

# Year 3 GP Teacher Guide

## 2023-24



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## Introduction

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Thank you for agreeing to teach our Year 3 students this coming year, and welcome back to so many GP3 teachers from last year! As always, we are so grateful for the hard work and enthusiasm of all our GP teachers who consistently receive excellent feedback.

We have aimed to keep GP3 as paper light as possible, so this scaled back teacher guide is designed to deliver a brief overview of GP3. We will email you a week before each teaching day with more detailed information relating to the upcoming teaching session.

Please don't hesitate to contact us if you have any queries or questions at [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)

Best wishes,

A handwritten signature in black ink, appearing to read 'C. Conway', with a stylized flourish at the end.

Dr Ciaran Conway

Year 3 GP Lead

## Summary of GP3

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### Key facts (click [here](#) for video)

- Six students per practice (some may have fewer this year).
- Whole days on alternate Tuesdays starting on the 19<sup>th</sup> September (see [Appendix 1](#) for dates)
- Each day starts with 90 mins of GP preparatory time before the students arrive at 10am.
- **All 8 Tuesdays in the surgery**– the 8<sup>th</sup> day of each block is a simulated surgery in practice.
- Flexibility for GP teachers to schedule the days' timings to suit the practice (Although note that the academy day timings are not flexible)
- Students complete the online sway tutorial in their own time *before* the day to allow for increased clinical exposure
- Midpoint review with each student – at the end of block 1

The components of the day are listed below but explained in more detail later in the handbook:

<b>Welcome &amp; Effective Consulting (roleplay)</b>	all 6 students; scenarios provided to practice consulting
<b>Consulting (Student led surgery)</b>	in 2s or 3s; observed consultations with the lead GP.
<b>Observation</b>	time spent with other members of the practice team
<b>Optional clinical component</b>	exposure to expert patients or home visits
<b>Group tutorial</b>	all 6 students; skill of the week, clinical competency assessments (CCAs).
<b>Sway tutorial</b>	compulsory online tutorial to be completed prior to the session.

### Assessment

- Minimum 80% attendance for GP placement to pass GP3 placement
- Summative written progress test and OSCE to progress to year 4.

## What are the requirements from the practice?

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- Provide a GP to deliver each of the eight days of the placement - Ensure that you are available for all eight days of the block and if not provide a replacement tutor from within your team
- Allow the students to sit in with an additional GP or Allied Healthcare Professional during the split sessions
- Have a space where the whole group can take part in the academy day at the end of the block – you will need a phone with speakerphone, and a laptop/desktop/projector.

## What support is available to me as a GP teacher?

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- This handbook should provide most of the answers you require.
- There is an in person workshop on the 12<sup>th</sup> September which you can sign up to by emailing [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk).
- We will also send out to you a recorded video ahead of the first session.
- On the first day of teaching (19<sup>th</sup> September) Dr Ciaran Conway will be available in an online drop in session from 0930-1000 – the link for this session is [here](#).
- You can contact [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) or the year leads directly at any time for help and support.

## Day plan for each day in practice

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### Change to the structure of the day

The feedback last few years from students and GP teachers was overwhelmingly in favour of moving the online sway tutorial out of the day in practice in order to increase the students' clinical exposure. However, the sway tutorials cover the main Intended Learning Outcomes (ILOs) for GP3 and hence they remain highly important. Therefore, this year students will be asked to complete this *before* the session in order to maximise clinical exposure when they are in practice with you. Below we explain the options of how you can deliver GP3 this year.

### The options

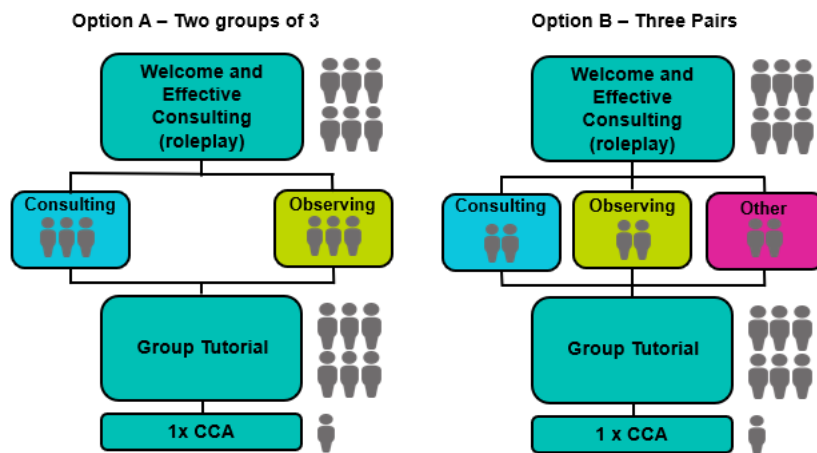
Most practices will be allocated 6 students. We are aware that practices are of varying different sizes and staffing levels, so we have developed two models for you to choose from this year.

