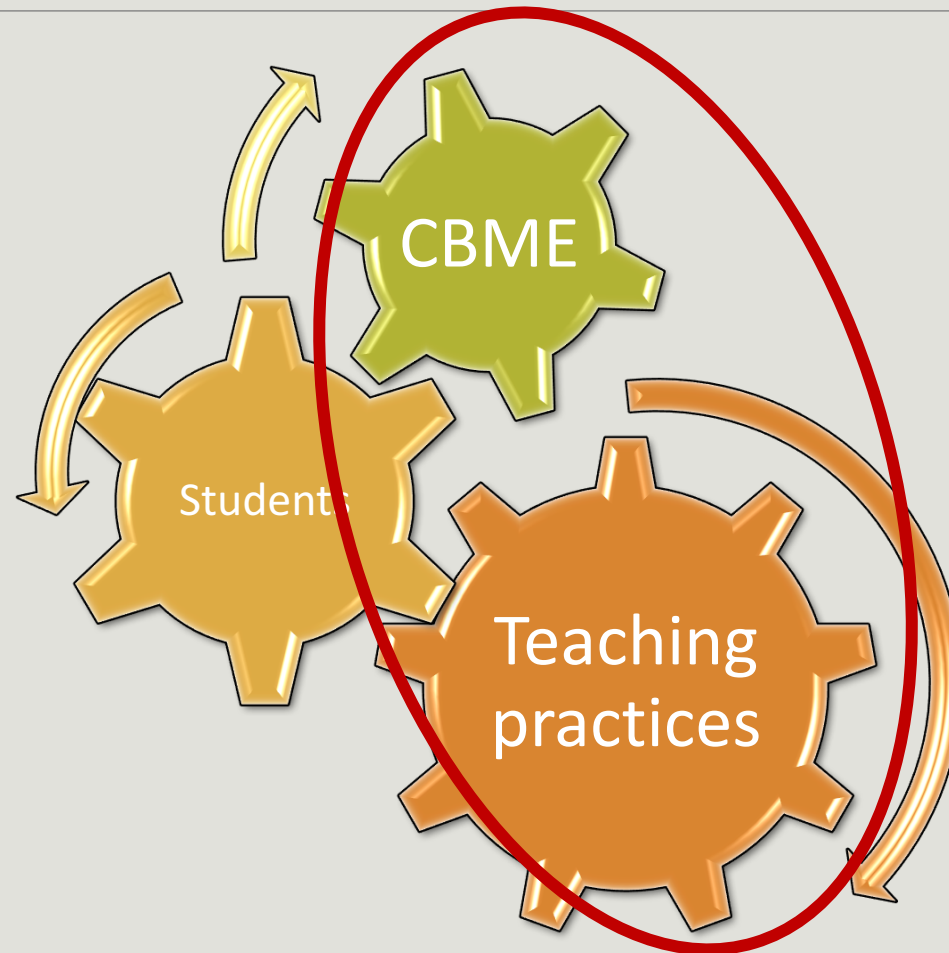
Community of learning

Community of practice

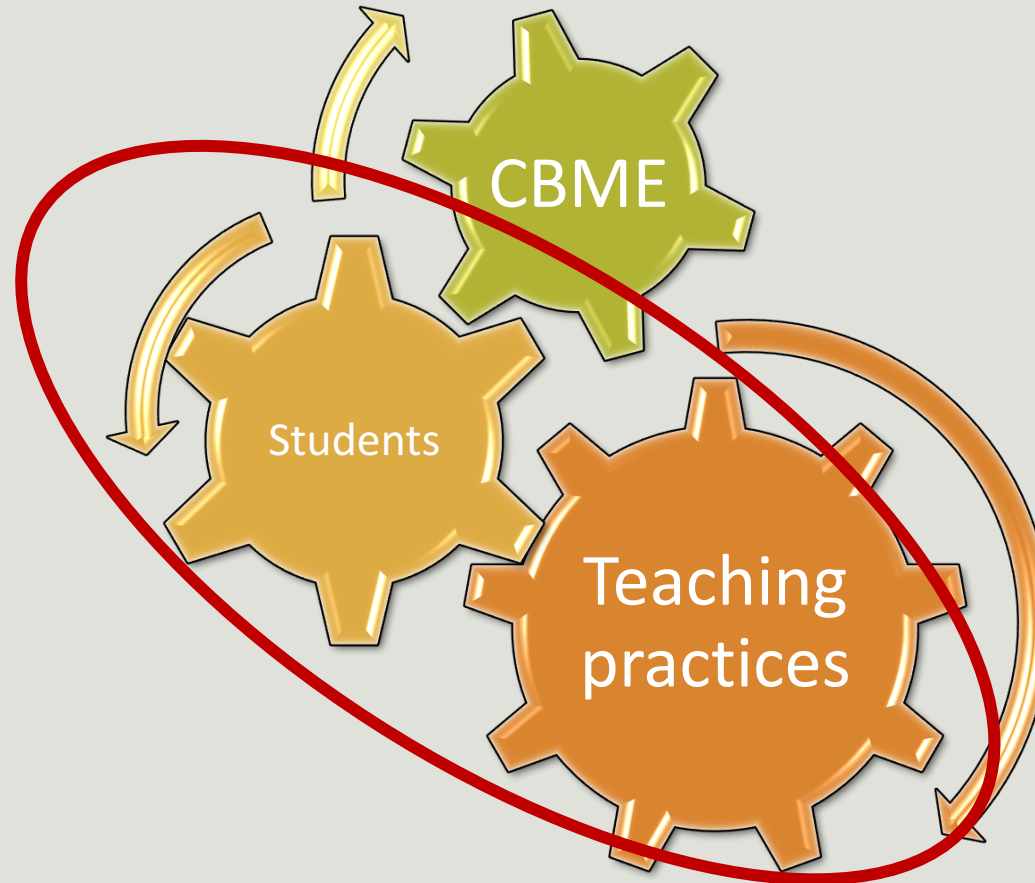
Our community



Our community



Our community



Community of practice

Domain:

shared area field of work , shared identity

Community:

based on relationships,

care about each other

learn from each other

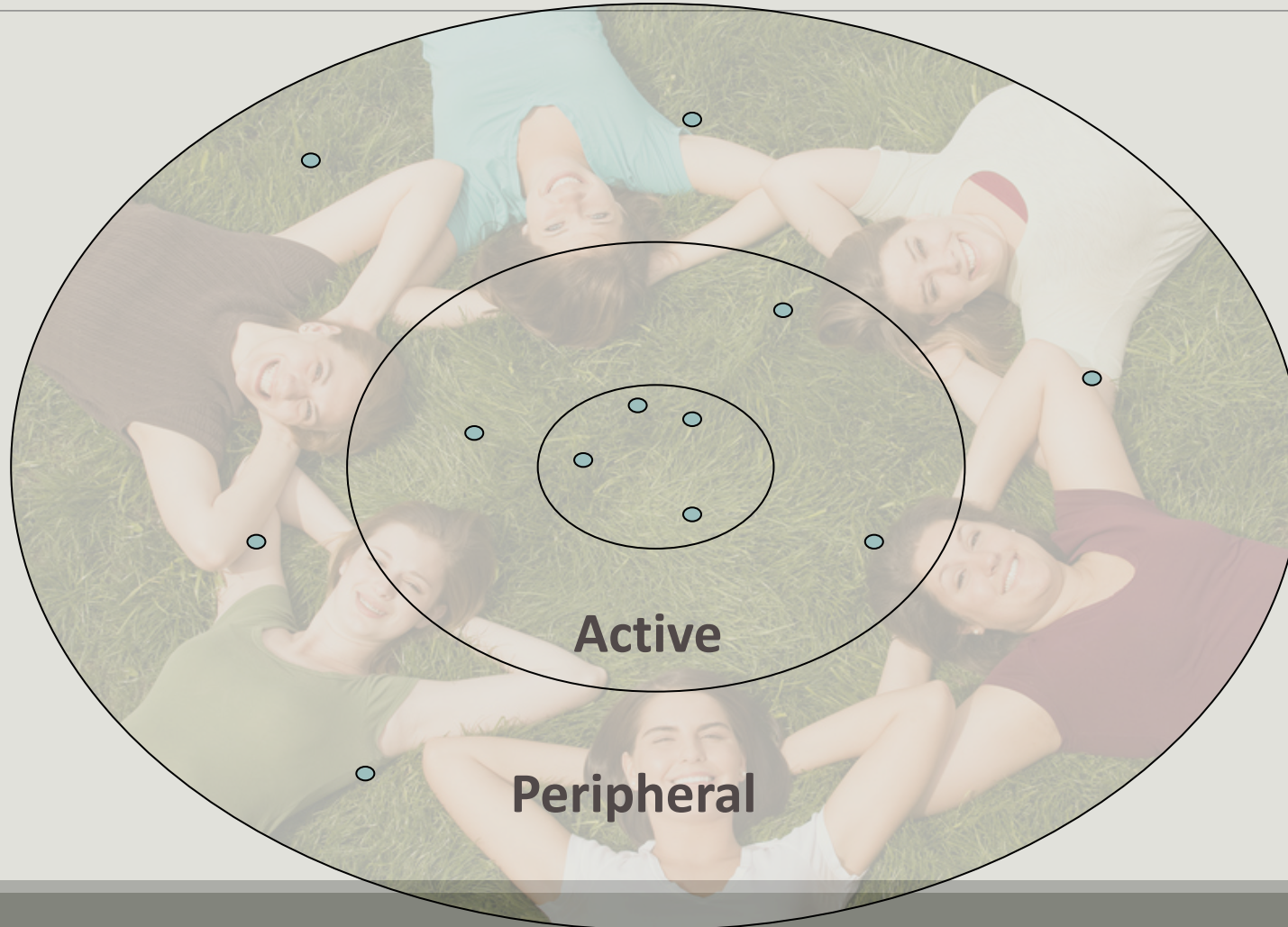
Celebrate successes

Practice:

shared repertoire,

Shared ideas about what is GOOD PRACTICE (& how to be better) give FEEDBACK

Degrees of Participation



• **Outsider**

MedSoc
EPC
Yr 3
Yr 4
Yr 5

Communities of Practice

novices and experienced practitioners

- learn from observing each other
- asking questions
- discussing and sharing
- participating in work alongside each other
- Giving novices real work to do

(Levine and Marcus, 2010)

Communities of Practice

novices and experienced practitioners

- learn from observing each other
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- discussing and sharing
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Feedback is key

(Levine and Marcus, 2010)

Creating a sense of belonging

What helps us feel part of something ?

