

Remote Teaching in General Practice- adapting to the new normal

NIGPCPA Tutor CPD

Wednesday 8th February 2023

Dr Louise Sands



What are we hoping to cover in this webinar?

What is remote consulting and how has it evolved?

What factors should we consider when teaching using telephone consulting?

What have we learned as educators since the introduction of remote teaching?

Provide educational tips from current GP tutors/trainers

Q+A

What do we know about GP placements?

Highly valued by students – they feel part of a “team” and have increased responsibility/feel valued

Increase the likelihood of students considering GP as a career

Provide a rich learning experience in terms of opportunities for patient contact

Communication and consultation skills are developed, as well as the ability to understand the psycho-social context of a patient’s condition

A steep learning curve for GPs

No Face-to-Face Consultations

New technology -
Accuryx, Zoom, MS Teams, WhatsApp

Students not in the surgery/social distancing

Telephone triage EVERYTHING

A steep learning curve for medical students and GPST doctors

No direct patient contact

New technology -
Zoom, MS Teams, WhatsApp, Google Hangout

Isolated from their peers

Isolated from their family

Why can't we go back to the way it was?

Demand on appointments/ workforce crisis

Greater numbers of medical students/GPST doctors

New technology offers new opportunities

Patient preference

Allows students/trainees who can't attend practice to engage in learning opportunities



Still Serving You



#HSCStillServing

GP Practices held
378,515
patient consultations



319
Practices



169,308
Face to Face



209,207
Telephone/video

3rd - 13th January 2023

Remote Consultation

**Consultations occurring via
telephone, internet, or video link**

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

Factors influencing educational value of Remote Consultations

Stage of medical school/GPST training

Mode of delivery of consultation, and process for patient selection

Potential impact on the GP Tutor/student interaction

Educational governance requirements

Training needs of patients, students and GP Tutors/Trainers

Remote Consultations

Educational
governance
requirements

1. Consent
2. Confidentiality
3. Data security and storage

Remote Consultations

Potential impact
on the GP
Tutor/student
interaction

1. Role-modelling
2. Delivering feedback
3. Pre-post patient briefing

Remote Consultations

Mode of delivery
of consultation,
and process for
patient selection

1. Equipment and connectivity
2. Digital software of platforms
3. IT support
4. Suitable patients

Remote Consultations

Training needs
of patients,
students and GP
Tutors/Trainers

QUBGP Website resources

<https://www.qub.ac.uk/sites/qubgp/>



HELPFUL LINKS ▾ STAFF STUDENTS ALUMNI

STUDY RESEARCH INTERNATIONAL BUSINESS ABOUT 🔍

Remote Consulting

UNIVERSITY SITES / QUBGP / RESOURCES / REMOTE CONSULTING

Annual Updates

Remote consulting

ZOOM

MCQ

EDI training

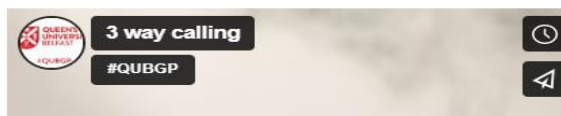
New Practices

GPCPA CPD Events

Remote consulting will be with us for the foreseeable future and we want to support practices and GP tutors as you teach in this changed working environment.

A range of resources for GP tutors and practices are included below

- [Checklist for medical students consulting remotely](#)
- [GP tutor introduction to remote consultation teaching in GP](#)
- [GP Practice governance for medical student remote consulting](#)
- [Medical student prompts for remote consultations](#)
- [Medical student suggested learning activities remote consulting in GP](#)
- [Medical student code of conduct remote consulting GP](#)
- [Three Way Consulting](#)
- [QUB Data Protection Statement on Remote Teaching and Sharing Emails](#)



What does Research tell us?

