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Introduction to Family Medicine

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|  | A course for first and second year medical students  Year 1: The Family Attachment Scheme  Year 2: General Practice Experience  Tutor Guide 2020-21  Revised September 2020 G Kearney |

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# Introduction

Thank you for being a tutor on the Introduction to Family Medicine (IFM) course, especially in these uncertain times. The course runs for the first two years of the undergraduate curriculum and comprises of the “Family Attachment Scheme” (FAS) in first year and the “General Practice Experience” (GPE) course in second year. Where possible we endeavour to assign second year students to the practice they attended in first year. This Tutor Guide covers both the FIRST and SECOND years of the course. Even though you may only be taking first or second year students, it will be useful for you to see what the other part of the course entails.

**Straight away, it is important to discuss the huge effect that the pandemic Covid19 will have on all learning in health care environments. Combining the regulations and the uncertainty surrounding it brings many challenges for the delivery of this year’s Family Medicine module. Tutors who may have been involved in teaching on this module, some with twenty years of experience, will have to do so in a different way for the first time since Family Attachment started. Having spoken formally and informally to many GP tutors, the priority has to be to keep patients, staff in GP practices and students safe above all. I recognise that this new mode of delivery will be difficult for all but want to state at the outset my intention to be as flexible as possible. I have laid out my suggestions for how the course will run but welcome local amendments that allow tutors to feel comfortable and confident in their teaching. I am happy to discuss this individually or as a group at the tutor’s meeting. If the situation changes, I fully recognise that clinical need will again take priority. Students have also been made aware of this possibility. Some of you have understandably expressed concern that these future doctors will have reduced time in clinical environments including General Practice due to the pandemic. I share these concerns but offer some reassurance that the priority has been given to more senior medical students, years three and up, to continue to be in clinical environments as much as possible. In addition, from reading the reports every year and from conversations with students, the early clinical contact is not only something that they look forward to but it is formative in the development of their identities as future doctor. With all necessary guidance in place, I aim to try to replicate some of the great experiences for this year group of students whilst recognising that much of the richness won’t be possible. I have no doubt that as a group of engaged tutors you will do the same.**

The need for students not to be in practice and in patient’s home is necessary at the time of revising this guide (September 2020), however if we have learnt anything over the last few months it’s how quickly the situation can change. I have suggested above what might happen if the situation worsens. If instead it improves, there may be some chance for some face to face visits or students in practice (in small numbers) perhaps in early 2021. If this is the case, I will be in touch with possibilities of how to make that work. That said, this course is planned to run this year using video conferencing and there will be no pressure to deviate from that that if you are not keen.

In the first year of the FAS, the five tutorials will take place over video conferencing, led by the GP tutor, mirroring how much of our own consulting and learning is taking place at present. Students will still be in contact with a patient/family who will have been specifically chosen to be able to connect with the students over video conferencing. As in previous years, you will need to ensure that the patients/families are available on the date of the second session to meet their students virtually and that they have the link to the contact and time that it is due to start. They

In the second year GPE component, the four (reduced by one) tutorials will again take place using video conferencing, led by the GP tutor. The usual activities that you as tutors have worked hard to develop over the last few years will unfortunately not be possible. I have worked up a number of suggested tutorials from which I am happy for you to select and amend as you see fit. If you have other ideas that you would like to try, I again am more than happy to discuss. The ethos of the learning remains the same – to try to give students early insights into the pivotal role general practice plays in delivering care to patients.

I have said before that research carried out in the last few years suggested that your patients are very enthusiastic about the scheme and enjoy the students’ company. Additionally, the FAS receives enthusiastic feedback from the students and received particular mention during the GMC visit in 2017. We have all been surprised at how many patients have adapted to our new ways to contact them during the pandemic so I hope this is also borne out in finding patients to be involved this year. This brief guide is designed to give you a relatively quick overview and aide memoire for the composition of the first and second year components.

## Arranging the sessions with video conferencing

I fully expect that for some of you, this aspect will be one that worries you most in advance. Certainly, I will be relieved to see my group “arrive” in September. It has been agreed that Zoom with its recent increase security features is a suitable medium for this. Additionally, SUMDE have agreed to fund Professional Zoom Licences and/or webcams for any practice who needs them. The website contains a number of useful resources on this for those who need it and we in CME pledge support anyone who requires help. Individual GP tutor practices will be required to set you the tutorials (five in year one and four in year two) in advance and send the links to their groups of students. In the second session of Family Attachment, tutors traditionally brought students to the doorstep and made the introductions. I think particularly this year, with the contact happening entirely over Zoom, it will be particularly important for you to be there for this initial contact

At the end of Session 1, you arrange for one student in each pair/trio to set up a zoom link (using one of the students’ zoom accounts) for the second session that you can send onto the patient in advance and include you. You can then do the introductions and leave, allowing you to introduce the other groups to their patients that afternoon. See Appendix - Facilitating the students to arrange the “contacts”

I have suggested that in this year, two further contacts, after this initial contact will suffice. This will be set up between the students and patients independently of you and of the practice zoom licence. I will suggest that they do this at the end of their initial contact, that you have introduced them at. Of course, if there is a simpler way for you to arrange this in your practice, I am happy to discuss.

Much teaching and patient contact will be happening over video conferencing throughout the medical school in 20/21. Because of this, the Centre for Medical Education are producing a “contract” for each student about etiquette on video conferencing. Hopefully it will reassure you and in turn your patients about using this medium. One particular point I will stress is that they never record the patient contacts, even if the patients consents to it.

