Teaching in Primary Care

Foreword

We believe strongly that our students should receive a significant part of their education in the community, for many reasons: to learn about the health and illness of individuals and populations in the context of their families and communities, to understand the natural history of common minor and major illness, to see how primary and secondary care relate to each other in health services, to experience the diagnostic, management and organisational features of general practice, and to look into the “shop window” for a potential career opportunity. We rely on the dedication of our network of community-based teachers, who, with our excellent administrative and academic team, deliver a first class education and learning experience for over 2400 students each year.

Dr Anne Stephenson,
Director of Community Medical Education

How is primary care teaching integrated into the larger undergraduate curriculum?

Community teaching is frequently done one-to-one or with pairs of students. The learning objectives for undergraduate community teaching are integrally linked to classroom teaching and practical sessions on the medical school campus and to students’ hospital teaching. For example in Year 2, our community-based teaching is about eliciting a medical history, and access to health care. These themes are reflected in the medical school social science, public health, communication skills and ethics teaching and in hospital attachments. In Year 3, students have GP sessions in each of their three rotations: Abdomen, Brain and Chest, where they can compare community management of conditions such as COPD, heart failure, diabetes and depression with that seen in secondary care. Patient management is a focus in Year 5 with the 8-week GP apprenticeship immersing students in the work of a general practice, incorporating activities such as post-discharge follow-up and home visits. Health promotion, person-centred care, and professional behaviour are “vertical themes” which are revisited in the spiral curriculum through all years of community teaching. We also run a number of Student Selected Components (SSC) related to primary care.

What kinds of professionals teach as part of the KUMEC network?

GPs make up the majority of our KUMEC tutors, with some nurses, educationalists and other primary care practitioners.
What do students learn in their primary care placements in each year?

**Year 2:** Students learn to elicit a clinical history in the GP practice using a standard format and explore primary care issues of access to healthcare, equity and diversity which parallel their campus social science teaching. This enables them to develop a range of communication and interview skills while beginning to learn a person-centred approach to primary care.

**Phase 3:** Students have seven sessions of General Practice teaching (four in a practice and three in simulated GP surgeries based at the RCGP). Working with one or two tutors throughout the year enhances continuity, allowing better monitoring of progress and providing primary care experience in all three rotation areas (Abdomen, Brain and Chest). Practice-based sessions are flexible, with dates and times negotiated between students and practice. Tutors observe and provide feedback to students on clinical communication and examination skills with patients, with wider discussion of relevant topics in tutorial time afterwards.

**Phase 5:** In this final year, students spend an 8-week rotation in one GP surgery, apprenticed to a GP and working with the entire general practice team. The students learn about general practice through daily activities focusing on the patients in that practice, covering learning objectives such as management and co-ordination of care. Students also write a community case study about how a particular surgery patient uses multiple local community services. Under supervision, the students are expected to take significant clinical responsibility for the management of the patients they see, working towards the level expected of an F1 Doctor.

**SSC:** Students complete a number of Student Selected Components (SSCs) during their medical studies. They select a topic of personal interest which they explore in depth with a supervising teacher, usually completing a research paper and a presentation for each SSC. In Phase 5 this SSC is done within the GP surgery, sometimes as an audit.

Year-specific Curriculum Handbooks are posted on the website, [www.kcl.ac.uk/kumec](http://www.kcl.ac.uk/kumec). The on-line Handbooks have a wealth of policy and year-specific curriculum material for the teacher, including clear learning objectives for all community sessions and are updated each academic year. In addition, printed Quick Reference Guides, with key information for teaching each year group, are posted to each teaching practice at the start of the academic year.
What are teaching practices and community-based seminars?

In our department we use the term teaching practice for general practices which teach undergraduate students, to distinguish from training practices which are organized for post-graduate GP trainees. When we place a medical student in a practice, we know that they will learn from receptionists, practice nurses, GPs, practice managers and other practice staff. They also come into contact with an array of other primary care professionals such as district nurses, health visitors, community psychiatric nurses, physiotherapists, speech and language therapists, dieticians, pharmacists, social workers, occupational therapists. Early clinical exposure to this team is one of the best aspects of learning medicine in the community setting, and one that medical students greatly appreciate when choosing GKT.

Community-based seminars are facilitated groups for students, designed to support their learning, answer clinical questions that arise from patient contact, and address problems that can emerge in practice interactions. In Years 2 and 5, seminar groups of 8-12 students attend seminars at an assigned community Student Learning Centre (SLC) or on campus.

What is the role of patients in teaching?

Patients have a great deal to teach us and our students. Key learning for every GKT medical student is to listen carefully and behave respectfully with each patient they see. Students comment that in their community placements for the first time they really understand patients in the context of their families and communities. Patients mostly enjoy contributing to the teaching of medical students, and some patients become enthusiastic educators who are willing to talk with new students each term. When the GP teacher explains the importance of inviting a student into the consultation to patients (always offering the patient the opportunity to decline), and when proper consent reinforces confidentiality, both patients and students benefit from teaching. KUMEC has clear policy guidelines in its handbook for tutors regarding patient recruitment and teaching with patients.

Consistent with GMC guidelines, GKT students are encouraged to raise any concerns about patient safety, or any aspect of the conduct of others which is inconsistent with good professional practice.

What is expected of all our KUMEC teachers and practices?