If you have room, then option A (splitting your group into two groups of 3) would be preferable.

However, you are welcome to choose either model illustrated below with option B splitting the groups into three pairs. The “other” in option B is explained overleaf, and all of the components are explained on the pages that follow - you may wish to read this before deciding which option to choose.

Some practices will have groups as small as 4; in which case, splitting your group into two pairs and using Option A would be best.

For interest, the vast majority of our practices in 2022-23 opted for option A.



### The timings of the day

GPs often feed back to us that the suggested timings of the day do not always fit into the practice daily structure. We are pragmatic about this and are keen that you can mould the GP3 day to suit your surgery. On the next two pages we have designed some example time tables for option A and option B above. These are suggestions only and you are very welcome to tweak the day to suit your practice so long as all the constituent components are covered for the appropriate amount of time.

### I have read all of this and I am still unsure/I have questions what should I do?

Please contact us via [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) and we will happy to reply to your email or arrange a time to speak with you.

## Example day plan for “Option A” – Two groups of 3

Day Plan	
<b>GP Preparatory Time</b> This time is to allow you to prepare for the day	<b>0830-1000</b>
<b>Workshop – all 6 students</b> <ul style="list-style-type: none"> <li>The first 15 minutes can be used to set the scene for the week and discuss any interesting patients that you have seen relating to the theme of the week.</li> <li>The next hour should be spent working through the Effective Consulting session. Students will be given a rota of who is acting each week in advance.</li> <li>Decide which pair is doing each of the subsequent sessions during the day. Each pair should complete each component once per week.</li> </ul>	<b>1000-1115</b>
<b>Break</b>	<b>1115-1130</b>
<b>Split Session 1 – students split into groups of 3</b> <ul style="list-style-type: none"> <li>3 students should spend this time consulting with you.</li> <li>3 students should spend this time observing a colleague.</li> </ul>	<b>1130-1300</b>
<b>Lunch Break</b>	<b>1300-1400</b>
<b>Split Session 2 - students split into pairs</b> <ul style="list-style-type: none"> <li>3 students should spend this time consulting with you.</li> <li>3 students should spend this time observing a colleague.</li> </ul>	<b>1400-1530</b>
<b>Break</b>	<b>1530-1545</b>
<b>Catch up/Skill of the week – all 6 students</b> <ul style="list-style-type: none"> <li>This is the time to draw all the threads of the day together.</li> <li>You should discuss the patients that you have seen as a group. Were there any important learning points to share with the group?</li> <li>Discuss the answers to the Sway Tutorial that the students have all done</li> <li>Some weeks we will also provide you with a skill of the week. The students will have covered this in their Sway but now is your chance to practice this.</li> <li>Review the learning outcomes for the session. Do the students feel that they have been met?</li> </ul>	<b>1545-1630</b>
<b>Workplace-based assessment – with one student</b> <b>And complete the Attendance &amp; Feedback form</b>	<b>16:30-16:45</b>
<b>Close</b>	<b>1640</b>



