Queen Mary

University of London

NESTT

Dr Louise Younie

Professor Anita Berlin

Dr Sally Smith

www.gptutorbartsandthelondon.org

Aims

- Promote learner led models of teaching
- Build confidence as student-centered educator
- Develop educational ambassadors within primary care

The start- your experience so far…..

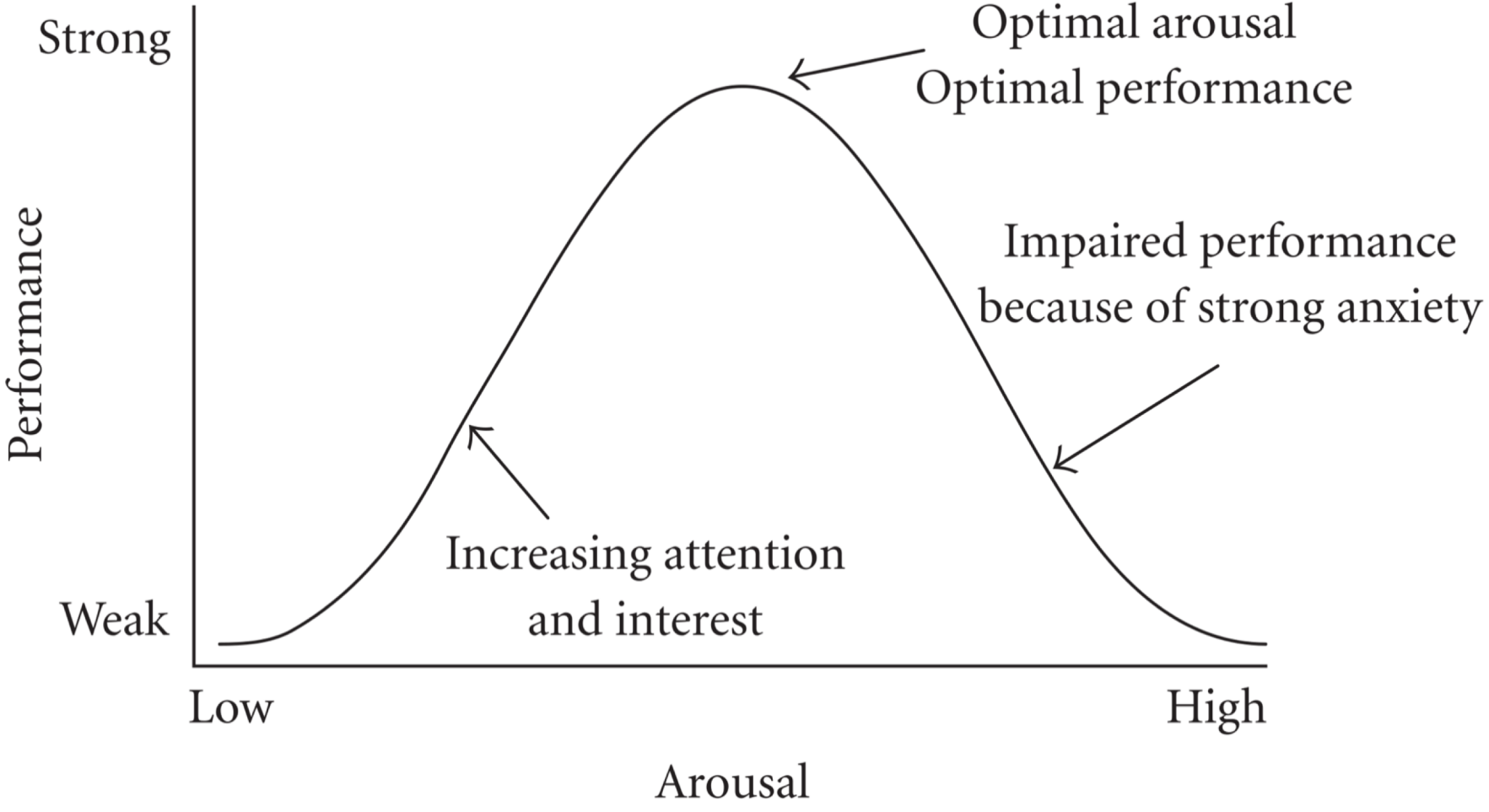
- Think of a teacher who at some point in your life really inspired you?
- What about them or their teaching left a lasting impression?
- Discuss in 2’s & 3’s