With this different way of delivering these tutorials, you may enjoy some flexibility about where you deliver them from. It may not always be necessary to be in the practice, especially if you have home access to your desktop in case the students have specific questions about their patient’s medical histories. I suggest that it might be nice to be in the practice for the first tutorial, so that the students can see your clinical room or if you are very adventurous, you might manage a virtual tour of the practice!

## Attendance

Students are expected to attend 100% of tutorials – they are made aware of this. If they are going to miss a tutorial for any reason they are required to lodge a certificate in the Centre for Medical Education and to let you know as their tutor. Repeating students who have previously passed this module are still expected to fully attend tutorials and family contacts; these students are not however expected to contribute to a new report in first year or the end of course assessment presentation in second year.  You will be specifically told if any of your cohort are repeating. I suggest for first year, adding a repeating student to an existing pair may work best in case there are any attendance issues.

Whilst we recognsie that it will be particularly difficult this year to see if students are not attending, please let us know if you have any concerns about this.

A Guide to the Individual Tutorials Year 1

# Year 1 The Family attachment Scheme

## Preparing for the students

You may find it useful to discuss with your colleagues which patients you could approach to take part in the scheme and would have the experience and means to use Zoom. One tutor explained to me that after a patient told her that she was taking her Pilates class online, she took her chance and asked if she would be involved in FA next semester! I suggest that anytime you make contact with a patient using video conferencing, consider whether they might be happy to be asked to take part this year. I am aware that selecting patients in this way will skew the cohort of patients away from who you might normally chose but lockdown has led even the most technology phobic among us to embrace new means of communication and what the students learn most about is patients as people, as opposed to complicated disease pathology. It would be ideal if you could make arrangements with these patients before the first tutorial but as always, there will also be time to make these arrangements between the first and second tutorials. If you have difficulty finding enough patients this year, it is acceptable to increase all groups into groups of three and four (usually the exception rather than the rule).

## Family Attachment Session 1- Introduction to the Family Attachment Scheme

This first session will allow students to get to know each other and you to get to know the group. You can explain to them about the practice and could offer them a virtual tour. The object is to get students thinking about communication which form a key part of what the Family Attachment Scheme is about. The session will thus be an important contributor to this semester's workshops on Clinical Communication with which there will be a certain amount of overlap.

**Learning outcomes for this session are:**

* Be able to discuss why clinical communication is so important
* Begin to understand the characteristics of good and bad communication
* Gain an understanding of the Aims and Objectives of the Family Attachment Scheme

**Preparation:**

Students will be asked to become familiar with "[Duties of a doctor](http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp" \t "_blank" \o "GMC Duties of a doctor)". Students should be prepared to discuss this in your tutorial group.

Further information and a more detailed suggested way of carrying out part of this tutorial can be found in on the medical education portal https://www.med.qub.ac.uk/portal/Account/Login.aspx - Session 1 (Tutorial activities - Tutor resources) or Appendices of this guide.

**Tutorial suggested activities:**

* Exercise 1 - Introductions task
* Overview of the Family Attachment Scheme
* Exercise 2 - What makes a good communicator? What ways and in what settings do we communicate?
* Watch Communication Skills Introduction - a short presentation by Dr G Lundy (6min:39sec) (You will need Adobe Flash Player, accessed from the portal)
* Exercise 3 - Group discussion about the "Duties of a doctor"
* Exercise 4 - use videos of previous year’s students discussing their learning experience in Family Attachment. Some tutors may have these from their previous (second year) students. There are two short videos available on the portal, under “Tutor’s resources” to use if you wish.

Tutors can use as much or as little of this suggested material as they want on the day. I accept that some details of both Dr Lundy’s video and the students’ video will not be directly applicable for this cohort of students but I think that the broad principals remain the same. At the end of this first tutorial, you will need to explain to the students what they need to do in advance of the next meeting to set up for the contacts using Zoom. See Appendix “Facilitating the students to arrange the contacts”.

## Family Attachment Session 2 - Contacting the families

The greater part of the time allocated to this tutorial will be taken up introducing your students in pairs to the families over video conferencing. Make sure students have **watched the video by** Dr Lundy on the Portal which gives some useful advice about how to approach that first contact with a patient and about communicating with patients in general.

**Learning outcomes for this session are:**

* Understand the importance of listening when interviewing patients.
* Begin to develop an awareness of your own communication styles and techniques.
* Understand the importance of working effectively as a team.

**Preparation:**

Students are asked to look at the video on starting an interview/consultation and coping with nerves when doing this for the first time.

**Tutorial activities:**

* Group discussion about the first patient interview (Dr Lundy's video above). Students have the opportunity to ask any questions about conducting their first patient interview before they make contact.
* Talk students through completing a consent form to allow access the person's confidential medical files at a later stage, if deemed likely to happen. It may be necessary for this form to be posted out to the patient and received back by the practice. It is however the student’s responsibility to have this conversation with the patient.
* Contact with patients – as with previous sessions, it is suggested that after half an hour or an hour, you will introduce your pairs/trios of students to their patients/families. I have suggested on pg. 3 of this guide, under the title “Arranging the sessions using video conferencing” how this might be done. See Appendix “Facilitating the students to arrange the contacts”, for more detail. In all students should plan to visit their patient on 2-3 occasions. This is less than previous years to allow for more flexibility.
* After the patient contact – students should concentrate on how they are communicating and how they are feeling about the situation. It has been suggested to them to use the remaining time of the session in their pairs/trios to plan how they will conduct the next contact. I suggest that you bring the group back together for a debrief after these initial contacts.