## Example day plan for “Option B” – Three pairs

<b>Day Plan</b>	
<b>GP Preparatory Time</b> - This time is to allow you to prepare for the day	<b>0830-1000</b>
<b>Workshop – all 6 students</b> <ul style="list-style-type: none"> <li>The first 15 minutes can be used to set the scene for the week and discuss any interesting patients that you have seen relating to the theme of the week.</li> <li>The next hour should be spent working through the Effective Consulting session. Students will be given a rota of who is acting each week in advance.</li> <li>Decide which pair is doing each of the subsequent sessions during the day. Each pair should complete each component once per week.</li> </ul>	<b>1000-1115</b>
<b>Break</b>	<b>1115-1130</b>
<b>Split Session 1 – students split into pairs</b> <ul style="list-style-type: none"> <li>One pair should spend this time consulting with you.</li> <li>One pair should spend this time observing a colleague.</li> <li>One pair should spend this time experiencing alternative clinical exposure. Examples include accompanying a GP on a home visit, having face to face or telephone appointment with an expert patient</li> </ul>	<b>1130-1230</b>
<b>Lunch Break</b>	<b>1230-1330</b>
<b>Split Session 2 - students split into pairs</b> <ul style="list-style-type: none"> <li>One pair should spend this time consulting with you.</li> <li>One pair should spend this time observing a colleague.</li> <li>One pair should spend this time experiencing alternative clinical exposure. Examples include accompanying a GP on a home visit, having face to face or telephone appointment with an expert patient</li> </ul>	<b>1330-1430</b>
<b>Split Session 3 - students split into pairs</b> <ul style="list-style-type: none"> <li>One pair should spend this time consulting with you.</li> <li>One pair should spend this time observing a colleague.</li> <li>One pair should spend this time experiencing alternative clinical exposure. Examples include accompanying a GP on a home visit, having face to face or telephone appointment with an expert patient</li> </ul>	<b>1430-1530</b>
<b>Break</b>	<b>1530-1540</b>
<b>Catch up/Skill of the week – all 6 students</b> <ul style="list-style-type: none"> <li>This is the time to draw all the threads of the day together.</li> <li>You should discuss the patients that you have seen as a group. Were there any important learning points to share with the group?</li> <li>Discuss the answers to the Sway Tutorial that the students have all done</li> <li>Some weeks we will also provide you with a skill of the week. The students will have covered this in their Sway but now is your chance to practice this.</li> <li>Review the learning outcomes for the session. Do the students feel that they have been met?</li> </ul>	<b>1540-1630</b>
<b>Workplace-based assessment – with one student</b> <b>And complete the Attendance &amp; Feedback form</b>	<b>16:30-16:40</b>
<b>Close</b>	

## GP3 Components Explained

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The GP3 day is made up of several components which are explained below

We will email you a copy of the session material a week in advance of each teaching day.

**\*\*NOTE\*\*** - **for week one** ... it makes sense in the first week to have the group tutorial first to break the ice with the group and give them a surgery tour, rather than the workshop.

### The Workshop

Normally we would recommend that this is done first thing in the morning (except for week one) but different local arrangements could be made if required. All 6 students join you for The Workshop. It takes 1 hour and 15 minutes each week.

Each week, The Workshop takes a similar format which is outlined below:

10-15 mins	<b>Setting the scene:</b> A chance to check in with the group, see how everyone is and discuss any interesting patients you have seen recently relating to the theme of the week
60 mins	<p><b>Effective consulting session:</b> This will be themed to the week. Each session will usually require two students to act as the patients and two students to take a turn at consulting. While clinical medicine will necessarily be discussed, the focus is on consulting and consultation skills.</p> <ul style="list-style-type: none"> <li>- We have provided a rota for each practice for each week indicating which students are playing the role of patients and which students are the consulters.</li> <li>- The students have been advised to read the scenarios in advance of the session.</li> <li>- It is inevitable that some students won't have prepared. Please ensure that you praise those students who are well prepared and if a student is clearly struggling, please be prepared to step in to take on the role of the patient.</li> </ul> <p>You can learn more about the Cog Connect consultation model used in this session in <a href="#">this 7 minute video</a> and this <a href="#">sway tutorial</a>. There is also a consultation observation guide <a href="#">here</a> that you can use to help guide your observation and feedback on the students.</p>
5 mins	<b>Allocations:</b> Use this time to allocate the students to the other activities in the day. Each student should do each activity once each week.

## Consulting (Student Led Surgery)

Time and again this component of the course is the most popular with students. This is their chance to be in the driving seat and feel like a clinician, albeit under your close supervision. This component should be allocated a minimum of one hour per group (in the case of pairs 60 minutes per pair, in the case of groups of 3 then 90 minutes per 3).

