

Summer Education Day – 29th June 2018

Workshop A: Sharing good practice amongst GP tutors

We discussed examples of good teaching practice and how we might best share teaching practice amongst our GP tutors:

Examples of good teaching practice:

- Integrating the MDT
- Educational meetings
- Making the most of normal working day to provide opportunistic learning
- Providing non-clinical learning, e.g. practice meetings, information on running a practice – partnership model etc
- Establishing the level of experience of all students in the group
- Give communication teaching early
- Encourage students to take a walk around the local area with guidance on things to look out for
- Email students early before starting their placements
- Conduct a learning needs assessment with students individually at the beginning of the placement
- Make the learning environment a safe space and encourage student-led teaching
- Try to put yourself in student's shoes
- Explain your clinical (and non-clinical decisions) as you go along and outline your thinking process to enable students to learn from observing
- Remember that students are working towards a doctor role
- Encourage and role-model professionalism
- Use students as a resource to conduct work within the practice – they feel useful and you get something done
- Be well prepared for teaching sessions
- Deliver mock-OSCEs

How tutors want to share good practice

- Online forum 'Bartsnet'
- Whatsapp group
- Use the website to share examples of good practice
- Establish local area teaching champions and create local groups of teaching practices
- Have an undergraduate teachers workshop in the style of the 'trainers workshop' for postgraduate training
- Think about a buddy or mentor system
- Make a list of practices so we know who teaches in the local area
- Podcasts
- Students feedback slides

From this workshop, we plan to set up a pilot Year 5 Whatsapp group next month, we will upload examples of good practice to our website, we have provided a map on our website with all current teaching practices, and we are starting a podcast series – watch this space!

Workshop B: Educating students in lifestyle medicine

Lifestyle medicine is a scientific approach to decreasing disease risk and illness burden by utilising lifestyle interventions (such as nutrition, stress reduction) and is a recommended foundational approach to preventing and treating many chronic diseases. How do we incorporate these principals into our teaching activities?

Workshop attendee thoughts on teaching lifestyle principles to students and patients:

RELAX

- Worth incorporating mindfulness in the curriculum and teaching it to our students
- Read 'light material' when you can
- Have regular break periods for a few days and holiday when you can afford

SLEEP

- Keep bedrooms only for sleep (and sex). Need to inform students about the importance of sleep – why it is useful especially for learning
- Avoid watching late night TV
- Try to unwind after work and not to worry too much
- Avoid late night alcohol/caffeine
- Need to inform students about the importance of sleep – why it is useful especially for learning

EAT

- Can we give cooking lessons to students?
- Need education on the cost of food – nutritious meals on low budgets
- Arrange for students to go with patients to a diabetes education course on diet and prediabetes in the community
- Teach more nutrition in medicine. We need to emphasise to patients how a poor diet might enhance disease and encourage them to make healthy eating a priority
- People should be helped to learn basic facts about nutrition and 'healthy foods'. Emphasise minimising eating 'fast foods' and cook at home and take packed lunch if possible. Also to eat together as a family
- Think about barriers to healthy eating
- Give 'homework' for students to cook cheap and healthy snack/meal at home and bring in to share
- Time with nutritionist