Students should be reminded to make a reflective diary entry immediately after the session - record what was discussed and thoughts and feelings, about the patient. Such reflections can also be included in their ePortfolio. Students should be prepared to make a brief presentation[[1]](#footnote-0) in pairs of what they have learned about their patients/families.

## Family Attachment Session 3 -Review of the first contact and the basics of clinical communication

This tutorial will focus on how students got on during their first contact with their patient. They should be given an opportunity to discuss their experiences to date, to learn about their colleagues' experiences in their contacts and to reflect on what they have learnt about clinical communication so far. Students can discuss how have developed the interviews with their patients, examining difficulties they may have in common and exploring solutions to any communication problems. They can then be supported to consider how to further their communication with their patients. Here are some suggestions for structured group work.

**Learning outcomes for this session are:**

* Be able to discuss the modes and settings of clinical communication
* Be able to discuss the differences in how illness is perceived by different stakeholders (e.g.: patient; family; GP; consultant)
* Understand how these stakeholders work together, and how they communicate with each other
* Understand potential points of weakness where communication can break down, and the consequences of this
* Demonstrate an ability to further develop themes and lines of enquiry when conducting follow up visits with patients.
* Describe strategies for coping with any difficulties in communication encountered.

**Preparation:**

Each pair of students should be instructed to discuss their first encounter(s) with their patient and have completed a diary entry. ***Remember that such a diary entry could potentially form an excellent contribution to their first year portfolio*.** Pairs of students should present a five minutes presentation of what they learned about their patients/families.

**Tutorial activities:**

* Each pair of students should make a brief (5 minute) presentation about what they have learned about their patient/family. A group discussion will be held after each presentation to help highlight the salient learning points. Students are encouraged to **reflect on what they felt was easy and what they felt to be more difficult about the process**
* Each pair of students will be asked to consider how they might conduct the next patient interview. This will be aided by contributions from the tutor and tutorial group. This is to **include obtaining permission to examine the clinical notes, if possible at that time**. At the time of writing (September 2020) it seems unlikely that this will happen in this academic year. I have however left it in as a possibility for now. In the next two tutorials, I have suggested some learning if reviewing the notes isn’t possible.
* Discussion on concerns the patient has that have emerged in interviews
* Discussion on the diversity of professional communications

Further information and a more detailed suggested way of carrying out this tutorial can be found in on the medical education portal https://www.med.qub.ac.uk/portal/Account/Login.aspx - Session 3 (Tutor resources)

**Homework:**

Discuss with the group and give each pair of students a topic to research that is relevant to looking after patients in the community. They should be instructed **in pairs/trios** to prepare a short 5-10 minute presentation[[2]](#footnote-1) on the topic for delivery and discussion at the next tutorial. This does not have to be exhaustive! They should be told that they can decide which aspect(s) of the topic they wish to explore - those that they think others would find most interesting and that would engage fellow students. Examples of topics are:

|  |  |
| --- | --- |
| * The Primary Health Care Team * The Primary Secondary care interface | * Coping with disability * Coping with chronic illness |

## Family Attachment Session 4 - Starting to put together the report and special presentations

This penultimate tutorial will focus on helping students identify the most relevant and interesting aspects of their Family Attachment study to include in the final report. They should be encouraged to reflect on and interpret the observations they have made during their contacts. During this tutorial, if the clinical situation allows you might be able to give them an opportunity to inspect your patients' clinical records which may add another dimension to the understanding of the patient. Please reiterate the need for confidentiality in this privileged activity and press on them the importance of not including any identify features on any notes that they make.

Students will also have the opportunity to practise presentation skills by delivering a short talk on the special topic they were given as homework at the previous tutorial. Together these activities will broaden perspectives with regard to writing up the Family Attachment Report.

**Learning outcomes for this session are:**

* Be able to research, create and deliver a presentation on a specialist topic.
* GP tutors will give students an introduction to GP clinical records and the importance of keeping good clinical notes.
* Students **may** have the opportunity to inspect their patients' clinical record.
* Discover how clinical records are structured and the information they do and do not contain.
* Synthesise information from clinical notes and patient encounters

**Preparation - before students arrive at the tutorial:**

Students should have prepared the special topic presentation from last semester.

They should have ensured that that they have consent from their patients to look at their clinical notes, if this is deemed possible. In the absence of being able to access the notes, they could instead reflect on the family's experience of the illness as opposed to how textbooks portray it.

**Tutorial activities:**

* Brief (30 minute) scrutiny of patient notes if possible (to be presented at the final tutorial)
* Each pair of students will be asked to consider what they have learned from the notes compared to what they had learned from the patients. **In the absence of being able to access the notes, they could instead reflect on the family's experience of the illness as opposed to how textbooks portray it.**
* Each pair of students should make a brief (5 -10 minute) presentation on their special topic.

**Homework:**

Students should prepare a 5 minute presentation[[3]](#footnote-2) outlining the salient points and insights they are going to discuss in their Family Attachment report. As part of this, they should discuss in their pairs what they learned from inspection of the patient notes and to compare and contrast what they have learned from the notes and from the patient and include this in the presentation. In the absence of being able to access the notes, students could instead reflect on the family's experience of the illness as opposed to how textbooks portray it.