The focus on this session is for each student in a pair (or three) to have a chance at consulting with real patients. It would be preferable for these consultations to be face to face with patients as this will also allow the opportunity to practice clinical skills. For example, half an hour prebooked appointments work well i.e.: each student gets one half hour appointment each with a real patient each week.

However, we recognise that it may not be possible to have face to face consultations for every session every week. There is still great benefit from having telephone/video consultations observed so this may be an option on occasions where face to face consultations are not possible.

- You may wish to invite more patients as you get to know your students
- You may wish to be selective in what sort of conditions are booked into this clinic so that nothing too simple nor too complex is included. However, please remember that the cases do not need to correspond with the theme of the week.
- Overall, this experience should give a flavour of real-life general practice. Students will therefore, come across conditions they've never seen before – this is fine as it is their opportunity to see what it's like to sit in the driving seat with an experienced GP instructor in the passenger seat.
- **Note: Our 3<sup>rd</sup> year students should be supervised throughout this component and should not consult on their own without a qualified GP in the room overseeing them. This must be a qualified GP and not a registrar.**
- **Furthermore, with the advent of prospective access to medical records it is essential that any entry in the notes is reviewed by the supervising clinician prior to saving. A helpful resource for medical students writing in the medical record can be found [here](#).**

## Observing

The goal of this component is to allow the students to sit-in with and observe a range of other allied healthcare professionals (AHP) for at least one hour per week in pairs or threes. The AHP could be a nurse, HCA, pharmacist or another GP for example.

The goal of this session is to allow the students to gain clinical exposure to the full breadth of presentations and conditions seen in GP, to observe the pace of normal NHS General Practice and to learn skills from observing other clinicians that they can apply to their own practice.

This session may be a good chance for the students to have some of their clinical skills signed off in their Consultation and Procedural Skills (CaPS) logbook. You can view the CaPS logbook [here](#).

For suggestions on how students can get the most from these sessions, please see [Appendix 5](#).

The following are a list of procedural skills that it would be appropriate for students to get signed off if the opportunity arises

CaPS Logbook Skills appropriate for GP3
Measuring Temperature
Measuring pulse rate, rhythm and respiratory rate
Measuring blood pressure
Measuring oxygen saturations
Measuring peak flow
Direct ophthalmoscopy
Examination of the ears
Urinalysis
Advising a patient on how to collect an MSU
Managing an ECG
Taking nose, throat and skin swabs

The patients seen in this part of the day should be discussed as a group at the end of the day so that the whole group can benefit from any learning points.

### **Additional Clinical Exposure (Option B)**

If you have opted for "Option B" (students in three pairs) then you will need to find additional clinical exposure for the pair of students who are not consulting or observing. This could take the form of accompanying a GP on a home visit or speaking with an expert patient. The key is that this should be a patient facing component and should be supervised. We have kept this deliberately open as we are mindful that there will be varying opportunities available in different practices.

If you have any queries, or would like to discuss how you are planning to use this time please contact us via [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)

### **Sway Tutorial**

This is a self-directed component which is related to the theme of the week. It is crucial that this is completed each week before the session and the students will be informed of this in their introductory lecture and handbook.

- You can view the first Sway Tutorial on respiratory disease [here](#).
- The answers to the sway tutorial are provided to you each week in advance of the session and these should form some of the discussion in the afternoon session.
- The answers will be uploaded to Blackboard for the students to see after each teaching week.

### **Afternoon Catch Up**

The final session of the day allows you time to draw all the components of the day together. It is an opportunity to talk through the answers from the Sway tutorial and a chance to practice the skill of the week covered in the sway. It's also a chance to discuss with the group any interesting cases or discussions that have been encountered during the day. A reminder that for the first week only, the catch up will be scheduled for the morning to allow the chance to meet your group.

### **Workplace-based Assessments (WPBA)**

Formerly known as Clinical Competency assessments (CCAs), the Workplace-based assessments comprise two types- Mini-CEX and CBDs:

- A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.
- A CBD is a structured discussion of a clinical case either clerked or reviewed by the student.

Between GP and Hospital placements, students in Year 3 should complete 2 mini-cex and 2 CBDs in each half of the year. Therefore it would be very helpful if each student could complete at least one WPBA during their time with you.