Student voice

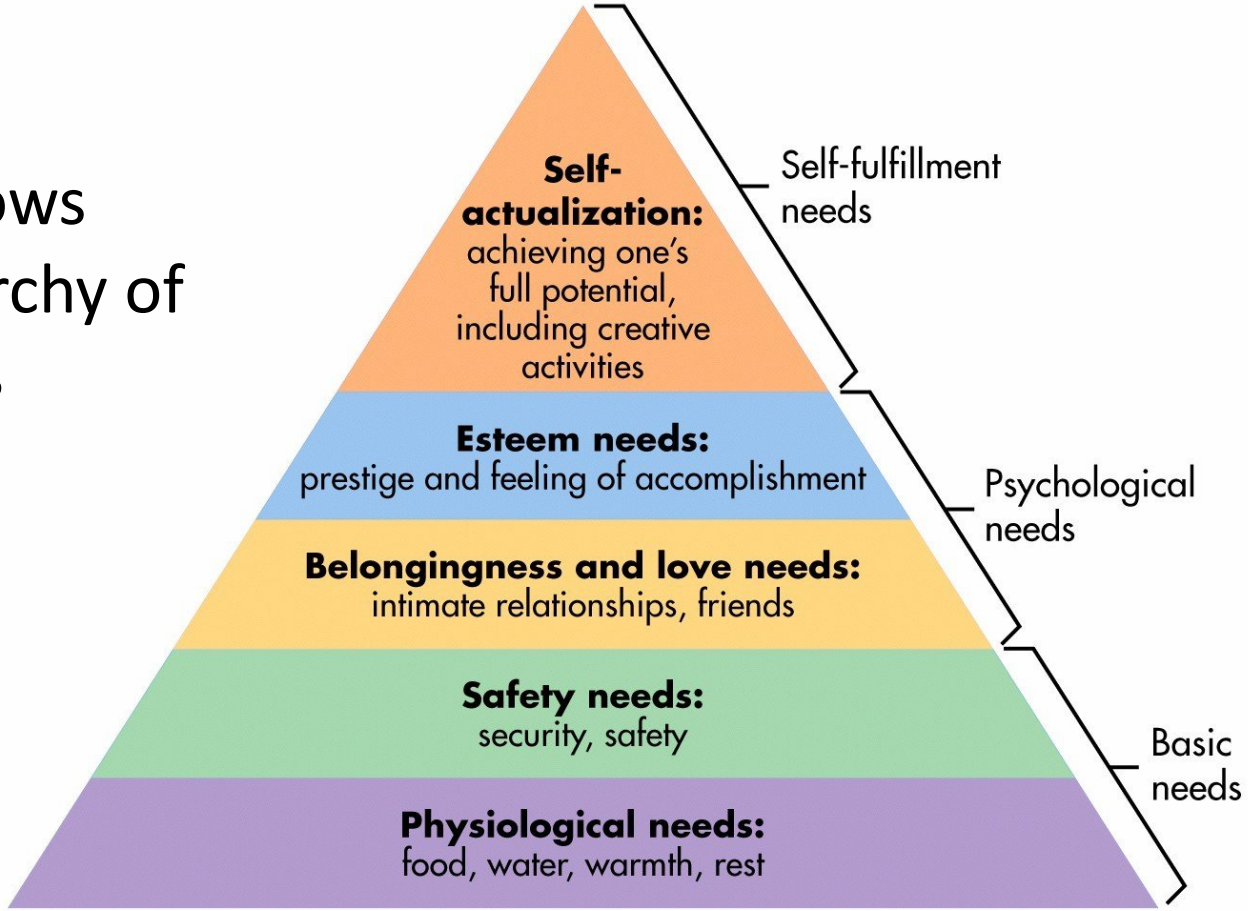
Look at student nominations:

- What themes do you see (2017/2018)?
- What behaviours do you want to show yourselves?

Bite-sized


Strong
Performance
Weak
Optimal arousal
Optimal performance
Impaired performance
because of strong anxiety
Increasing attention
and interest
Low
High
Arousal

Maslows Hierarchy of needs



Learning needs analysis

- What developmental needs would you like to be addressing as educators to support your work with students?

Rough Outline for the day

- How do we prepare patients and the practice?
- How do we induct students into learning in general practice?
- Educational methods?
- Approaches to a learning needs assessment?
- What is special about general practice?
- How can we give effective feedback?
- How to evaluate teaching?

Placements that students love: Student tweet

Blown away by Day 1 of paediatrics placement. In the first hour we were told by consultant:

1. We want to get to know you + support you as individuals
2. Never apologise for showing emotion. Always an open door if you want to talk
3. Each of you is a valuable member of the team

Placements that students love

- Preparing the practice
- Preparing patients
- Preparing for students
- Preparing the teaching

Q re practice checklist

- How will you inform the practice of the students coming?
- How will you engage and support other tutors in the practice?
- How will you engage/prepare the wider health care team?
- How will you organise the timetable, student sessions with patients etc?
- How will you check for clashes?
- How will you share out the JISC feedback and review teaching?

Q re patient-student encounter

- How will you find patients? Which patients?
- How will practice facilitate patient consent?
- What motivating factors are there for the patient to see the student?
- What information will be given to the patient prior to learning experience?
- What will you do if patient does not turn up/on the day patient doesn't consent?
  - Support with educational resources e.g. patient voices website?
- How would you thank the patient?
- How might you organise longitudinal follow up with patient?

Q re student checklist

- How will you prepare student for coming to your practice?
- How will you introduce students to your practice?
- How will you find out what your student learning needs are?
- How will you establish small group rules, patient consent and confidentiality?
- How do you prepare students for meeting with patients?
- How will you manage a struggling or difficult student?
- How will you engage the student in feedback?

Q re teaching ideas

- What methods will you use?
  - Asking questions
  - Observing student-patient engagement
  - Student/tutor presentations etc
- What kinds of questions will you ask?
- What materials do you need?
  - Tutor guide
  - Content specific resources/online resources
  - Flip chart etc

Negative log themes

Attitude	Activate learning	Feedback	Organisation
Condescending GP authoritarian with patients, rude Prioritised students rather than patient on one occasion (MH) Ethical issue – student bringing in patient (consent) Reception staff rude	Non participation Dr reading out powerpoints Wanting to see patients ourselves Fewer students GPs too busy	Feedback not tailored to student history taking, examination etc.	Inconsistent timetabling/timings No WIFI/login Lunch time waste of time Dr not knowing learning objectives

Negative log comments could nearly all be addressed by:

Respect	Regular review of placeent Student-centred approach		Educational co-ordinator
Attitude	Activate learning	Feedback	Organisation
Condescending GP authoritarian with patients, rude Prioritised students rather than patient on one occasion (MH) Ethical issue – student bringing in patient (consent) Reception staff rude	Non participation Dr reading out powerpoints Wanting to see patients ourselves Fewer students GPs too busy	Feedback not tailored to student history taking, examination etc.	Inconsistent timetabling/timings No WIFI/login Lunch time waste of time Dr not knowing learning objectives

Students arriving next week:

nominal group technique

- Pre-arrival email
- Take them round the practice, introduce to team, show building
- Walk around the patch
- Ice breaker, do they know each other, what have they done for the summer
- Logins/Name badges, using name in learning context
- Intro to general practice as speciality
- Expectations of the students – expectations of the practice
- Confidentiality
- Give contact number if issues
- Patient consent – teaching with patients
- Small group rules
- LNA

Bite-sized

LNA

- Some GPs were very passive at getting med students involved. … Perhaps, making sure all GPs at the surgery are aware that we are able to take histories may help. Also, it would be better to speak to the med student first about what year they are in and gauge an idea of what we know and what we are capable of. For example, I had done so many neonatal checks in hospital under supervision. In this GP rotation, at times, the doctors would assume I don't know anything and go through the neonatal checks, step by step. It was good revision for sure, but it could have been more engaging to invite the student to take part in the examination itself.