Note: For guidance on the report - medical education portal https://www.med.qub.ac.uk/portal/Account/Login.aspx

## Family Attachment Session 5 – Creating the Family Attachment report

This tutorial will be an opportunity to tie up loose ends and to discuss the main issues concerning the patients. The starting point will be the students’ commentaries on what they discovered when examining the clinical records during the last session compared to their own discovered knowledge of the patient. If this didn’t happen, I suggest students could instead reflect on the family's experience of the illness as opposed to how textbooks portray it. If possible, they should have made final contact with their patients before this tutorial and reviewed their diary entries. This will then allow a final opportunity to discuss any questions they may have.

The emphasis should be on attempting to derive meaning and to interpret the observations they have made about their patients. Reports should now be in an advanced stage of preparation and they should be able to discuss them during the tutorial. This will allow students to learn from each other and to draw comparisons between patients in each of their reports.

In this session, the students are asked to consider how their patients/families, as their “real, unique, live” cases are similar/different to the cases in CBL.

**Learning outcomes for this session are:**

* Each pair of students should make a presentation on how they propose to structure their report. This will allow group discussion and the generation of ideas about how each report could be potentially improved.
* Be able to discuss the main points of interest in your Family Attachment report.
* Be able to compare and contrast the contents of the clinical record with your own knowledge of the patient, if possible, or with how their illness(es) are portrayed in textbooks
* Be able to compare your “real live” case with the cases encountered in CBL
* Discussion about the features of a good Family Attachment report.

**Preparation:**

Students are asked to discuss in detail with their partners how their knowledge of the patient(s) contrasts / agrees with what they have discerned from your brief inspection of the notes/textbook reading of their conditions.

Students should have reviewed their diary entries and have started to flesh out their reports.

Students should put together a presentation outlining how they will approach writing their reports. Remind students that they cannot put everything in the report. They need to be discriminating picking out important insights they have gained and what they think would be of interest to a reader.

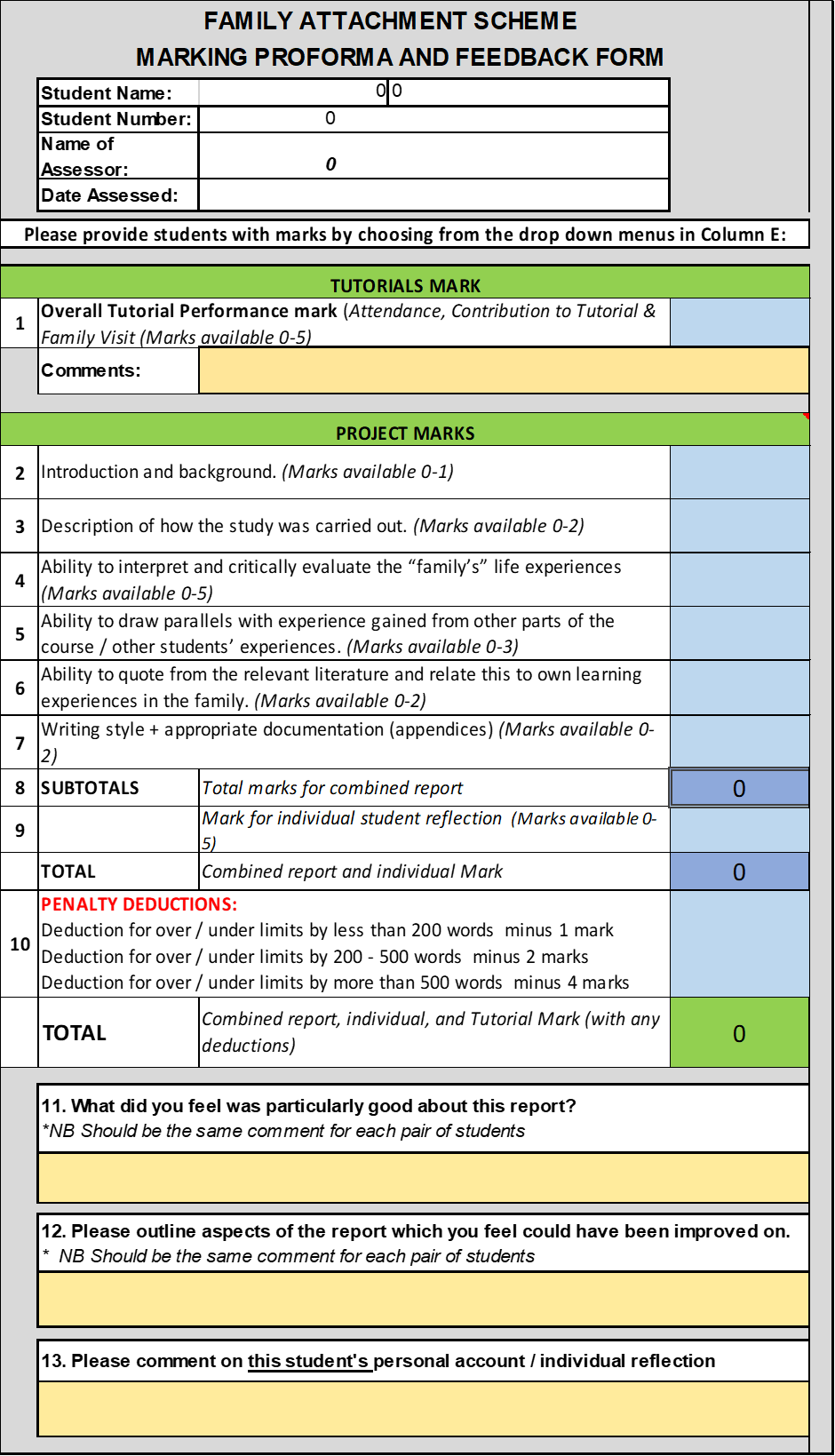
**Tutorial activities:**

* Each pair of students should make a presentation on how they propose to structure their report. This will allow group discussion and the generation of ideas about how each report could be potentially improved.
* Students to discuss the main points of interest in their Family Attachment Report.
* Students to describe how they compared and contrasted the contents of the clinical record their knowledge of the patient or with textbook representation of their illness
* Be able to compare your “real live” case with the cases encountered in CBL
* Discussion about the features of a good Family Attachment report.