At the end of each day in practice we would like you complete one WPBA with one student. Therefore, each student will get the chance to do at least one WPBA in each block.

Mini-CEX and CBDs are filled out electronically on MyProgress. The students can log into this on either a mobile device or laptop and can fill this out online. Sometimes the student may use a paper form. In this case, once completed, the student will need to copy this over to an electronic version.

We suggest agreeing with the students in advance who will be doing the WPBA each week and agree to observe their consultation with a patient that day as a mini-CEX. We have included a printable version of the mini-CEX form ([Appendix 3](#)) and we recommend using this

whilst observing the student. This can then provide the basis for the feedback and completion of the electronic form by the student at the end of the day. The student may prefer that you complete a CBD with them. A form for this is in [Appendix 4](#). This would involve a more in depth discussion of a case that they have seen that day rather than a direct observation of consulting.

**Please note that at the time of writing we are awaiting the updated versions of the miniCex and CBD forms for 2023-24. They are likely to be slightly simplified versions of the ones in Appendices 3&4 and we will share them with you as soon as we have them.**

The students should be assessed in terms of where they are expected to be at that stage of the year and must complete 4 Mini-CEX and 4 CBDs in total across all teaching settings at the satisfactory level by the end of the year.

### **Clerkings and Clinical Experience Forms**

Year 3 students also need to complete Clerkings and Clinical Experience Forms during the academic year.

Clerkings are a record of patient encounters. Students wishing to record a clerking in primary care should do so on plain paper and should not record any patient identifiable information whatsoever. Students should then present the case to you. Under no circumstances should the student print off a home visit patient summary to use as a clerking. Students may ask you to sign the bottom of the clerking to authenticate it prior to uploading it to their record.

Clinical Experience forms are a chance for students to record exposure to a wide range of clinical settings over the course of the year. These do not require formal assessment but students may ask you for some informal feedback on the session.

### **Academy Days**

These days occur twice a year on the 8<sup>th</sup> day of each block. These take the format of a simulated surgery (with actors) in the morning followed by an external speaker in the afternoon in the January and Clinical Exposure in the May. After a successful trial last year, we are going to continue to run the simulated surgery as a remote telephone consultation based exercise with actors. We will be in touch nearer the time with details of how this will run but in contrast to previous years this day will be conducted in practices.

However, in terms of resources for this day you will need:

- A room big enough for you and your 6 students
- A phone with a speakerphone function
- A laptop/computer/projector to watch the guest speaker in the afternoon.

Please note that the timings of these days are not flexible and will run from approximately 09:30 until 16:30. Due to the nature of the content on those days, the timings within the day are also not flexible.

New for this year we will also be introducing a semi-formal one-on-one review with each student as part of the academy day. Again, further details on what will be required will be sent nearer the time.

## Assessment

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### Assessment

Any feedback given to students during their GP attachments is formative. The simulated surgery is also formative.

To pass the GP placement, the student needs to have a minimum attendance of 80% across both blocks and show adequate engagement.

It's essential therefore that we have accurate and timely attendance data and therefore we will send out a form for you to complete after each session.

Primary Care also contributes questions to the written progress test and Year 3 OSCE. This is a summative assessment. If you would like to be an OSCE examiner please just get in touch via [phc-teaching@nhs.net](mailto:phc-teaching@nhs.net).

## SSPs, Absences and Concerns

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### Student Support Plans (SSPs)

These are official confidential University documents that are issued by Student Health, which list any issues or disabilities that the student may have, and adjustments that they need for teaching and learning. We will make you aware of students who have SSPs in place so that you can meet with the students to discuss this on the first day.

### Absence reporting

As above, you will be sent an attendance form after each session. This is very important for the following reasons:

- It allows us to track student attendance in real time, which is crucial as the students are assessed on their attendance. Students must attend 80% of this part of the course for satisfactory completion.
- Poor attendance is an indicator of problems. It is best for students if we can identify issues early and provide the support needed.
- There are no Flexible Annual Leave (FAL) days in GP3 this year.

### Concerns about a student

This is a really important area as GPs are often in a position to pick up issues, even more so in GP3 where you will have them for a whole day and see them in a variety of different situations.

If you have a concern about a student's performance please address the issues with the student directly initially (for example they seem quiet in a session).