Medical Teacher >
Volume 43, 2021 - Issue 2

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5,875 Views
23 CrossRef citations to date
17 Altmetric

ARTICLES

Medical students consulting from home: A qualitative evaluation of a tool for maintaining student exposure to patients during lockdown

Richard Darnton , Tony Lopez , Megha Anil, Jonathan Ferdinand & Mark Jenkins

Pages 160-167 | Published online: 12 Oct 2020

Download citation | <https://doi.org/10.1080/0142159X.2020.1829576> | 

Full Article | Figures & data | References | Citations | Metrics | Licensing | Reprints & Permissions

Medical Teacher >
Volume 44, 2022 - Issue 3

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2,431 Views
2 CrossRef citations to date
11 Altmetric

Articles

Primary care placements in the post-COVID era: A qualitative evaluation of a final year undergraduate clerkship

Richard Darnton , Maaz Khan, Xiu Sheng Tan & Mark Jenkins

Pages 319-327 | Published online: 03 Dec 2021

Download citation | <https://doi.org/10.1080/0142159X.2021.1990239> | 

Full Article | Figures & data | References | Supplemental | Citations | Metrics | Licensing | Reprints & Permissions

What did Darnton say about remote consulting?

Practice triage is a powerful tool for selecting the most educationally valuable patient problems for student consultations.

Video consultations may help compensate for having fewer home visits.

Supervision of student telephone consultations requires careful attention to ensure students still get sufficient responsibility.

Student telephone consultations in the post-COVID era appear to engender specific educational benefits.

What were the educational benefits of telephone consulting?

Teach specific intellectual skills – clinical reasoning, managing risk

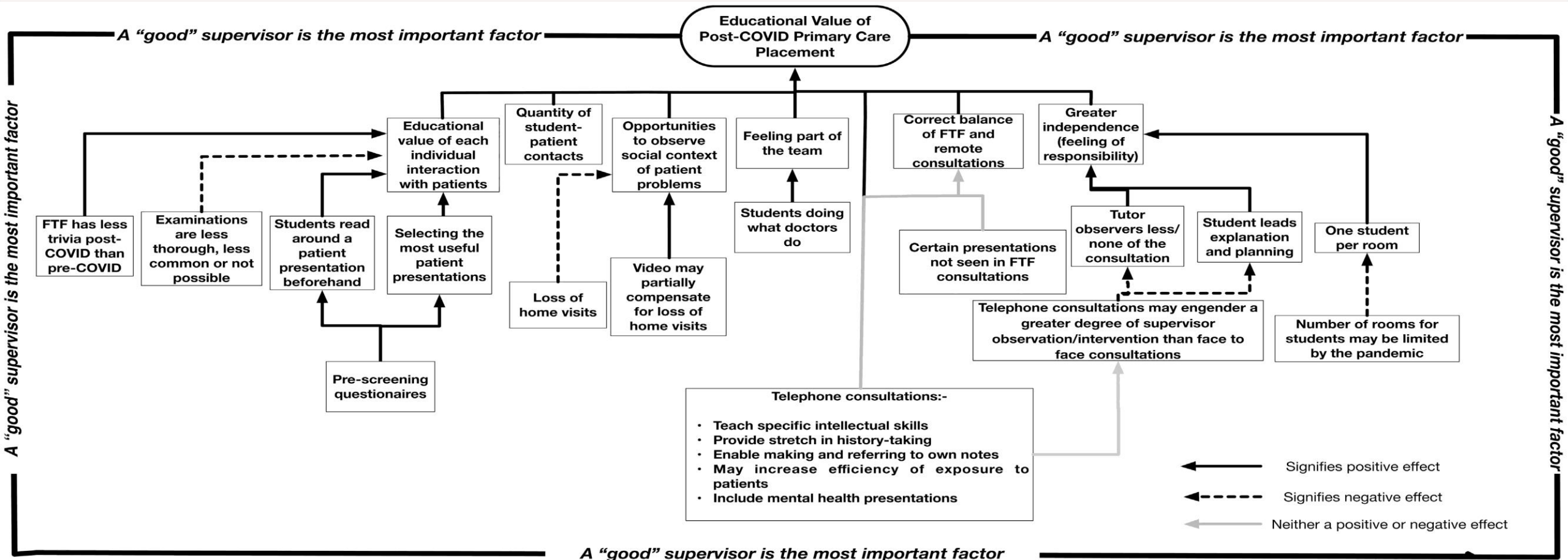
Provide stretch in history-taking skills – improved consultations