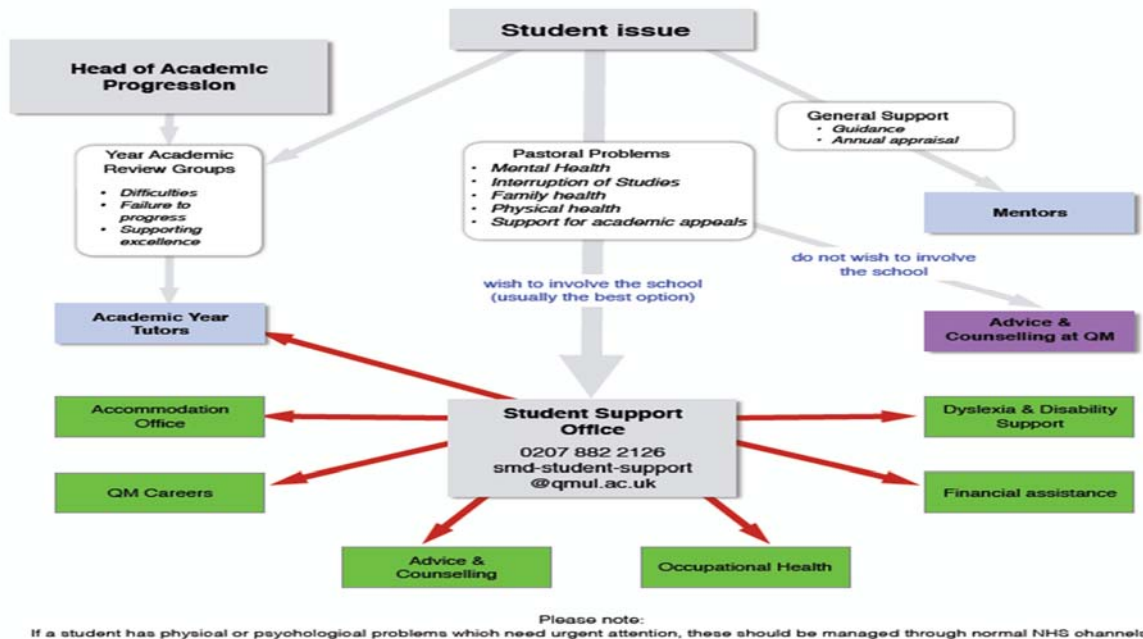
MOVE

- Students could design an exercise programme for patients
- Early morning 'loosening' of the body – 10 minutes. Use the car only if necessary otherwise use car/public transport
- Exercise in the home, rise of online classes, e.g. yoga, HIIT
- Give students free gym vouchers and then write feedback benefits
- All students should attend fitness class/gym/yoga. Put it on curriculum
- Barts and the London parkrun
- Making exercise more affordable for families, e.g. swimming. Walking classes, exercise groups

- Playing around with pedometers
- Move with friends and family. Do something together

Workshop C: Managing students in difficulty

We discussed the role of student support in the medical school and the structures in place. GP tutors expressed that the flow chart was particularly helpful and they would appreciate having this on the website.



We discussed with our GP tutors how communication could be better with the student support office and what information and help they would like. On the back of this we plan to make a clear section on the website for student support which will include the following:

- Flow chart above
- Information on referring to student support
- The steps that are taken when student support are involved with a student
- Who and how to contact
- Suggestion for GPs to ensure that they include a student support question in induction to try and encourage openness from the students on placement with them

Workshop D: Making the implicit explicit, learning FROM work activity

To the naïve observer, General Practice appears rather easy, we know the realities are somewhat different! Medical students need help to make sense of what they see, hear and experience on placement. This workshop focusses on strategies to activate the learning that arises from every day interactions with patients, carers and the practice team. In particular we will focus on active observation, teaching through questioning and developing reasoning skills

This workshop was captured on video which is currently being edited and will hopefully be shared shortly.

Workshop E: Physician Associate (PA) students in primary care – what have we learnt from our first cohort?

The first cohort of our MSc Physician Associate (PA) students will complete their 52 day longitudinal primary care placements in primary care in October. This workshop will provide an opportunity for tutors to meet PA students, and GP tutors from practices where the student have been placed to review the experience and consider any improvements that should be made before cohort 3 start in January 2019. This workshop will be of interested to any GP tutor currently hosting a PA student or interested in hosting students from January 2019

Workshop F: Creative enquiry in medical education

Creative Enquiry is an opportunity to enrich and extend our engagement with the art and practice of medicine (SAPC, 2018) and to engage with the complexity and inter-subjectivity of primary care. The making of artistic expressions (writing, photography, image making etc) is offered as a primary way of understanding and examining experience allowing for the emergence of student voice and rich dialogue. This collaborative workshop with students will explore different approaches to engagement of the arts in medical education and consider some of the strengths and weaknesses of such educational approaches

Workshop G: Year 1, Sharing practice in MedSoc teaching

What was most memorable/joyful about year 1 teaching?