Neg log 2018

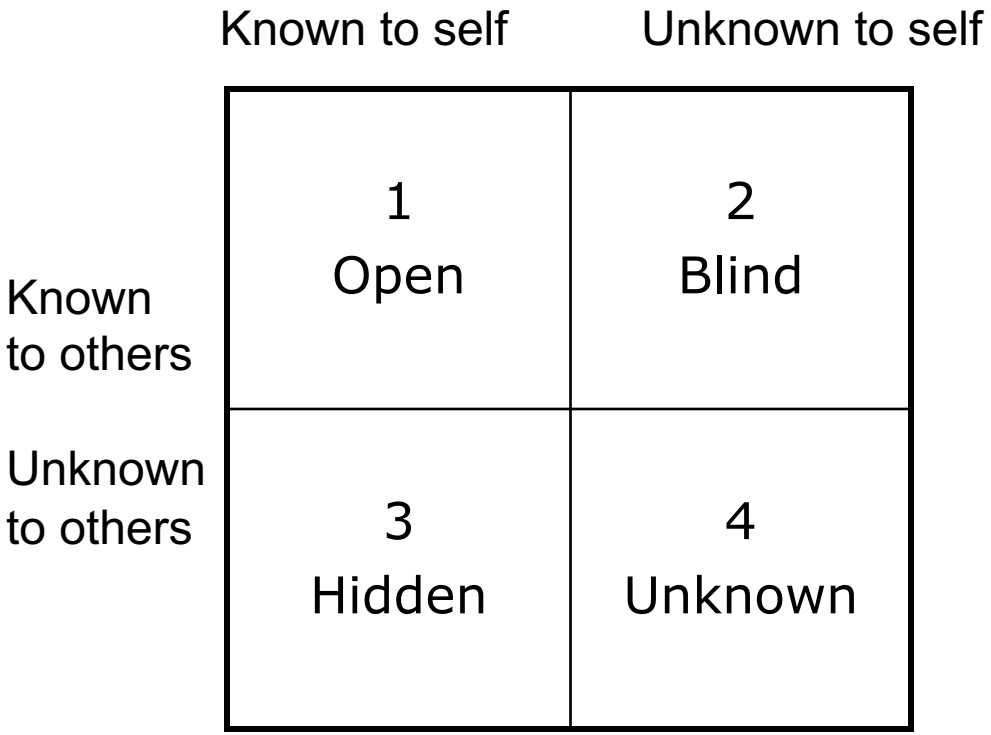
LNA

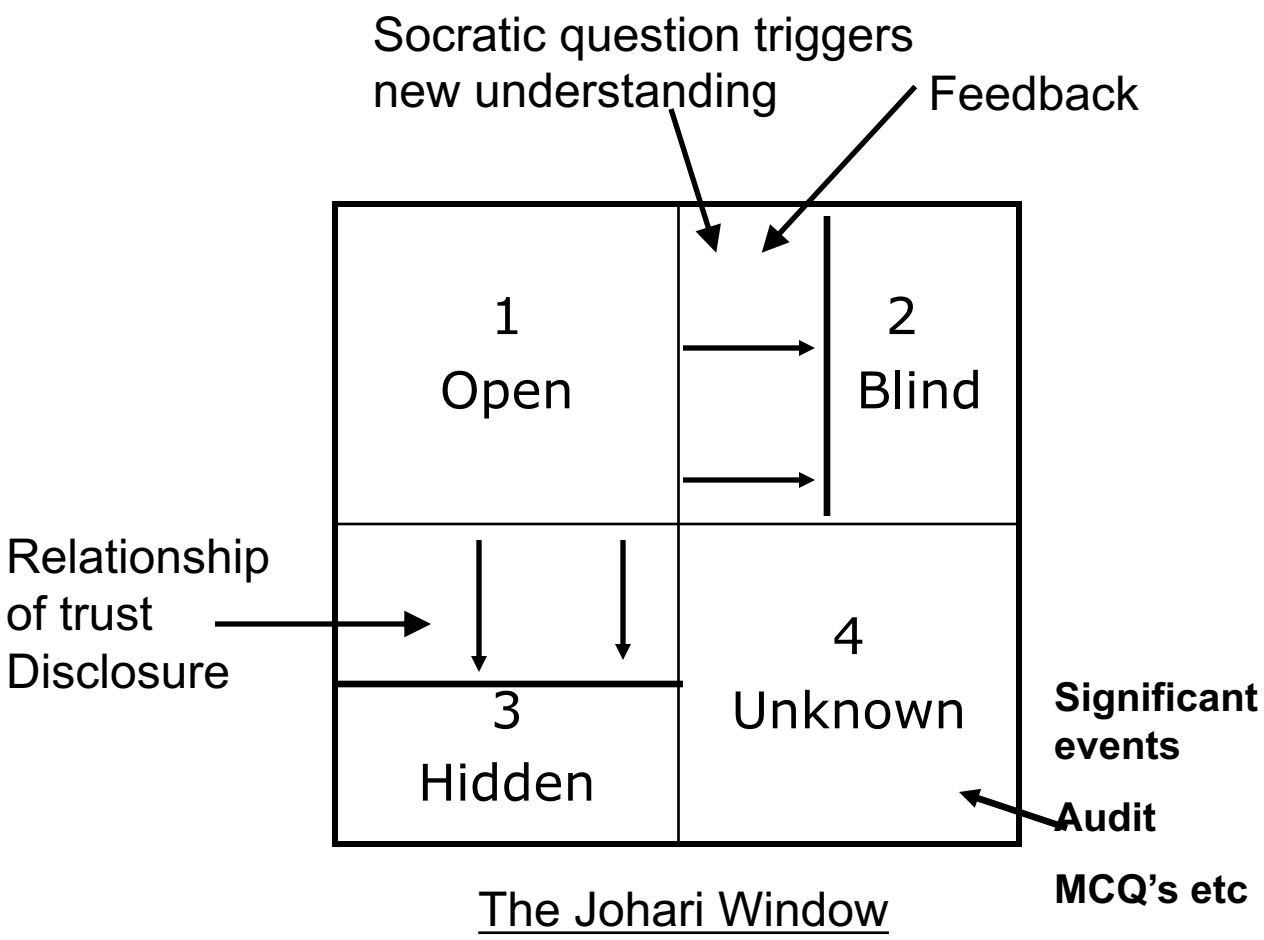
If this was your student feedback, prior to next group of students what would you change?