Increase the efficiency of exposure to patients – time efficient

Improve case-mix, especially to mental health presentations

Allow student to make and reflect on own notes made during consultation – “cheat sheet”

What is the perceived value of a Final year post Covid primary care placement?



Resources

VTS resources

NB Medical

Red Whale

RCGP

BMA

Virtual Primary Care (VPC)

Virtual Primary Care



[About](#) [Log in](#) [Contact us](#)



Virtual Primary Care is a general practice based educational resource providing UK medical schools with access to a video library of authentic primary care consultations.

Virtual Primary Care (VPC) is an innovative, general practice based educational resource offering fly on the wall access to 150 diverse, real life primary care consultations recorded in Birmingham, Bradford, Bristol and London. Every consultation has been tagged for clinical and educational content and is accompanied by a brief summary, associated learning points, references and suggested student activities.

Developed by the Medical Schools Council and the Society of Academic Primary Care Heads of GP Teaching Group, VPC has been designed to provide vital support to medical students training in a changed primary care environment as a result of the COVID-19 pandemic. The resource uses video consultations provided by the award winning TV production company Knickerbockerglory, producers of the Channel 5 television series GPs: Behind Closed Doors.

VPC is available to all UK medical schools as part of their membership of the Medical Schools Council. For licensing and security reasons, VPC is not in the public domain but available only to member medical schools.

Virtual Primary Care

Playlists » Virtual GP surgery for Year 4 students



Virtual GP surgery for Year 4 students

- 1 Management of acne / Shared decision-making 06:11
- 2 A man in late middle age presenting with a first episode of rectal... 10:46
- 3 Older man with prostate cancer attends for an injection and discusses the... 10:29
- 4 19yr old woman with a feeling that she needs to urinate all the... 12:26
- 5 Young woman with episodes of dizziness and nausea for 2 days 15:19
- 6 Neck lump not resolving / The

[Manage playlist access](#)

Management of acne / Shared decision-making

Learning Points

1. Acne vulgaris - treatment options
2. Shared decision making
3. Opportunistic reminder for long term condition review

Discussion Points

1. Watch the consultation all the way through; how does the GP identify the patient's ideas; concerns and expectations? (think about use of open questions e.g. at 01:17 the GP says "so would you want something different?"; and responding to cues e.g. at 01:45 discussion about scarring of the skin) What difference does exploring this make to the outcome of the consultation?