If further support is needed regarding a student's engagement or academic performance you should consult the student support flowchart which is overleaf and can also be accessed [here](#).

Remember the GP year lead, Dr Ciaran Conway can also be contacted via [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk) (this is a generic email inbox for our team which is monitored daily. It is safer to email this inbox than Ciaran directly as he is not full time at the University as he works clinically during the week too.

If you are you concerned about a student's health and/or wellbeing, as well as bringing it to the attention of the GP year lead via ([phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)) you can remind students that they can contact the student wellbeing team 24 hours a day via either completing a Wellbeing Access form, by emailing [wellbeing-access@bristol.ac.uk](mailto:wellbeing-access@bristol.ac.uk), or calling 0117 456 9860 (open 24 hours). Information on the range of support can be found at [www.bristol.ac.uk/wellbeing](http://www.bristol.ac.uk/wellbeing).

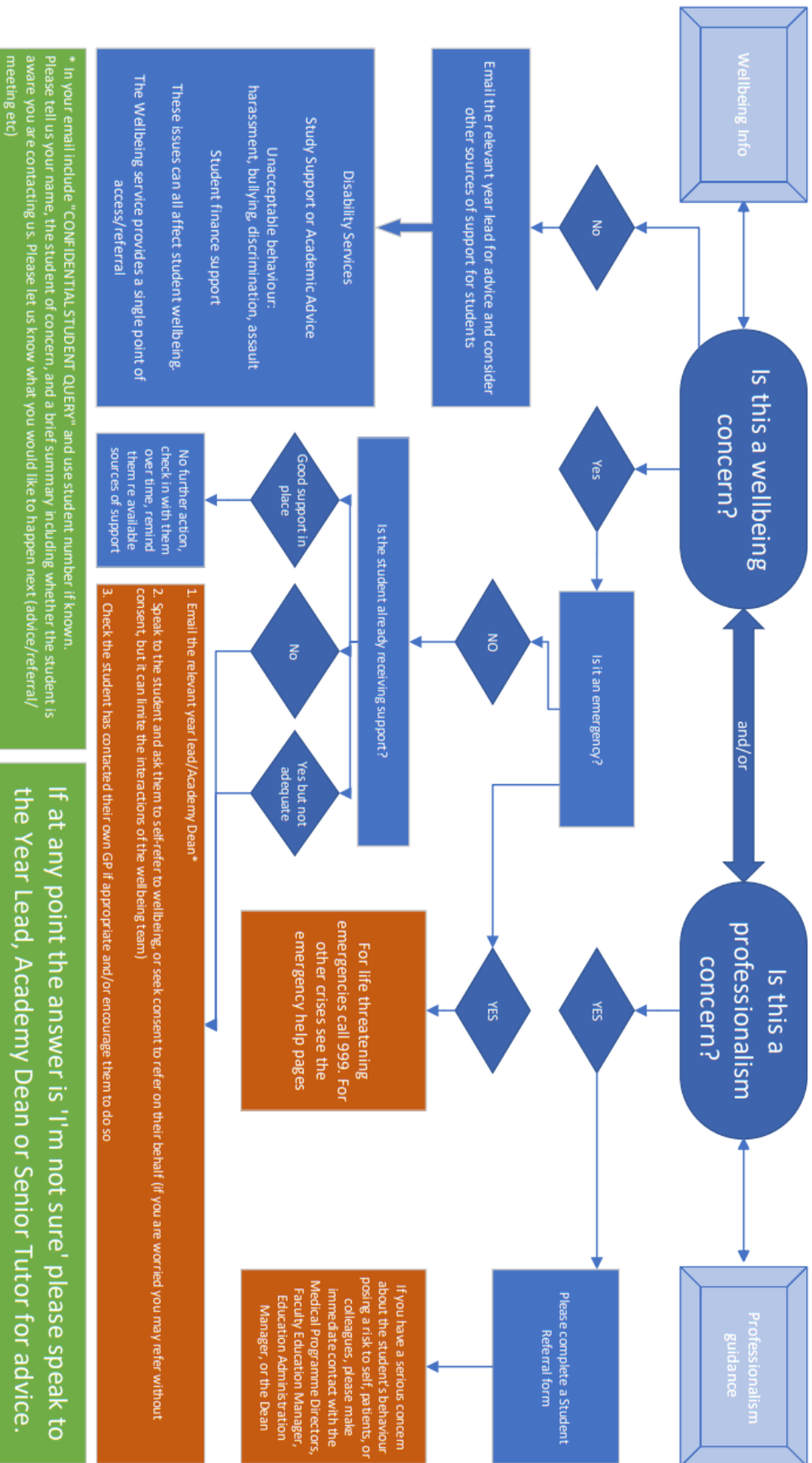
**GP illness/absence** – For any day that you are unable to teach, we would expect the practice to provide cover for that day.





