



Creating Space and Capacity in your Practice for Undergraduate Teaching

Space

A face-to-face interaction with a patient/carer/family is highly valued as a learning method by students and can be very impactful to learn a variety of skills, professionalism and reinforce or expand knowledge.

Limited space (not enough consulting rooms) can reduce the opportunities for students to conduct their own consultations or let them shadow/actively observe consultations.

Below are some suggestions on how students can get a rich educational experience WITHOUT direct patient contact. Of course, we want the students to experience 'the chaos' of real practice but they can be 'tasked' with some specific recurrent daily primary care activities and use these as the base of their learning.

1. Student can conduct telephone consultations with supervision.
2. Student can send information to patients via Accuryx messaging including links e.g. to educational information, self-help resources.
3. Student can view laboratory results (printed for them) which need actioned by a GP or other member of the practice team. E.g. they could do a Q risk score and discuss how they would explain the results to the patient and give lifestyle advice.
4. Student to take on appropriate "Tasks" from list provided by GP that they could action (that might otherwise be delegated to another team member.)
5. Student can undertake a small amount of read coding of letters coming into the practice. The value is to understand how important correct coding is, and also how to write a discharge letter from secondary care.

Capacity

To increase GP placement capacity new models of supervision in the primary care setting need to be implemented. Intensive supervisory models with 1:1 teaching may be burdensome for GPs and this model limits the number of students able to attend the practice.

Alternative supervision models to assist in addressing student placement capacity:

1. Group supervision and group learning activities
2. Peer supervision/self-directed learning in clusters
3. Interprofessional supervision



Engaging other health care professionals/management/administrative staff in teaching

For maximum impact, teaching practices can consider setting clear learning objectives for the planned sessions with other health care professions focusing on role, collaboration, specific skills etc.

Some examples by Health Care Professional role

1. Practice Nurse/ANP:

- student to prepare for his/her session by reading relevant guidelines (eg. asthma/COPD/hypertension)
- student ideally to speak with the nurse before he/she joins a chronic disease management (CDM) clinic to ask any specific questions that were generated from above
- student to observe 1-2 reviews
- student to conduct under supervision 1-2 reviews

2. General Practice Pharmacist (GPP)

- Student to read guidance on medicine reconciliation and what constitutes a medication review in General Practice.
- Student to identify 5 patients who normally would be dealt with by General Practice Pharmacist. For each patient, the student documents how they would do a full medication review. Student to discuss with the GPP and then ring patient to check adherence, discuss management plan etc.
- PBP to provide feedback to the student

3. Social Worker:

- identify one patient/family (from MDT meeting list)
- student to speak to GP/DN/SW/other HCP involved and of course family/patient and get involved in care plan
- discuss with SW what their role is in this particular case and how they conduct a care assessment
- present at (virtual) MDT meeting

4. Mental Health Worker:

- Joint telephone or face to face consultations
- Mental Health presentations to Primary care

5. First Contact Physiotherapist (FCP):

- Joint telephone or face to face consultations
- Mental Health presentations to Primary care
- setting up management plan