# Marking of Reports

Tutors are asked to mark the reports of their own group. Students have been told to send the report both directly to you and to the gpadmin email address. There will usually be one report between two or three students. Each student has to sign a declaration at the front of the report that they have contributed equally to the work involved. In addition, we ask each student to write a separate 500 word reflection to be included as appendices to the report. You are asked to mark the overall report for which both students receive the same mark. You are also asked to award individual marks for the personal reflection and performance in class. So, students may get different marks for the same report. Towards the end of the course you will receive an excel spreadsheet pre-populated with your students’ names and also electronic copies of your students’ reports. Once you get used to it marking is straightforward and easy to do online.

The spreadsheet will give you access to individual student marking proformas (see example below) which lets you award marks under each section of the report by selecting a score from a dropdown box. This is straightforward to use. An example of a proforma is given below. You will notice that there are penalties for reports that are outside the word limits. The proforma calculates the overall score automatically. We would also like you to give the students some feedback in sections 12, 13 and 14 about what was good in the report, what aspects could be improved and also a comment on the individual student’s personal reflection. Remember, if you get the same set of students again in second year, they might like to revisit this feedback.



A Guide to the Individual Tutorials Year 2

# Year 2 General Practice Experience

In second year, students will build on their experience of the Family Attachment Scheme with more focus on how general practice delivers care to patients. In the Family Attachment component in first year, students will have been afforded important insights into how patients see their health and health care. In the second year, we will concentrate on how Primary Care is delivered to patients and how patient’s needs are addressed in the community.

## Preparing to receive students

As previously stated, this module will take place using video conferencing in 20/21. Session 1 will be replaced by a group introduction centrally from QUB. Session 5 will remain much as before. Unfortunately, Sessions 2-4 where students rotated around the multi-disciplinary team and often had the chance to consult with patients will not be possible. It has been drawn to the students’ attention that this year, more than ever, students in different practices will have different experiences in this module. In addition, they are aware that the plan for their teaching might change if the clinical situation was to change. Like in first year, Session 2-5 which are delivered from practice by video conferencing need to be organised in advance by the practice (see pg.3-4 of this guide and the website for more details and guidance about this). In this study guide you will find pre-prepared tutorials for Sessions 2-4. As stated, the individual tutor can decide in which order he or she wants to run then and how. I am happy to chat over this with any tutor who wants. Whilst preparation in advance was always needed for this module, this will be slightly different this year as the tutor decides if and when they could possibly involve another member of the MDT or a patient. The order might also be dictated by where tutors deliver the different tutorials from.

## Session 1

This introductory session will take place for students over video conferencing led by Dr Grainne Kearney. I will inform them of how the teaching sessions led by you this year will allow some insight into what happens in the world of Primary Care and the multiplicity of roles that make up a day in General Practice. The details of this will be very particular to individual practices and this may of course evolve or change over the academic year. I will also discuss the assessment involved in this module.

The session will include a talk on **“The Essence of General Practice”** usually delivered by the GP tutors. It aims to offer insights into the ethos and principles of General Practice including: first point of contact, early undifferentiated illness, dealing with chronic disease, anticipatory care, registered patient population, continuity of care, the importance of good consultation skills etc.

As part of this session I will give the students time to consider the learning opportunities they had last year in the Family Attachment Scheme. First year students starting Family Attachment in 20/21 will be contacting their patients virtually, I will prompt them to consider how this experience may differ to what they had.

**Learning outcomes for this session are:**

* To describe the main learning points from early patient contact in first year
* To outline what distinguishes General Practice and Primary Care from hospital medicine and Secondary care

## Sessions 2, 3 and 4 – Practice-based activities

*In normal times in these sessions, students would have engaged in a variety of practice- based activities such as sitting in with the receptionist, with the treatment room nurse or the practice pharmacist. In addition, they would get the opportunity to consult in pairs with patients attending the practice. As previously stated, in order to protect patients, staff in GP practices and students, this module is planned to be delivered virtually in 20/21.*

Some tutors may have their group of first year students back but for many students, your practice will be new to them. Tell them about yourself and your practice; If possible it might be nice to offer them a “virtual” tour at some point!