What do you do in your practice do

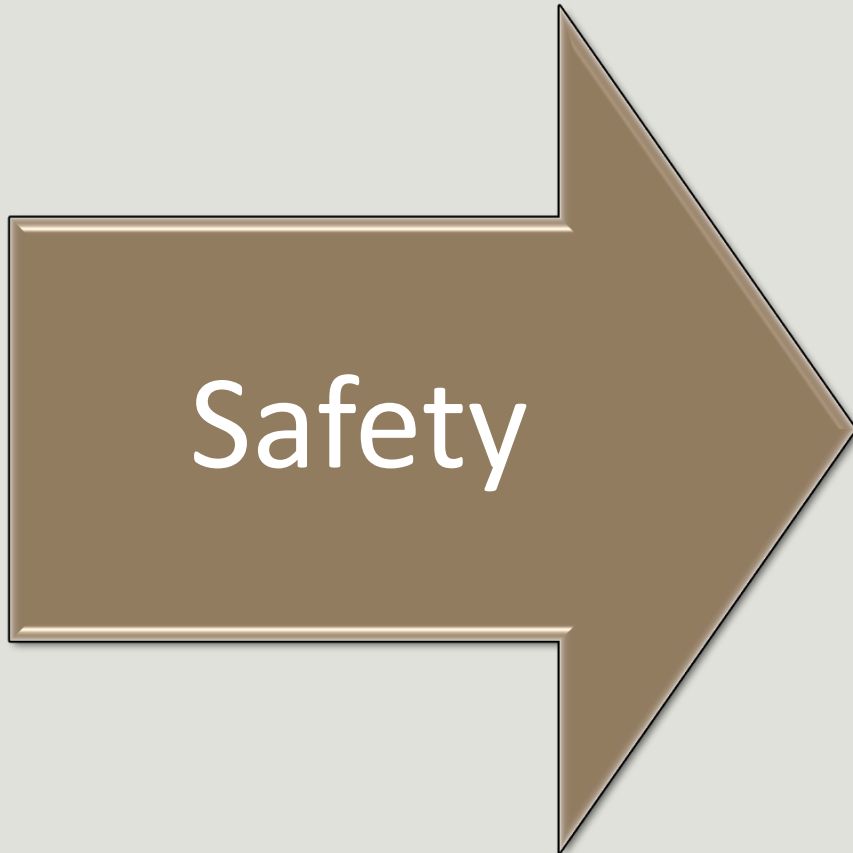
Creating a sense of belonging

What helps us feel part of something ?

What do you do in your practice do

How do make feedback reciprocal????

A good learning environment has.....



Identity formation.....

Professional identity - aspect of social identity;

- how we **think of ourselves in our professional role**

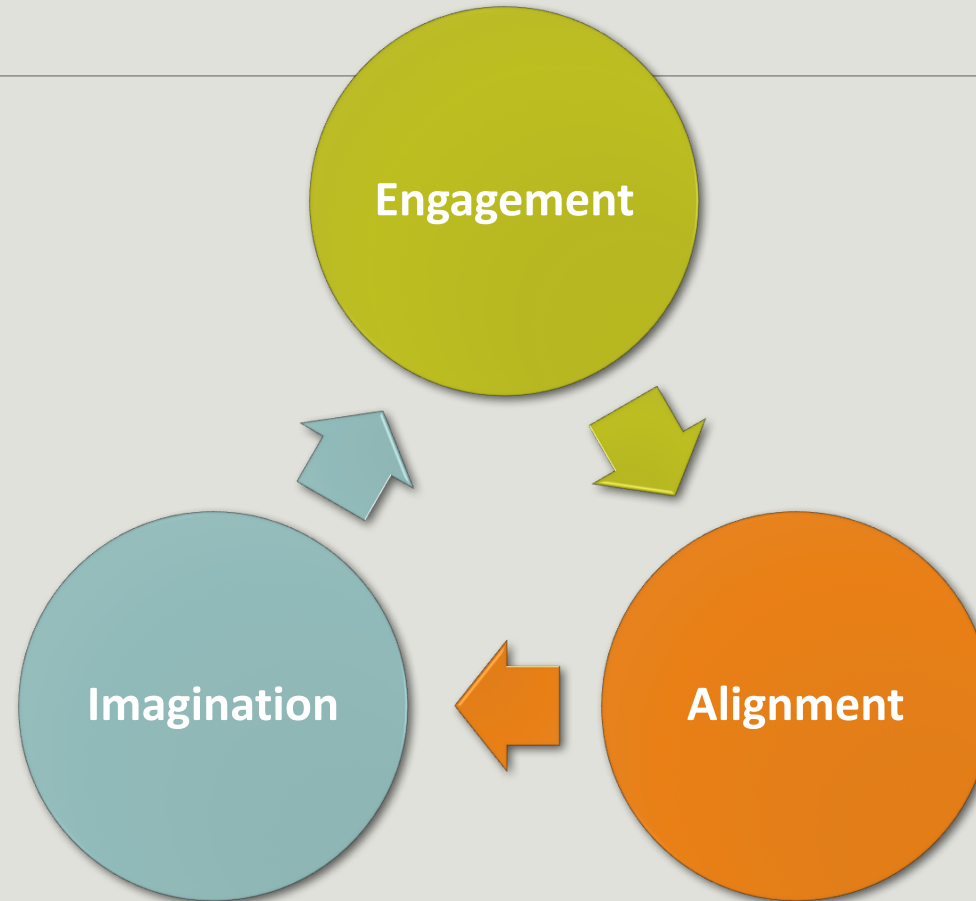
affects how we perform at work.

