GP Summer Education Day

Workshop L: Learning with and from the wider team

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General Practice Forward View
a snapshot

NHS

Additional funding:

Further **2.4 billion** a year by 2020/21 into general practice services. **(14% real terms increase)**

Investment for general practice estates and infrastructure estimated **£900m** over 5 years

Investment in the Workforce

Creating an extra **5,000 doctors** working in general practice
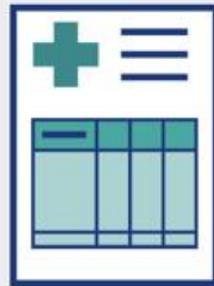
3,000 new fully funded practice-based **mental health therapists**

1,000 new physician associates

Extra **£6 million** in practice manager development

Extra **1,500** co-funded practice **clinical pharmacists**

£45 million extra funding nationally over five years to help reception and clerical staff play a greater role in signposting and clinical paperwork

Supporting GPs

Extra **£16m** to provide services for doctors suffering **burn-out** (expected December 2016)

Helping patients

- Delivering quality care
- Improved access to appointments
- Skilled GPs and health professionals

Helping practices

National review of mandatory training requirements

Working to simplify the reporting and payment systems

Move to five yearly CQC inspections for most practices

National programme to help practices support people with long term conditions

4 year £40 million practice resilience programme, starting in **2016**

£45 million extra investment to support practices to adopt online consultations

Redesigning care

Supporting **new models of care** - voluntary Multi Community Provider contract (April 2017)

£30 million 'Releasing Time for Patients' programme to release capacity

10 high impact actions to release capacity

CCGs

CCGs to provide around **£171 million** of practice transformational support

18% increase in CCG allocations for IT and technology provision

Extra **£500 million** will be available by 2020/21 to enable CCGs to fund extra capacity

Securing the **sustainability of general practice** - one of nine national 'must dos'

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Challenges for educators

- Learning to work together differently
- Shifting role responsibilities and professional identities
- Supervising students (and colleagues) with different professional backgrounds to your own
- Rethinking models of education and training
  - Learning *for* work and *from* work
  - Inter-professional and profession-specific learning

Learning working relationships

Learning *for* work

Learning *at* work

Learning *from* work

Ref: after Seagraves and Boyd (1996)

Learning with and from the wider team

Interprofessional education is about learning
with, from and about one another.

Students often respond more positively, and more readily see relevance, when they are learning with professions with whom they anticipate working after qualifying. That can be difficult to arrange where those professions are taught in different universities or at different levels, i.e. pre-qualifying and post-qualifying. The absence of one or more professions whose role is pivotal in collaborative practice, e.g. management, medicine or social work, may make the IPL seem less relevant, however carefully educators may try to compensate. The participating professions may be drawn closer together neglecting the absent one at its expense.

Source: CAIPE 2017

Identifying possiblities

Practice team

☐

☐ GP

☐ Physician Associate

☐ Practice Nurse

☐ Practice Manager

☐ Reception Staff

Wider team

☐

☐ District Nurse

☐ Health Visitor

☐ Community Pharmacist

☐ Physiotherapy

☐ Speech Therapy

Student groups

☐

☐ Medical students

☐ PA students

☐ Nursing students

☐ Pharmacy student

☐ Trainee HCA

Mapping your starting point

- Think about the types of learning opportunities you currently offer to students in your practice
  - Identify examples where students learn with, from or about another profession
  - Think about whether your examples involve learner-learner or teacher-learner dyad
- What has that task revealed about your starting place?

Learning **about**

Identify a really good way for a medical or PA student to learn about the work of a member of your practice team (not the GP!).

- Bonus points given
  - For minimizing disruption to normal work activity
  - For involving the students in that work activity
  - For identifiying additional learning for the student
  - For the active peer learning of 2+ students of same /different profession

Doctoring Undercover

Table 2.

Instructor-provided and student-generated observational activities for Doctoring Undercover (as of Spring 2016)[a].