- Getting good patients. Difficult to guarantee but this seems to be the most effective and most enjoyable part of teaching. We discussed thanking patients to encourage them to continue to contribute to teaching – can use thank you notes etc

What were the biggest challenges and how did you overcome these?

- Not clear what the expectations are from the community tutors vs. GP tutors. All practices do this differently but some expressed desire to know what is contractually required of the community tutors
- Marking schemes done A-E and 1-5, would be easier if all in one system
- Reflective log marking can be time-consuming
 - Some GP tutors delegated this completely to community tutors, some shared the task and others did it all. General consensus seemed to be that it is helpful for GP tutors to see a few reflections but that community tutors are just as able to provide reasonable feedback
- Some GP tutors are finding it harder and harder to find outside centres for students to visit as they are becoming more focused on legal and privacy issues.
 - Discussed using social prescribers for tips/suggestions
 - Would be helpful to communicate with practices in other localities (so that resources are not being competed for) to see what they find
- Can be challenging to get the students feeling confident talking to patients without teaching them to 'take a history'

- Some GP tutors use group interviews with patients and facilitate the questions
- Others suggest student might like to draw a timeline with the patient so that they have some structure but it is more fluid than a strict medical history
- Some sit with students for 30 minutes or so and get them to come up with all the questions they want to ask
- Not always clear whether students have done preparatory reading
 - Beginning of every day GP tutor conducts teaching sessions where one student does presentation and then they do ad-hoc questioning of all the other students so that everyone is forced to learn before they come to the session

How might we better support you with the education of our first year medical students in CBME?

- Clearer guidance on expectation of community tutors and balance of responsibility
- Always include MedSoc in subject email as some GP tutors teach many different year groups and difficult to search through emails effectively if not included in subject
- FB group or Whatsapp group for sharing info

Future plans – on the back of this workshop we plan to:

- Try and set up a facility for sharing amongst MedSoc tutors
- Share information about the expectations on GP and community tutors
- Add a section on the website with teaching sessions that others do which are successful.

Workshop H: Year 2, Extending Patient Contact – Bridging the gap between classroom and clinical learning

Extending Patient Contact runs through MBBS Year 2 and brings textbook cases to life for students; while giving GP tutors an opportunity to build a relationship with a group of 4 students over the course of the academic year, and to help students make the transition from learning in classroom to learning in the clinical environment. The teaching is highly evaluated by students. This workshop will review the module format, delivery and aims and outcomes to see if change is needed. The workshop will be of interest to GPs with experience of teaching EPC or those who would like to get involved.

Workshop I: Year 3, Review of the year and looking forward

This academic year we have changed the our year 3 Community based teaching with the launch of the GP3 module and the change of format to met3a week. This is an opportunity to both provide your feedback in regards to these changes and help in the development of these modules at both practice and medical school level

Workshop J: Re-imagining the primary care curriculum for Years 4 and 5

We currently have a specialty driven GP curriculum, particularly for Year 4. However, there are a number of changes that will affect the medical school over the coming years including expansion of student numbers, greater inter-professional learning, and the introduction of the Medical Licensing Assessment (MLA) to replace Finals. How might we re-imagine the GP curriculum so that it models

the real work of General Practice? This workshop provides an opportunity to discuss the changes coming, to discuss what is currently working well and to think creatively about how we would like to shape teaching and learning for students in Years 4 and 5 in Primary Care

Workshop K: Social justice

Social justice in primary healthcare: Is it something we teach, a way of teaching or something else? A facilitated session for clinical educators to get together and share ideas and experiences.

Workshop L: Learning with and from the wider team

By Choice not Chance highlights the importance of the informal curriculum, highlighting the value of learning within general practice multi-disciplinary teams. This workshop explores the untapped potential for physician associate and medical students to learn about the complexity of community based medical education through time spent with the wider healthcare team. We will consider how to design and integrate these learning opportunities into clinical placements from year one to five. There will be opportunities for the participants to share stories of success in this regards