- How do you begin to understand their learning needs?

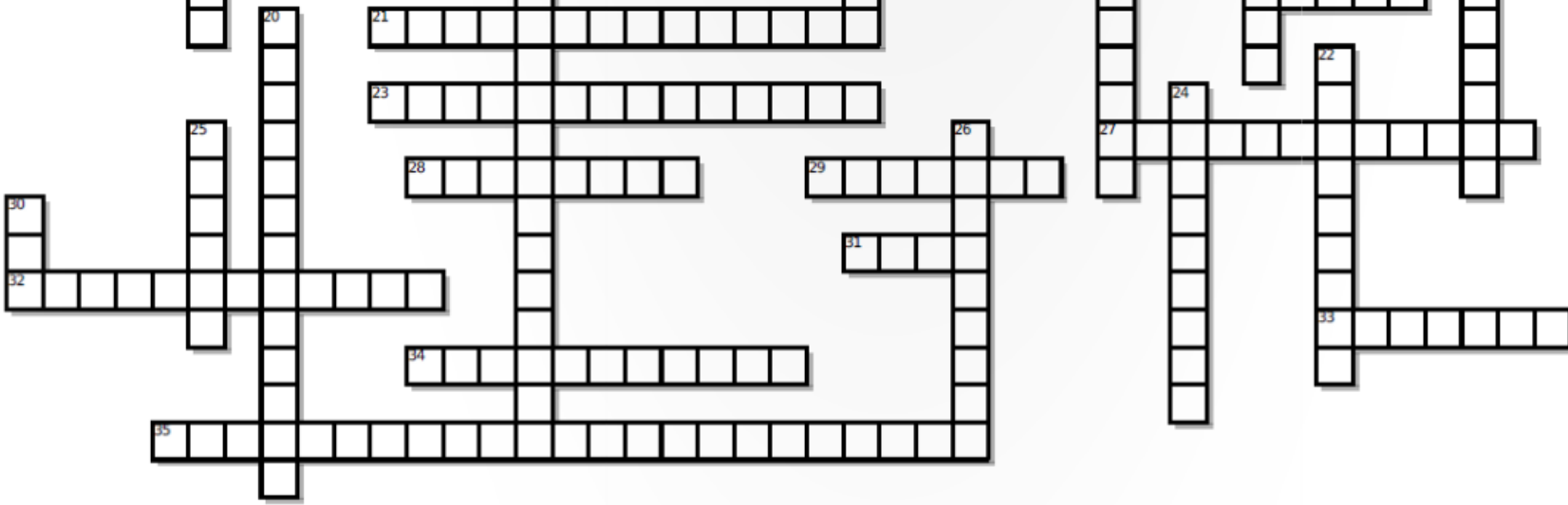
Ways of identifying learning needs

- Ask students
- Review of learning outcomes with students
- Log books
- Quiz/questioning for knowledge
- Observation of student history taking, examination, management
- Feedback from patients, staff and other health professionals (e.g. 360º appraisals)
- Significant incident/event analysis.


Known to self
Unknown to self
Known to others
Unknown to others
1
Open
2
Blind
3
Hidden
4
Unknown



The Johari Window



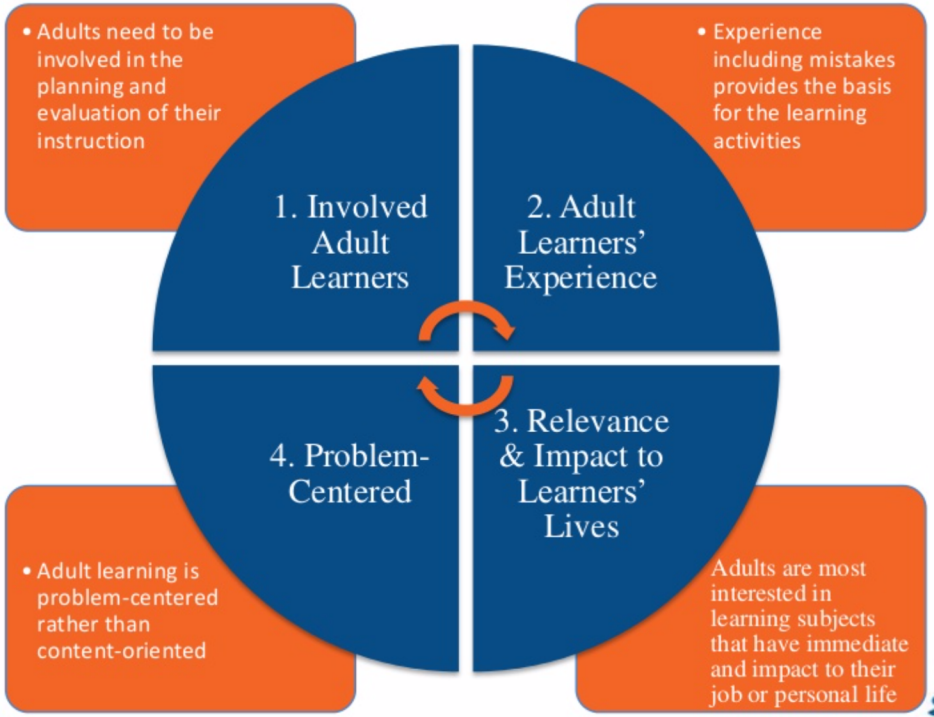
ACROSS

2 benign tumor of smooth muscle uterine tissue
5 injectable prophylactic treatment in pregnancy for recurrent miscarriage
6 foetal heart tracing monitor
7 treatment for hirsutism
9 Hormone in IUS
10 metal used in coil
14 Condition where fragments of womb lining are found outside the womb
15 number of weeks for dating scan
17 chemical applied to transformation zone
18 must be ruled out in abdo pain in early pregnancy
19 Screening blood test for ovarian cancer
21 first line class of drug used in overactive bladder (OAB)