It develops over time, in response to significant events, to which we ascribe a unique meaning.

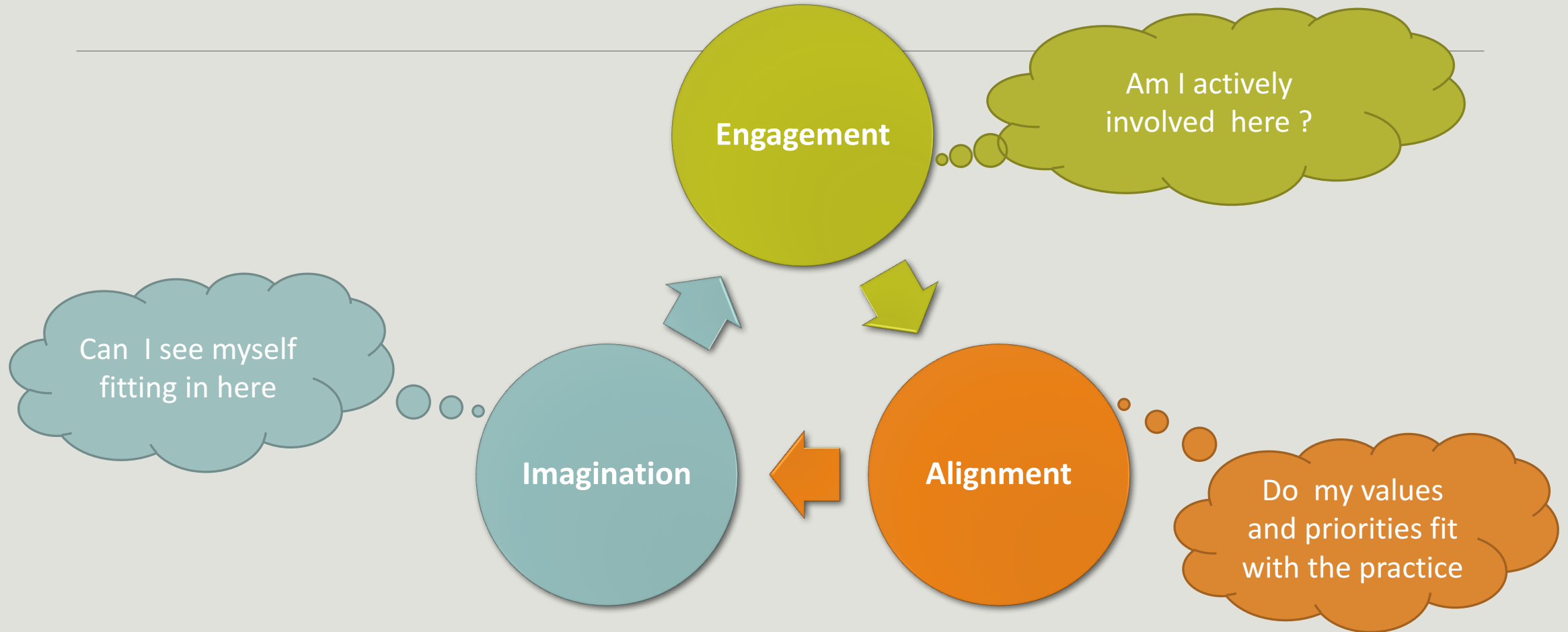
“Epstein (cited in Sachs 2001, p154)

“the process by which we seeks to integrate our various statuses & roles, as well as our diverse experiences, into a coherent image of self”.

Belonging....in general practice



Belonging...in general practice



The basics - Community of practice

1. Welcome communication (email): travel, special needs & interests, how **feedback** is valued – on going (**we care & we care what you think**)

2. Induction: written pack, timetable, hours, patient consent, patient notices, respect for all, logins, loos, phones, lunch, locks, etc- and more about feedback

- We tell you how you are doing – to motivate you , reward you and to challenge you to do better
- You tell us how we are doing – ditto

3. Mid point review & Informal checking in & debriefing – put in the timetable – give and seek feedback

4. Assessment & farewell before

5. On-Line Feedback – before leaving the building (reward – a sandwich/donut)