Instructor-Provided Activities

Interview a patient's family member in the hospital cafeteria

Take the bus to a health appointment. Reflect on transportation as a determinant of health

Map and analyze the waiting area at your shadowing site

Analyze health literature (e.g., posters, pamphlets) at your shadowing site

Observe an interaction between a patient and provider. Quantify one aspect of the interaction (e.g., number of interruptions, questions, physical touch)

Student-Generated Activities

Navigate the hospital in search of target locations. Observe the architecture and design elements of hospital locations.

Shadow a nurse. Analyze nurse-physician interactions and patient interactions with both professionals.

Shadow at the hospital information station. Observe the different patient populations. Observe the interaction between patients and the medical environment from a non-medical perspective.

Observe interactions between patients' families and hospital employees that do not provide healthcare (e.g., cafeteria and security workers). Analyze how non-healthcare professionals contribute to the hospital's 'positive practice environment' (PPE).

Explore the process behind scheduling a doctor's appointment from the point of view of the receptionist, the patient, and the doctor.

Observe how the level of formality in professional dress differs across different health fields and medical specialties. Analyze how the formality of practitioners' clothing affects patient-provider interaction.

Shadow a chaplain or other spiritual leader. Observe the interactions between the chaplain and a patient or patient's family member.
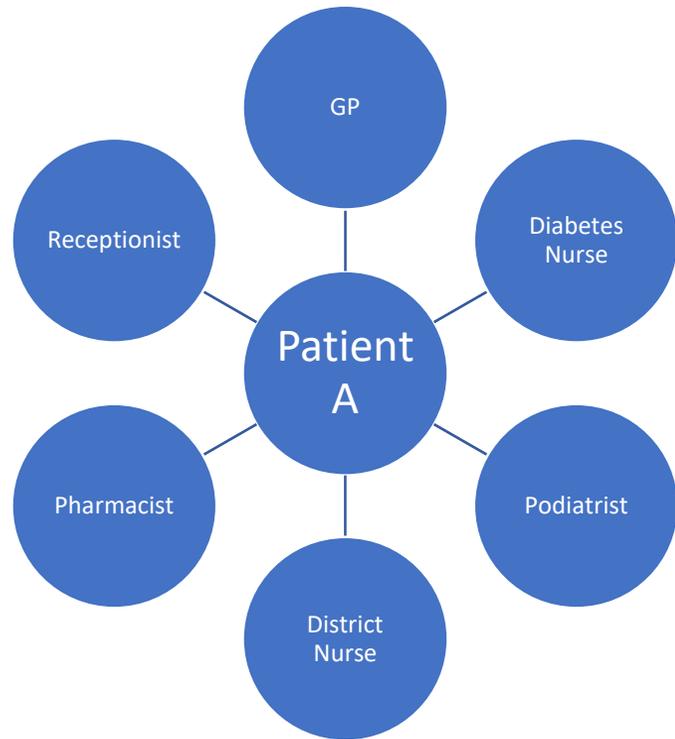
Observe a physician breaking bad news to a patient and his or her family member. (This bad news doesn't have to be a fatal diagnosis; it could be as small as an unpaid bill or a diagnosis of the flu.)

Examine an interprofessional interaction between a doctor, nurse, resident, fellow, or office staff member. Pay attention to facial expressions, body language, tone of voice, and length of conversation.

Navigate and experience a health environment with a visual impairment. Simulate a visual impairment, navigate through the healthcare setting of your choice and take note of the infrastructure, accessibility, and resources available.

Clark, C (2017). Access at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328335/

A different perspective...

Patient A network diagram with connected nodes: GP, Diabetes Nurse, Podiatrist, District Nurse, Pharmacist, Receptionist

Think about the opportunities for students to learn 'from and about' primary care practice through 'shadowing' a patient.

Using the concept of 'doctoring undercover' develop a shadowing brief with an aim and prompt questions

Resources

- CAIPE (2017) Guidelines for interprofessional education. https://www.caipe.org/resources/publications/caipe-publications/caipe-2017-interprofessional-education-guidelines-barr-h-ford-j-gray-r-helme-m-hutchings-m-low-h-machin-reeves-s