DOWN

1 First line treatment for painful periods
3 Coil for heavy periods
4 treatment for CIN
6 investigation for CIN
8 bleeding after delivery
11 endoscopic examination of womb
12 First period
13 Heavy periods
16 vaginal delivery after caesarian
20 3 monthly injection for contraception
22 for prevention of neural tube defects

Knowles' 4 Principles Of Andragogy



Teacher centred learning

- Low level of student choice
- Student passive
- Power primarily with teacher

Student centred learning

- High level of student choice
- Student active
- Power primarily with student

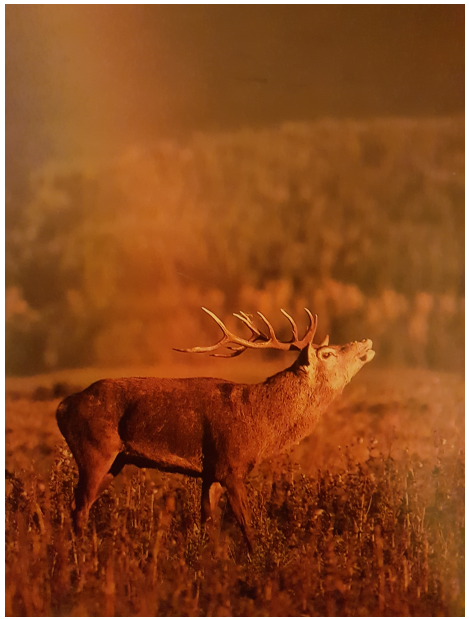
Benefits to student-centred learning

- Is perceived as relevant
- Is based on, and builds on, their previous experiences
- Is participatory and actively involves them
- Is focused on problems
- Is designed so they can take responsibility for their own learning
- Is based on mutual trust and respect

What behaviours in this feedback indicate a student-centred educator as well as one prepared to go the extra mile?

- …He always finds enough patients for us to visit in pairs, plus back-ups in case of any dropouts. He makes itineraries for each day, and always sends us an email a few days before, highlighting the learning objectives, topics for our individual presentations, and what he hopes we will get out of the day…If we have any questions/ queries/ concerns, X is able to answer them the majority of the time, but he also does not cover up that he does not know the answer to particular questions. He is also very open to discussion that's not necessarily on the topic of the day, if he feels it will be beneficial to our wellbeing and/or education. He is also very open to feedback and every week asks us to tell him 'what went well' and what 'could be improved', and this feedback is always taken into consideration…we really feel listened to….Every day I have spent at the GP practice, I have come away feeling educated and inspired…

Lived experience in general practice



Exercise 1

- Chose a postcard that resonates with your lived experience as a GP
- Take some time to look at it closely
- Share with your partner

- www.creativeenquiry.qmul.ac.uk

Narrating ourselves

- How do you articulate what general practice (or whatever your field of work) is to the medical/PA students?

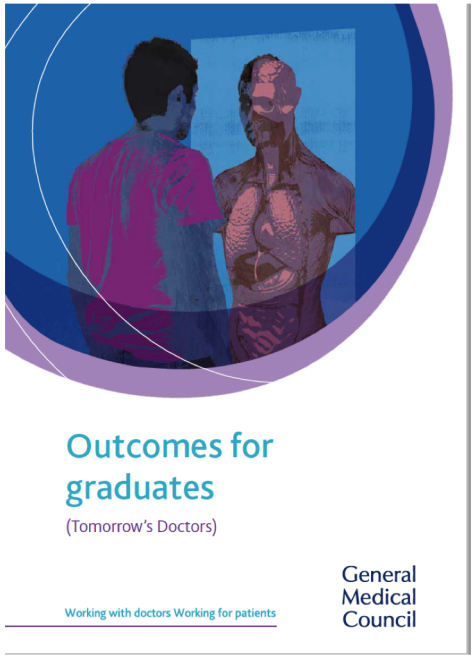
#GP150w

It's the 'I'm sure it's nothing's, the 'I'm scared it's something', the 'I'm at my wits end's, the 'I need a friend'.
It's a chance to be heard, the tears from the widower, 'I wish I was dead' to 'Am I allergic to bread?'
You sit and you listen, you read their expressions, you take on board their ideas, their concerns, their expectations.
You examine their emotions, their bodies and their minds, test their urine, inject joints, to see if you can find...
An answer to their suffering, an explanation for their pain, a reason for their obesity, a cure for their shame.
You are there, you bear witness to their troubles and strife, to the effects of austerity, budget cuts, you even strike.
Maybe you're a wounded healer, a generalist, or maybe just a guy who cares for people, the whole of people, from their birth until they die.

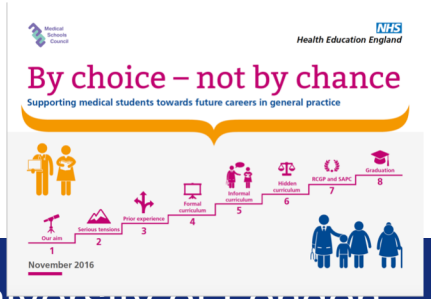
Hayley Sherratt, GP Registrar

How do we best educate students in general practice?

Interpret findings from the history, physical examination and mental-state examination, appreciating the importance of clinical, psychological, spiritual, religious, social and cultural factors.