# WORRIED ABOUT A STUDENT?

ADVICE AND GUIDANCE FOR MEDICAL SCHOOL TEACHING STAFF



\* In your email include "CONFIDENTIAL STUDENT QUERY" and use student number, if known. Please tell us your name, the student of concern, and a brief summary including whether the student is aware you are contacting us. Please let us know what you would like to happen next (advice/referral/meeting etc)

If at any point the answer is 'I'm not sure' please speak to the Year Lead, Academy Dean or Senior Tutor for advice.

## Confidentiality and Indemnity

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The Primary Care Teams Confidentiality and Indemnity information can be found [here](#).

## Appendix 1 – Teaching Dates and Topics 2023-24

<b>Block A</b>		
Week	Date	Topic
1	19-Sep-23	Respiratory
2	03-Oct-23	Gastrointestinal
3	17-Oct-23	Rheumatology
4	31-Oct-23	Renal
5	14-Nov-23	Dermatology
6	28-Nov-23	Ophthalmology and ENT
7	12-Dec-23	Emergencies in General Practice
8	09-Jan-23	Simulated Surgery (in GP surgeries)
<b>Block B</b>		
Week	Date	Topic
9	30-Jan-24	Cardiovascular
10	13-Feb-24	Endocrine
11	27-Feb-24	Neurology
12	12-Mar-24	Musculoskeletal
13	09-Apr-24	Urology
14	23-Apr-24	Abdominal presentations including domestic violence
15	7-May-24	Diabetes
16	21-May-24	Simulated Surgery (in GP surgeries)

## Appendix 2 – Frequently Asked Questions

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**Can more than one GP deliver the teaching?** Yes, although we would prefer no more than two regular teachers per block.

**Can I change the timings of the day?** You can arrange this with the students. They must still receive the sessions outlined however.

**If I have a GP trainee, can they help?** Yes, we are inviting GP trainees to help facilitate some of the day although the observed consultations should be with a fully qualified GP if possible.

**Will material for the workshop be provided?** Yes, we will provide detailed material for running the workshop.

**When do we get paid?** Payment is retrospective – we will send out attendance and payment forms prior to the last session of the block. On receipt of these, we will pay the practice. This is the same as our teaching in all other years. Practices on an Academies Package Contract will receive their GP3 payment as part of their regular monthly payments.

**Are the students DBS checked?** Yes, the Year 3 students have all been DBS checked.

**Have the students had information governance training?** Yes, the students have had training on the importance of confidentiality and the management of patient identifiable data (PID)

**What should I do if I am unable to teach for any reason?** We would expect you to arrange for a colleague to deliver the session on your behalf.

## Appendix 3 – Example mini-Cex form



**Year 3 MBChB**

**Mini-CEX**

Academy		Student name	
Date of assessment	Assessor Name (PRINT)	Assessor GMC number	Assessor position (Consultant / GP / SAS / StR / CTF / Other)
<b>ASSESSOR STATEMENT – MANDATORY</b>			
I confirm I have reviewed the University of Bristol CCA assessor guidance material		Signature _____	

**Assessors please consider individual domains below and feed back according to the following anchor statements:**

- **Performs at level expected** indicates the student is procedurally competent and safe and has demonstrated at least the **minimum** level of competence required for a **Year 3 medical student**.
- **Not yet performing at level expected** means that you do not feel student has reached a standard that is satisfactory for this stage of training, in particular if you feel they have demonstrated behaviour that could potentially compromise patient safety.

