# GP tutor review on the website:

**Student induction suggestions:**

Student-centred approaches

* ‘As part of discussion at first session we establish what the students expect to gain from placement and what we expect from them in return. We also let them know that they can approach us with any problems and should let us know if something is not working for them as soon as possible’
* ‘…I do a 15min introduction on ground rules and expectations at the start of the first session…’
* ‘We always on the first day find out what they have seen or what they need to see and work with the students so they get a better understanding of GP surgery’
* ‘We have introduced badges after suggestion at a Barts tutor session’
* …email contact weekly with… requests for feedback/ learning suggestions/ areas to prioritise.
* Always have a introduction session, as main tutor I'd like to know where the gaps in their knowledge are, what exams they have coming up, what placement they have been on and what comes up next. I let the year five group guide me on their tutorial topics.
* …ask the students what they want to learn/ get out of the placement at the start of the placement and mid way through and then discuss at the end if we met their aims & objectives
* At initial tutorial by brainstorming. Students are made to feel comfortable and welcome. I do not bombard them with lots of 'policy' documents but rather just highlight the key important things - e.g. can't examine without my presence, must respect confidentiality, need to be punctual, etc
* At the first session we spend some time discussing hopes and fears for the placement As the beginning of each session we discuss a plan for learning objectives and what the students would like to cover in the sessions. Most of the theory based topics are done as self directed learning between sessions. This allows for the sessions at the GP practice to be focused on seeing patients. At the end of each session we go over whether or not the learning needs have been met. If not, how we plan on covering these in future sessions.
* During first session I meet them. Depends a little on which group (we teach years 1 through 5 as a practice, I often lead MedSoc and also HD and various year 3 groups) and how much they are aware of the the objectives/assessments when they arrive. But usually involves asking them to come up with a wish list of topics to cover and in what format (i.e. patient contact vs tutorial vs other). And then usually helpful to review their objectives together, share what we can realistically offer (e.g. if a very long list of wishes or more secondary care oriented) and then suggest what previous groups have found useful. Then a bit of re-jigging of the wish list usually follows, then we work out a timetable around it.
* I ask them what they have covered in their PBLs/lectures about the topic I am teaching on and then I undertake socratic questioning on the topic I ask students for feedback at the end of every session about what to do differently next time
* I do a quiz that I have written to assess learning needs
* Set aside time to find out from students what they wish to learn. On doing joint surgeries, supervised surgeries , address lacunae in learning which are reflected back to learner
* We send an earlier email to students prior to the start of the posting with a draft time table . On their 1st day, we have an induction process which includes reviewing the draft time table and assessing what students have already learnt and what they are hoping to learn during their time with us. The time table can then be updated to incorporate students needs. We have also employed using a pre course test and a post course test materials e.g is the ENT in Primary Care teaching where we do quiz at the start and at the end of the teaching .

Engaging whole team

* ‘practice manager and admin team involved in induction and introductions’
* ‘Students email in the week prior to placement to know their start times. When students arrive, our practice manager provides an induction to include policies, staff intro and when I see them I go over practice processes’.

Policies

* ‘Introduction on how to use the clinical software, house keeping, health and safety, chaperon policy’
* ‘…a confidentiality form will be signed…’

Communication

* ‘give them our mobiles -and direct lines to practice’
* ‘We put most of the relevant information on a website at <http://brainandbehaviour.wikispaces.com/>’
* ‘we set up a whatsapp group to communicate…’

IT

* ‘We have a data protection , fire safety and orientation on their first day. They have their password and login to computers and access to a terminal with wifi and internet access so they can study in lunchtimes and breaks’

**Engaging patients in medical student learning**

Student centred approaches

* …I find the students enjoy being the first person to see the patient about the problem, and it gives them the confidence in seeing a patient with a first presentation of something rather than a patient who has already been clerked and diagnosed - they feel they are contributing to patient care rather than taking up the patient's time. Our reception staff always consent patients first but I also double check this when I call the patient in from the waiting room

Patients value the students

* ‘…Most patients find the interaction with students valuable as they spend more time with the patients’

Valuing our patients

* We encourage the students to send a notelet to the patients that have been kind enough to receive the students into their own homes.
* We give patients a £10 M&S voucher with a card signed by students if they come in for a long case (an hour usually)
* …A thank you card is sent to all patients after the teaching
* we send thank you letters to patients, these are sometime brought back to us by grieving relatives after the patient has died (reflecting that the patients sometime keep the letters for years as a reminder of the student visits)
* …We discussed in the patient participation group about the teaching activities and they are fully supportive

Change practice

* ‘…we are considering creating a feedback form specifically for these patients which will allow us to gain meaningful patient feedback which we could then formally pass on to the students’
* ‘I am hoping to get written feedback from all patients who have been involved in the teaching this term.’