- …curricula to …reflect the patient journey through different health care settings …a more integrated less specialty organised approach (recommendation 5)
- …NHS management and delivery at the primary – secondary care interface…career options (e.g. partnership versus salaried or locum roles) need to be clear to students. (recommendation 6)
- …Exposure to…general practice Multi- Disciplinary Teams (recommendation 8)
- Positive and enthusiastic General Practitioner role models should be identified and made visible across all medical schools (recommendation 9)
- …tackle **undermining** of general practice as a career … include
  - teaching students about the hidden curriculum
  - developing student self-assertiveness to question denigration



What is precious about primary care placements

- undifferentiated problems
- people not just diseases
- Patient experts
- Seeing whole family/Generations of family
- Seeing range of humanity/life experiences
- Continuity with patients and GP tutor

Students in difficulty

Dr Siobhan Cooke slides

- Describe a scenario with a difficult student or difficult group dynamics, you experienced as educator or learner…
- Think together as a group, how to manage… consider even for role play in afternoon.
-

Students in difficulty

Dr Siobhan Cooke slides

- What has made you have concerns about a student?
- Why are these concerns important to address?
- What are the barriers to seeking help?
- How can we help the student in difficulty?

What has made you have concerns about a student?

Dr Siobhan Cooke slides

- lateness or failure to attend teaching sessions
- handing in work late
- lack of engagement with the course
- aggressive or non-co-operative behaviour
- poor communication with staff and patients

Why are these concerns important to address?

Dr Siobhan Cooke slides

Papadakis, Hodgson, Teherani & Kohatsu (2004) provide evidence that unprofessional behaviour in medical school is associated with subsequent disciplinary action by a state medical board

Domains of unprofessional behavior during medical school associated with future disciplinary action by a state medical board
A Teherani, CS Hodgson, M Banach, MA Papadakis
Academic Medicine 80 (10), S17-S20

What are the barriers to seeking help?

Dr Siobhan Cooke slides

- I should be able to cope on my own
- Concerns about confidentiality
- Lack of trust
- Lack of self-awareness
- Fears that this will affect my academic progression or future career

Chew-Graham, C. A., Rogers, A., & Yassin, N. (2003). 'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems. Medical education, 37(10), 873-880.

How can we help the student in difficulty?

Dr Siobhan Cooke slides

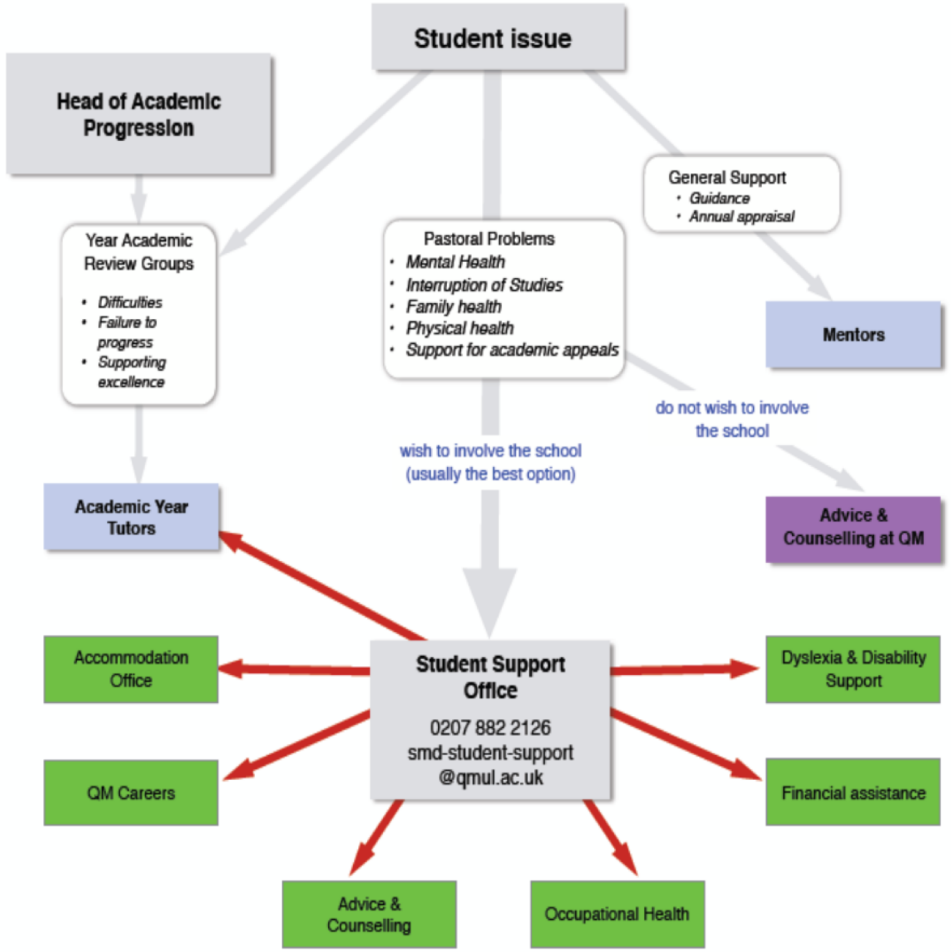
- Medical school support
  - Contact the Module lead https://qmplus.qmul.ac.uk/mod/page/view.php?id=795572
  - Student support team, Academic year tutor, Mentor
- Engaging with the student in difficulty

Deal with it early **Listen carefully to understand the real question or issue** **Try to 'connect' on a personal level** **Don't get into a power struggle**	**Never put down a disruptive student** **Pause, give yourself time to think** **Don't take it personally**