DOMAIN	NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENTS
History taking / information gathering <small>Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues</small>			
Physical Examination Skills <small>Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty</small>			
Communication skills <small>Explores patient's perspective; jargon free; open and honest; empathic; explains rationale and agrees management plan/therapy with patient.</small>			
Professionalism <small>Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information. Behaves in ethical manner. Recognises their limitations.</small>			
Diagnosis <small>Establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.</small>			
Management planning <small>Selectively considers and plans appropriate diagnostic studies, considers risks, benefits. Constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting</small>			
Organisation / efficiency <small>Prioritizes; is timely; succinct.</small>			
<b>Patient Opinion</b>  "Would you be comfortable with this student looking after you if they were a recently qualified doctor?"	Not comfortable	Yes I would	

<p><b>GLOBAL OPINION OF CLINICAL COMPETENCE</b></p> <p>Consider overall judgement, synthesis, effectiveness and efficiency</p>			
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**Assessor Feedback based on the behaviour observed**

<p>Areas performed well</p>	<p>Suggestions for Development (must include feedback related to any domain marked "not yet performing at level expected")</p>

**Patient Feedback**

<p>What was particularly good about how the medical student communicated and behaved towards you?</p>	<p>How could the medical student improve the way that they communicated and behaved towards you?</p>

**Agreed Action (specifically where and how work is required to address any cause for concern):**

## Appendix 4 – Example CBD form

### Year 3 MBChB

### Case Based Discussion



Academy		Student name	
Date of assessment	Assessor Name (PRINT)	Assessor GMC number	Assessor position (Consultant / GP / SAS / Str / CTF / Other)
<b>ASSESSOR STATEMENT – MANDATORY</b>			
I confirm I have reviewed the University of Bristol CCA assessor guidance material			Signature _____

Assessors please consider individual domains below and feed back according to the following anchor statements:

- **Performs at level expected** indicates the student is procedurally competent and safe and has demonstrated at least the **minimum** level of competence required for a **Year 3 medical student**.
- **Not yet performing at level expected** means that you do not feel student has reached a standard that is satisfactory for this stage of training, in particular if you feel they have demonstrated behaviour that could potentially compromise patient safety.

DOMAIN	NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENTS
<b>Medical record Keeping</b>  Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.			
<b>Clinical Assessment</b>  Understood the patient's story; made appropriate clinical assessment based history and examination findings			
<b>Investigation planning</b>  Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.			
<b>Management planning</b>  Discusses the rationale for the treatment, including the risks and benefits.			
<b>Professionalism</b>  Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; has insight into own limitations.			
<b>GLOBAL OPINION OF CLINICAL COMPETENCE</b>  <b>Consider overall judgement, synthesis, effectiveness and efficiency</b>			

**Assessor Feedback based on the behaviour observed**

Areas performed well	Suggestions for Development (must include feedback related to any domain marked "not yet performing at level expected")

**Agreed action (specifically where and how work is required to address any cause for concern):**

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## Appendix 5 – Students Observing

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Here are some tips on how to turn observation from simple absorption into active memorable learning. Giving students observation tasks engages students and enhancing learning.

- Who to observe? Should they be focusing on the GP or the patient? Could one student focus on the GP, the other on the patient?
- What to observe? Body language, consultation micro skills, i.e. are cues being noted and addressed? Have specific questions in mind – What is the mood of the patient? i.e. anxious. Encourage your students to set their own observation tasks. Students consulting in pairs can set each other observation tasks
- At the end of a consultation ask your students to identify the aspect that they feel merited the most attention or identify something that caused them to think differently about the management etc
- Ask the students to write the notes whilst you are consulting – what would you have done differently?
- Ask the students to examine the patient
- Ask the students to summarise the consultation
- Ask the students to suggest the management plan or explain something to the patient

Examples:

- Watch Mr. Jones during this consultation and see what features of PD you can identify. I also want you to think about how this may impact on his ADLs and what help he may need.
- When you are joining the pharmacist/practice nurse for the Diabetes/Asthma, COPD, HT clinic I would like you to focus on
  - o Side effects mentioned by the patient
  - o Adherence
  - o How the patient is involved in decision making?
  - o What monitoring is needed for a given condition /medication?
  - o Whether and which ones of the medications need adjustment because of renal function
  - o What are the medication changes that are being made and what factors are being taken into consideration?