Business meeting

PROFESSOR ANITA BERLIN
LEAD
COMMUNITY BASED MEDICAL EDUCATION
Creating a community

PROFESSOR ANITA BERLIN

LEAD, COMMUNITY BASE MEDICAL EDUCATION
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
Hidden curriculum.....

- GP denigration
- Self denigration
Intellectually under-stimulating

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

What discourages you?
Creating a .......

Sense of community

Community of learning

Community of practice
Our community
Our community

Teaching practices

CBME

Students
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

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

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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.....

Safety

Challenge
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.

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

Epstein (cited in Sachs 2001, p154)
Belonging.... in general practice

Engagement

Imagination

Alignment
Belonging....in general practice

Engagement

Am I actively involved here?

Alignment

Do my values and priorities fit with the practice?

Imagination

Can I see myself fitting in here?
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)