I have prepared three tutorials for these sessions – **Modes of Consultation, the multidisciplinary team in Primary Care** and **the “work” of a patient**. As previously stated, you are free to deliver in whichever session works best for you over sessions 2-4. A framework PowerPoint will be supplied but the intention would be for an interactive discussion, peppered with the experiences of the tutor. Tutor may decide not even to put up the slides but just use as a prompt, to promote the interaction. The slides are deliberately brief, I have included some suggestions in the notes below which tutors are welcome to use or ignore! For the suggested interactive elements, you can decide whether you do this just by students chipping in on their microphones, using the chat function or even breakout rooms if you are comfortable with this. These tutorials will need some preparation in advance, especially if you hope to involve members of the wider team and/or a patient and may dictate where the tutor delivers some of the tutorials from. **The PowerPoints for these are found both on the Portal under Tutor’s resources and on the website. The teaching plans are below.**

## Modes of consultation

Aim of session

To introduce students to the traditional and new modes of consultations open to GPs and other clinicians and consider their advantages and pitfalls

 Framework

* Aim of Session
* Background
* Interactive - Where do consultations take place in Primary Care?
* Interactive - Brainstorm the different modes of consultation – F2F, telephone, video, online/text based

Consider each in turn

* F2F
* Telephone (triage v consult)
* Video
* Online/text-based
* Interactive - Advantages
* Interactive - Pitfalls
* Interactive - Who might struggle
* Safety netting
* Interactive - What about FA over Zoom?
* Revisit Aim

Possible extension

The below resource might be something that you want to refer students to either during or afterwards

[https://bjgplife.com/wp-content/uploads/2020/03/Video-consultations-a-guide-for-practice.pdf](https://bjgplife.com/wp-content/uploads/2020/03/Video-consultations-a-guide-for-practice.pdf" \t "_blank)

## The Multidisciplinary Team in Primary Care

**If you have the opportunity,** this session would be enhanced by some “live” appearances from other members of your Primary Care Team. Think about who the students would meet if they were in your practice for these tutorials – the practice nurse, the pharmacist, the practice manager, the treatment room nurse, the receptionist. If you are delivering these from practice, could you invite someone into your clinical room to speak to the students (bearing in mind social distancing etc). If you aren’t delivering this in practice, they could link from anywhere, using the Zoom links that the student has used. I have prepared the PowerPoint assuming you won't have this opportunity, but if you did feel free to add in wherever you feel works best.

 Aim of session

To introduce students to the multidisciplinary team in Primary Care and consider how they meet patients’ needs

 Framework

* Aim of Session
* Background
* Interactive - where do members of the Primary care team work?
* Interactive - Brainstorming the MDT – students can share their experiences of this
* Clinical (in the practice)
* Admin/Managerial
* The Wider Community Team
* Explore an example where the broader MDT meets the needs of a patient with a chronic health condition e.g. Diabetes
* MDT initiative
* Interactive – the advantages and disadvantages from the students’ perspective
* Revisit aim

## The “work” of a patient

As I stated at the tutor’s meeting, if the use of the word “work” feels uncomfortable for you, I am very happy for you to amend the slide and use the concept of “patient experience” instead which may feel more familiar.

**If you have the opportunity,** this session would be enhanced by the involvement of a patient, in a similar way to how some tutors have involved an expert patient in the past (Part 2). To facilitate this, you could invite a patient into the practice to speak to the students over Zoom (bearing in mind social distancing etc). If you aren’t delivering this in practice, the patient could link using the Zoom links that the student has used. I have kept the PowerPoints here deliberatively brief. If you do have the opportunity to involve a patient, you may want to minimise the time you spend on Part 1. Feel free to amend the PowerPoint depending on what you hope to deliver.

Aim of session

To introduce students to the concept of the “work” involved in being a patient.

Framework

* Aim of Session - To introduce students to the concept of the “work” involved in being a patient.
* Background
* Part 1 – How does a patient “work” to manage their health?

Interactive activity – give the student group 10 minutes to discuss and put into a timeline what they think a patient does when they decide they need to see a GP. They might need some help getting started and jump to “phone the practice”, try to bring them back even to the point where they decide to seek help. Ask one of them to present this to you. They as health literate, IT savvy young people may see little problems with this

Then offer challenge to this, suggestions include

* How do you decide you need to see a doctor? Who decides?
* What if you don’t have a phone
* What if you can't get through to the practice or you’ve missed phone in time?
* What is your phone is out of charge/credit?
* What if you have difficulty hearing the receptionist?
* What if it’s the third day you have rang the practice this week?
* How do you get there? What if you have no transport or money for public transport?
* What if your mental health is worse first thing in the morning and this is when your appointment is?
* What if you are a carer?
* What if you are agoraphobic?
* How will you describe how you feel to the time pressured doctor?

And this is before a patient even makes it into a consulting room.

The idea is to help the students consider, using just this example of something simple and seemingly routine like booking an appointment, some of the work that a patient does to manage their health and illness and to negotiate having their needs met in Primary Care.

* Research has given some examples of “work” that might not occur to us as health professionals - patient internal negotiation when deciding to seek help, the work of booking an appointment, waiting in a waiting room, trying to appear as a “good” patient

Ask for the student’s reflections on this – in a group of students with varied life experience and including some graduate students who may work as health professionals themselves, they will differ but hopefully it opens up a discussion.

* Part 2 – A patient directly describing their “work” as a patient

Obviously, you will want the patient to lead this discussion but what you really want them to concentrate on is how they manage living with their illness. I suggest starting with asking then a little about how and when they were diagnosed, just for context. Then ask about a typical day for them – what you really want is how they live with their illness as opposed to clinical details hat students can get from a textbook. This may need teased out a little as likely the patients are also probably not used to discussing this “hidden work” in detail or having anyone listen to them about it for any length of time! For example, if they say “I check my blood sugars twice a day” ask then to describe step by step what this actually means – when do they do it, where, how they do it, how does it feel and what they do with the result. Could they demonstrate it for the students? What you want is the behind the scenes information that doesn’t get written down anywhere and that students won’t learn about or appreciate otherwise.