Challenging students

https://qmplus.qmul.ac.uk/mod/page/view.php?id=841218&forceview=1

Student support



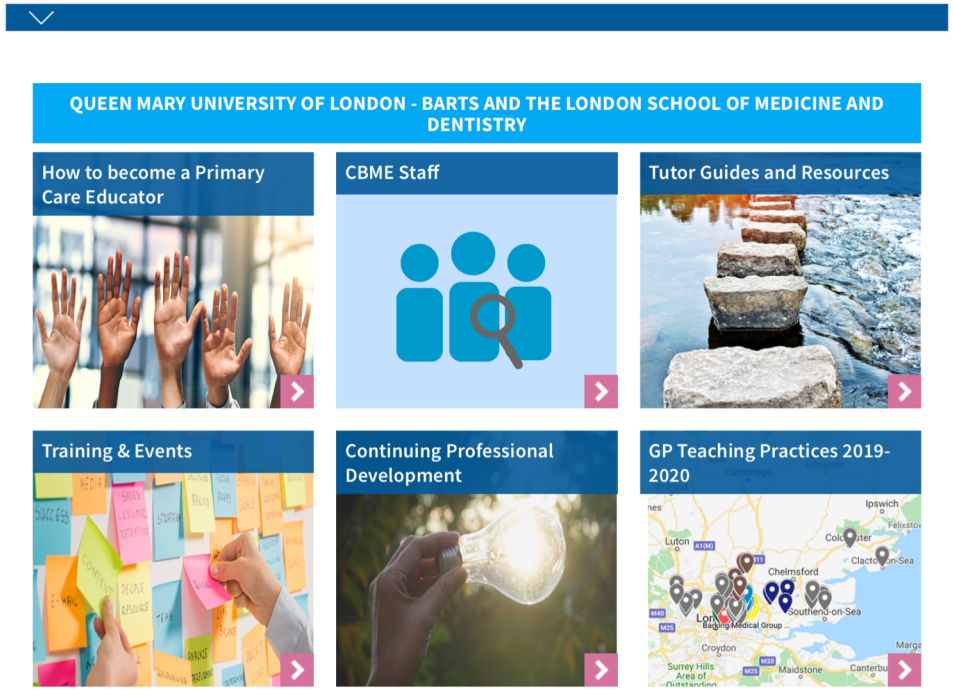
LUNCH

Feedback

Teachers feel they give more feedback than learners claim to receive (TOTR 10)

Though teachers believe that they give regular and sufficient feedback often this is not how it is perceived by learners (Cantillon & Sargeant, 2008)

Website overview



Student centred learning: feedback

+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)

Current practice

- What feedback climate do you create?
  - Are you comfortable giving developmental feedback as well as affirmative?
  - How much feedback do you get from your students/ do you invite developmental feedback?

Why give FB

- Narrow the gap
- Good practice affirmed
- Help student recognise weaker areas
- Encourage learners to think about their performance
- Stimulate them to reflect on what they are doing
- Reconstruct knowledge
- Motivate into future learning

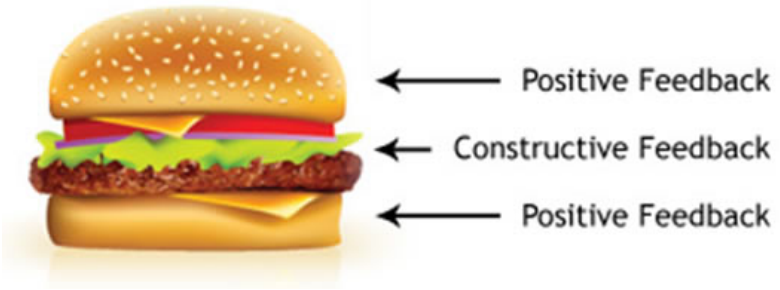
How to give FB

- STOP
  - Specific
  - Timely
  - Observed behavior
  - Plan for improvement (conversation)
- Two-way process, part of learning environment
- Clarify goals and outcomes
- Be constructive – what can be improved
- Invite learner appraisal of performance

Bite-sized

FB models

- **Sandwich**….
  - Something you did well
  - Something that could be improved
  - Something you did well



- **Pendleton**
  - what did you do well? (learner)
  - What I think you did well (teacher)
  - What do you think could be improved?
  - What I think you could improve?

FB models

- **Reflective feedback conversation (Cantillon & Sargeant 2008)**
- Ask learner if any concerns (e.g. after a consultation or morning)
- Learner describes
- Teacher comments/supportive
- Ask what learner how they could have managed that situation better
- Learner response
- Teacher elaborates, responds, checks understanding

Role play

Patient	Mediocre 4th year medical student	Feedback in SG
sore throat, 6d, getting worse, stressed, anxious, mother died of cancer 6 months ago, thinks it could be cancer	Focus on infection Neglect social/emotional history Kind and thoughtful	Sandwich Pendleton Reflective conversation

How do you think that went?

Role Play Feedback

- Get into groups of 3
  - 1 educator (gives FB to the student in scenario 1 or 2)
  - 1 student (receives FB)
  - 1 observer (after the scenario, gives FB to the Educator giving FB) NB make notes so you can be specific

Role-play feed back

- What quotes worked to open up feedback conversation?
- What worked well?
- What will you take away?

How the learner may react to feedback

- Anger – ‘I’ve had enough of this’
- Denial – ‘I cant see any problem with that’
- Blame – ‘its not my fault’
- Rationalisation, finding excuses – ‘I’ve had a particularly bad week’
- Acceptance
- Renewed action (what you are after)

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

Reflection – time out

- What teaching methods have you observed today?
- What worked?

Bite-sized

GNOME (for today)

- Goal
  - empower future teachers, as student-centred role-models, develop network of teachers/community of practice
- Needs analysis
  - post-it note at start, qualitative sharing at the start
- Outcomes
  - considered - learning needs analysis, preparing practice, patients and students, student-centred learning, feedback giving, evaluation, reflection.
- Methods
  - LNA & self-evaluation
  - Powerpoint – visual/text
  - Creativity, metaphorical thinking, postcards
  - Dialogue in different sized groups
  - Informal dialogue time - coffee
  - Role-play
  - Reflective writing
  - Handouts and further resources – papers, website
- Evaluation
  - Post-it note (anonymous, instant)
  - Feedback forms
  - Do new teachers sign up to teach, what student feedback do they get?