After a successful orientation visit by a senior member of the KUMEC team, teaching agreements are signed between the medical school, the department, and the teaching practice or independent teacher. The expectations for teaching practices are summarized in the Expectations and Responsibilities Appendix in each annual teaching agreement, which is sent to all practices and can be found on the KUMECE website at www.kcl.ac.uk/kumec. The overarching expectation is that we will provide positive support for each medical student in every community attachment.
Three principles form a core for our teacher orientation and development. Teachers will:

1. **take time to understand the learning needs of each student**
2. **give appropriate feedback to students**
3. **ensure patient and student safety through adequate supervision.**

All students must have access to a practice computer and patient record systems as appropriate, with Phase 5 students requiring their own log in to allow an accurate audit trail.

Constructive feedback is one of the best ways to facilitate student reflection and learning. We can help students know how they are progressing in real-time situations as they practice new skills and develop lifelong attitudes. *Formative* feedback, well before high stakes exams, is vital. Learning to effectively offer students your observations and perceptions of their performance, supporting their growing clinical reasoning and diagnostic skills, and encouraging them to consider the patient’s views, are key teaching skills. While medical students value praise, specific feedback is much more effective in improving performance. Remembering to tailor the feedback you give to the appropriate level of the student’s knowledge and experience is important. An interactive “first conversation” is a key tool for understanding what the student already knows and what they need yet to learn.

**What if I’m worried about a student?**

Seeking KUMEC advice and/or support early for students who seem to be having difficulties or present causes for concern is vital. Tutors sometimes worry that by contacting us they will get a student into trouble, but often there are minor early warning signs that if flagged to KUMEC, can start to form a picture of a student requiring additional help. It is far better for us to be aware and able to intervene at an early stage, before a student runs into trouble.

**How do students evaluate teaching they receive in the community?**

KCL undergraduate medical students are strongly encouraged, after each attachment, to submit electronic evaluations of their learning experience through password-protected, web-based forms. Student feedback comes in rating scales and free text. It is anonymous: our teachers receive both the scores from their own students, and also can see summary average scores of all teachers in their year. Student feedback is compiled for each year taught and sent to the practice liaison for each teacher to review. KUMEC staff are always happy to discuss any teacher’s concerns about student feedback on their teaching experience in the practice. Aside from predictable grumbling about travel time, students almost always provide constructive feedback when they have (1) experienced respectful interactions at the practice, (2) seen appropriate consented patients, and (3) been given enough thoughtful protected time for tutorials and seminars. KUMEC staff review all student feedback for curriculum planning and addressing training or support needs of individual teachers.
What is the two-day Introduction of Teaching in Primary Care (ITTPC) course?

In partnership with the Multiprofessional Faculty Development Team and the other undergraduate medical programmes across London, KUMEC has helped to develop a two-day course to train GPs for their early teaching experiences. It is well-known as The Introduction to Teaching in Primary Care (ITTPC) course. Registration is through the Multiprofessional Faculty Development (formerly London Deanery) office. Both new and experienced GP teachers have found that the experiential methods in this course are very valuable for improving their teaching skills. The course is offered at least six times each year, (currently at £150), and is hosted in various London venues. Hundreds of KUMEC primary care teachers have now taken this course. KUMEC staff often facilitate on the course, and we consider participation in it to be an excellent qualification for working with our undergraduate medical students.

What other professional development resources are available for KUMEC teachers?

For teachers, there are opportunities to grow professionally within the teaching network and to add an array of undergraduate medical teaching activities to annual appraisal portfolios.

A primary care teacher in the KUMEC network joins a group of over 600 peers who teach in more than 300 general practices, on campus or in student learning centres. We have a well-developed Teacher Development programme including new tutor introduction days each autumn; online training modules; Core Skills workshops focusing on core competence skills which we think are important for all teachers; and Mastering Teaching Skills (MTS) workshops aimed at KUMEC teachers who want to target more specific skills. Our MTS programme is accredited by the Academy of Medical Educators (AoME) and attendance at three of the MTS sessions, together with reflective work afterwards, provides eligibility for membership of AoME.

In addition, there is the annual KUMEC Teachers’ Conference with invited plenary speakers and interactive workshops, giving tutors a chance to work together, improve skills and meet other tutors, developing our sense of community.

Certificates are provided after each training event, for your appraisal portfolio. KUMEC community teachers can also apply for affiliate library membership to access many KCL resources, such as e-journals and library books.

Teachers with significant contributions over several years to KCL primary care community teaching may apply via the Director of Community Education to the GKT School of Medical Education to be considered for the title of an Honorary Clinical Lecturer.
Are there opportunities for observation and peer support of teaching?

Many teaching networks in medical education promote peer observation as a strategy for improving the quality of teaching. We facilitate paid opportunities for pairs of teachers to visit each other using a peer observation model. (At a teacher’s request, we can also usually arrange for a teacher from KUMEC staff to observe a teaching session.) The usual activities for a KUMEC peer observation are: (a) to talk briefly before the observation about particular points for the observation, (b) to complete an observation of a real-time teaching session, (c) to discuss afterwards what might have been strong or challenging points and to consider alternative ways of teaching. The documentation required for reimbursement by our office is brief and confidential. A record of completed peer review is excellent material for a professional GP or Nurse appraisal portfolio that includes evidence about teaching.

Where do I go for more information?

The KUMEC teacher web pages are an up-to date source of support, including current contact information, and most policy guidelines for contracted undergraduate medical education teachers and practice managers. www.kcl.ac.uk/kumec

Please do not hesitate to contact the KUMEC team by email or phone if you have any questions.