**If getting a patient involved in this session is not an option for various reasons, nest best option would be to use some of the wealth of online resources of patients talking about how they manage their health. If you have difficulties with this, please contact me to discuss [g.kearney@qub.ac.uk](mailto:g.kearney@qub.ac.uk" \t "_blank)**

Here are some suggestions for this

[https://www.youtube.com/watch?v=GG0PZhjfWq4](https://www.youtube.com/watch?v=GG0PZhjfWq4" \t "_blank)

[https://www.youtube.com/watch?v=tlCPNycNPQM](https://www.youtube.com/watch?v=tlCPNycNPQM" \t "_blank)

These are patients with MS on their experiences, from Irish MS society

[https://www.youtube.com/watch?v=WHKsNPmnV\_w](https://www.youtube.com/watch?v=WHKsNPmnV_w" \t "_blank)

[https://www.youtube.com/watch?v=tnRcZ-t1D98](https://www.youtube.com/watch?v=tnRcZ-t1D98" \t "_blank)

These are patients with A/S and Psoriatic arthritis

* Revisit aim

## At the end of Session 4

You will need to spend some time briefing students about their homework for the next session which will form part of their assessment.

Homework:

For the final tutorial, students must prepare a presentation based on the following brief:

**“Using specific examples gleaned from your experience in General Practice during the year, describe some of the challenges/issues that face General Practice as you see them.  Pick a specific area of General Practice / Primary Care that you have observed and that interests you and outline how this impinges on the care delivered to patients.”**

It is hoped that this generic brief will result in a sufficiently wide variety of presentations which will be useful to all students in a formative sense. It is suggested that rather than focus fully on the Covid19 pandemic, a variety of challenges should be considered. Each student presentation should be 5 minutes long with 5 minutes for questions.  These can be delivered individually or in pairs, depending on the group size. I suggest you let them know whether they need to email you the presentation in advance so that you can “share screen” over Zoom or whether you allow them to “share screen” on the day. Remember that these students will be well versed in using Zoom in this way and will know how to do all of these things with ease!

## Session 5 - Round up and Assessment

This final session will be mainly reserved for feedback and assessment, with a brief roundup at the end.

## Assessment

Although you will have been assessing the students on a continuous basis, a specific assessment session will allow a better opportunity for individual assessment and feedback. As part of the formal assessment, each student or pair of students, at your discretion, will deliver a 10 minute PowerPoint presentation (5 mins for presentation and 5 mins for questions) on what they learned during the attachment. There is no log book this year for the students. You will have informed the students at the end of session 4 whether they needed to send their presentations in advance or whether they will be able to “share the screen” on Zoom on the day.

As part of the continuous assessment please assess the students on the following two parameters:

* Individual Contribution to tutorials
* Quality of end course presentation

Each component need only be judged as satisfactory or unsatisfactory. You will be asked to provide some brief comments by way of feedback to the students.

You can also use the session to obtain some informal feedback for yourself and to distribute the end of course questionnaires which may be completed anonymously by the students.

The bulk of the session should be devoted to the students’ presentations. An assessment form is provided below. You can use a form for each student to record your thoughts on the day for immediate feedback. You will be sent a spreadsheet on which you should submit your assessments for each student electronically after the session.

**Contribution to tutorials**

You should consider **attendance, participation and engagement** (as per the assessment sheet) to come to a decision about whether each student’s contribution was satisfactory.

**End of course Presentation**

The students have been given the following brief for their presentations.

**“Using specific examples gleaned from your experience in general practice during the year, describe some of the challenges/issues that face general practice as you see them. Pick a specific area of general practice / primary care that you have observed and that interests you and outline how this impinges on the care delivered to patients.”**

Each presentation should be 5 minutes long with 5 minutes for questions.

It is hoped that this generic brief will result in a sufficiently wide variety of presentations which will be useful to all the students in a formative sense. Again, you should judge whether each presentation is satisfactory or unsatisfactory considering the following areas:

* Relevance of topic(s) chosen
* Demonstration of insight into some of the issues in delivering care in general practice
* Clarity of presentation
* Novelty of ideas expressed

**Introduction to Family Medicine**

**Second year – General Practice Experience – Student Assessment Sheet**

**Tutor Name:**

**Student Name:** **Date:**

**Contribution to tutorials**

|  |  |
| --- | --- |
| **Attendance** |  |
| **Participation** |  |
| **Engagement** |  |

Overall standard: SATISFACTORY | UNSATISFACTORY

Feedback comments:

**End of course Presentation**

|  |  |
| --- | --- |
| **Relevance of topic(s) chosen** |  |
| **Demonstration of insight into some of the issues in delivering care in general practice** |  |
| **Clarity of presentation** |  |
| **Novelty of ideas expressed** |  |

Overall standard: SATISFACTORY | UNSATISFACTORY

Feedback comments:

**APPENDICES**

## Facilitating the students to arrange the “contacts”

1. At the end of tutorial 1, you will address with the students how they set up the “contact” planned for tutorial 2
2. One student in each group is to set up a Zoom link on their personal (free) licence at the time given to them by the tutor. The student emails this link to all the students in the group, the patient (tutor to supply email address) and the tutor e.g. 240pm for all students in group 1, their patient A and the tutor
3. Tutor phones each of the patients in advance of tutorial 2 to ensure that they have their link and the time for their contact
4. At tutorial 2, after a brief introduction session with the students, the tutor will join all the initial meets between the groups of students and the patients/families
5. Before leaving this contact, the student arrange their next “contact” with the patient, which does not involve the tutor