Kirkpatrick evaluation model

level	evaluation type (what is measured)	evaluation description and characteristics	examples of evaluation tools and methods	relevance and practicability
1	**Reaction**	**Reaction evaluation** is **how the delegates felt** about **the training or learning experience.**	'Happy sheets', feedback forms. Verbal reaction, post-training surveys or questionnaires.	Quick and very easy to obtain. Not expensive to gather or to analyse.
2	**Learning**	**Learning evaluation** is the measurement of the **increase in knowledge** - before and after.	Typically assessments or tests before and after the training. Interview or observation can also be used.	Relatively simple to set up; clear-cut for quantifiable skills. Less easy for complex learning.
3	**Behaviour**	**Behaviour evaluation** is the extent of **applied learning** back on the job - implementation.	Observation and interview over time are required to assess change, relevance of change, and sustainability of change.	Measurement of behaviour change typically requires cooperation and skill of line-managers.
4	**Results**	**Results evaluation** is the **effect on the business or environment** by the trainee.	Measures are already in place via normal management systems and reporting - the challenge is to relate to the trainee.	Individually not difficult; unlike whole organisation. Process must attribute clear accountabilities.

http://www.businessballs.com/kirkpatricklearningevaluationmodel.htm

Reflection-evaluation

- Key learning points you are taking home from today?
- What worked well/what could be improved?

Post-it feedback

Nigel Gibbons: portrait by a patient

If he was a dog he'd be an old greyhound,

tense and stiff but droopy round the middle.

If he was a cat he'd be a Siamese

small eyes, and coming over all superior, but lazy.

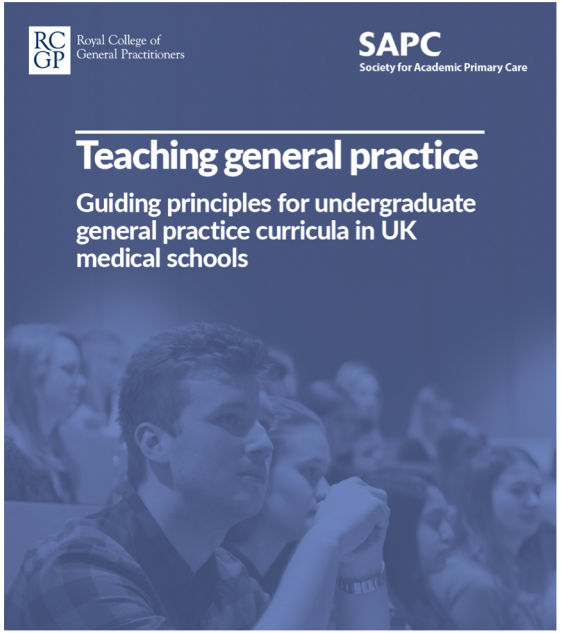
Reflective practice, Gillie Bolton

Student feedback – learning from the team

- Nursing team is very strong, and I would like to say how much I enjoyed my time and learned from being with [them]

- I was with nurse practitioner H who let me take the lead after observing a few diabetes clinic check ups. We went through the blood results before each patient, she let me lead the consultation, examination, and management plan, and intervened as required / if I was unsure.

- Still too much time is spent with the practice nurses watching immunisations and smears.



1 Person-centred care

a. General practice must work with all the other disciplines in the medical school to produce clinically excellent graduates competent in all aspects of the traditional clinical process including:
   i. Clinical knowledge, history taking, physical examination, differential diagnosis and management of acute and chronic conditions.
   ii. Applying evidence and guidelines in clinical decision-making.
   iii. Clinical skills and procedures relevant to a general practice setting.

b. Holistic care and the biopsychosocial paradigm (15). 'Patients at the heart of learning' should underpin all aspects of the general practice curriculum.

c. The physiological basis for linking psychosocial processes with biological aspects of disease (18).

d. The therapeutic doctor/patient relationship in primary care.

e. Medical ethics in a primary care setting.

f. The role of continuity of care (16, 17).

g. Communicating with patients from all backgrounds, including collaborative co-production and shared decision-making - skills to facilitate the empowering of patients to be experts in their own circumstances, capable of making decisions and active contributors to their healthcare plans.

h. The psychology of chronic disease (19), including principles of behaviour change, applied in particular to stopping smoking, weight management and healthy living (20).

i. Social prescribing.

j. Multi-morbidity and the implications of over-diagnosis, under-diagnosis, treatment burden and iatrogenesis.

k. Uncertainty in a primary care context. Developing knowledge of normal variation in people and diversity in populations and how to deal with uncertainty when patients present with unexpected clinical symptoms.

l. Seeing patients in different settings: practice, out of hours, home, clinics, online, telephone consulting and GPs with extended roles.

m. Emergencies in primary care.

n. How to learn from patients and clinical practice in a primary care setting (for example the uses of reflection and PDPs). Students should appreciate how appraisal and revalidation works for clinicians.

1. Students attending practices in small groups for protected time, themed teaching involving selected patients (including Expert Patients).

2. Student involvement in audit and research opportunities at practices through authentic projects and assessments that benefit the practice and its population.

3. Students assuming appropriately supervised practical roles contributing to healthcare delivery for part of their time on placement (for example, undertaking routine health checks, assisting in phlebotomy, vaccination, screening and health promotion clinics).

4. Students following a group or 'panel' of patients on longitudinal attachments.

5. Students engaging in appropriately supported Self Directed Learning (SDL). There is evidence to suggest that unstructured SDL in clinical environments is by-and-large ineffective. Structured SDL may include activities such as:

    a. Follow-up of patient cases in the notes after a surgery
    b. Follow-up of panel patients; face-to-face, telephone or review of notes
    c. Preparing presentations on patients or clinical topics
    d. Working on previously prepared index cases
    e. Working on PBL-type cases specific to general practice
    f. Viewing remotely transmitted live surgeries in groups

6. Use of senior medical students, foundation doctors or GP trainees to teach medical students (near peer teaching). This can be especially useful for role modelling.

7. Use of portfolio GPs as clinical teachers - especially since there is a growing trend for students and newly-qualified doctors wanting to pursue a portfolio career. Current placement provision sees students predominantly placed in a traditional general practice setting. Involving sessional GPs, GPs with Extended Roles, GPs working in Out-of-Hours Centres can both diversify the general practice experience for students and give them opportunities to explore 'non-traditional' career choices.

8. Authentic experiences of practice and NHS management and organisation - practices might for example consider students taking part in partners' meetings, practice clinical meetings and multi-disciplinary meetings. They should have the opportunity to see how a CCG, cluster or STP operates, and relate this to their learning on leadership and team working.