Suggested running order

2.00pm Tutor meets all students

2.30pm Everyone leaves this meeting

2.40pm Student group 1, patient A and the tutor meet on the student’s Zoom link, tutor leaves after 5 minutes

3.00pm Student group 2, patient B and the tutor meet on the student’s Zoom link, tutor leaves after 5 minutes

3.20pm Student group 3, patient C and the tutor meet on the student’s Zoom link, tutor leaves after 5 minutes

3.45pm Tutor meets all students again on original link

**Introduction to Family Medicine**

**First year – The Family Attachment Scheme – Student Feedback**

Dear Student,

Please take a few moments to give your GP Tutor some constructive feedback about your learning experience in the Family Attachment Scheme. This will help modify the scheme as appropriate in future years. It would be great if you could include in any comments – “what worked well” “What did not work well” and how the course might be improved.

A) I found the GP Tutorials helpful and instructive

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

B) I gained important insights into how cares is delivered in the community

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

C) The family I contacted provided me with a lot of food for thought

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

D) The learning experience would make me think of a possible career in general practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

**Introduction to Family Medicine**

**Second year – General Practice Experience – Student Feedback**

Dear Student,

Please take a few moments to give your GP Tutor some constructive feedback about your learning experience in the General Practice Experience Scheme. This will help modify the scheme as appropriate in future years. It would be great if you could include in any comments – “what worked well” “What did not work well” and how the course might be improved.

A) I found the GP Tutorials helpful and instructive

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

B) I gained important insights into how care is delivered in the community

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

C) The practice based tutorials were engaging and useful

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

D) The learning experience would make me think of a possible career in general practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Strongly agree | 4. Agree | 3. Unsure | 2. Disagree | 1. Strongly disagree |

Comments:

# Accessing the medical education online portal

Previously you only needed a generic username and password to access the medical education portal.  
In recent years, the education portal has been through a major overhaul and has many new features. We have also implemented a more robust user authentication system which means that each user will have a unique username and password. Registering for this is simple. Go onto the site at **<https://www.med.qub.ac.uk/portal/>** and follow the instructions below:

|  |  |
| --- | --- |
|  | Click on “Online Registration” form or “Register”  This will bring you to the registration form below |
|  | Complete the registration form with your own details, select a password before clicking on “register” at the bottom of the form.  Please note the following email address formats are permitted: (name of practice).gp.n-i.nhs.uk (trust name).hscni.net  You may be able to register using another email address. Please  contact Eamon O’Hagan as per instructions on screen. |

**Once the registration form has been submitted an email which includes a confirmation link will be sent to your registered email address. Once you have clicked on this confirmation link you will have access to the portal.**

Ideas for Supplementary Tutorials

Created by GP Tutors

## Topic: How to handle communication difficulties on your first visit to a patient (Created: Tutors’ meeting 1st October 2003)

**Total time:** One hour **Level:** First tutorial of first year

**Opener**  GP tutor introduces him/herself and gives a brief description of the practice. (5 minutes)

**Student task 1** “Getting to know you” ice-breaker. Students learn a little about each other and then “introduce” each other to the tutorial group. Aim is two-fold – to get to know students and establish group dynamics (15 minutes)

#### Mini-tutorial 1 Communication Skills (about 20 minutes)

* Start by asking what students understand about communication skills and what training they might already have had (? in school). Refer to the formal “introduction to communication skills” course they will be undertaking in first and second year and how the Family Attachment complements this.
* Introducing oneself to a patient
* Dress code and manners – why? What do patients expect? Being offered tea!
* Specific tools; open-ended questions, silence and listening, nodding, summarising
* How to attempt to direct the consultation through the use of natural pauses and summarising for example.
* Anticipation of problem areas and solutions;
  + Tears
  + Difficult questions / medical questions
  + Children and pets
  + Patients being critical of doctors

**Discussion of how to proceed with the FAS**

* Use of the log diary. – Write down questions as they occur.
* Acting as scribe / interviewer / observer
* Obtaining consent (verbal and written)
* Emphasise confidentiality again and again and what this means for both doctor and patient.

1. Students are asked to be prepared for presentations in their third, fourth and fifth tutorials. It is up to you as their tutor how formal you want to make these presentations. One suggestion might be that their presentations on their patients in the third and fifth tutorials can be informal i.e. no PowerPoint but that for the fourth is to be more formal. It is noted that over Zoom, the use of PowerPoint will require screen sharing etc. If this is something that appears too complicated for the likely benefit, I suggest keeping all the presentations informal. [↑](#footnote-ref-0)
2. Students are asked to be prepared for presentations in their third, fourth and fifth tutorials. It is up to you as their tutor how formal to make these presentations. One suggestion is their presentations on their patients in the third and fifth tutorials can be informal i.e. no PowerPoint but that for the fourth is to be more formal. It is noted that over Zoom, the use of PowerPoint will require screen sharing etc. If this is something that appears too complicated for the likely benefit, I suggest keeping all the presentations informal. [↑](#footnote-ref-1)
3. Students are asked to be prepared for presentations in their third, fourth and fifth tutorials. It is up to you as their tutor how formal you want to make these presentations. One suggestion might be that their presentations on their patients in the third and fifth tutorials can be informal i.e. no PowerPoint but that for the fourth is to be more formal. etc. If this is something that appears too complicated for the likely benefit, I suggest keeping all the presentations informal. [↑](#footnote-ref-2)