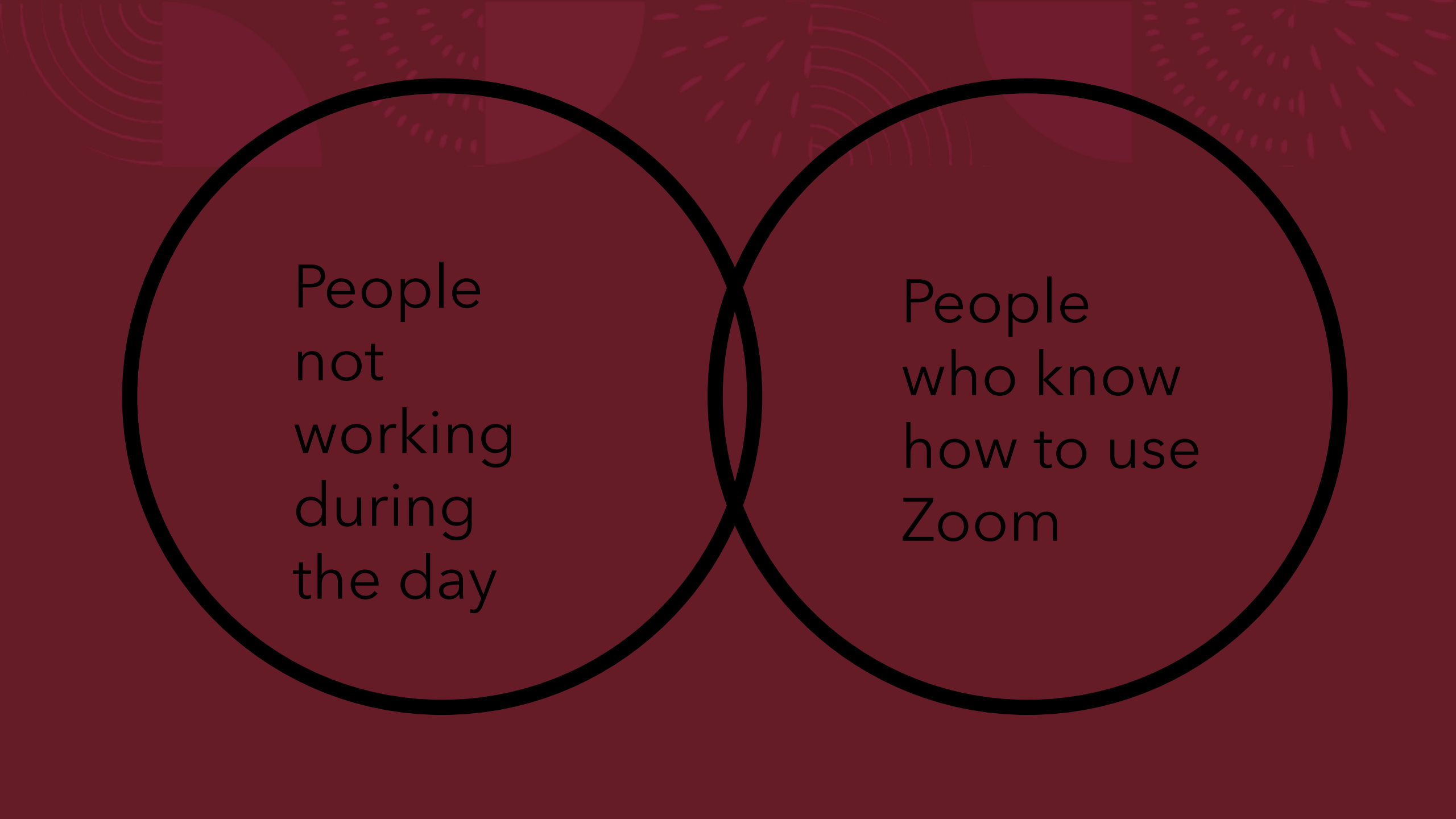
Real Life Teaching Experience

- Dr Chris Dorman
- Dr Miriam Dolan
- Dr Jim McMullan

Using virtual primary care (VPC)

- Large scale resource
- Preparation is everything
- Contrasting videos
- Playback of key learning points only
- Can be tailored to student academic level
- Equality of opportunity

- But not a substitute for 'real' consulting



People
not
working
during
the day

People
who know
how to use
Zoom

Selecting patients to use for remote learning

- Consider the scenario – acute or chronic
- Limitations – body part/system/examination
- Brief patient about expectations - 'while I have you...'
- Time keeping more important than ever – zoom panic
- Reassurance – who is in control
- Consider back up options
- Recording?
- Thank you letter?

Year 3 in primary care

- Blended model of learning
- In surgery/virtual presentation/home visit
- Requires space/internet/clinical system + preparation
- Consider how students found the experience of each – challenge them to consider how they adapted

Remote teaching and learning about **remote** consulting in **remote** rural Fermanagh
Miriam Dolan









101 NEW SKILLS
to Learn *Starting Today!*





“The advance of technology is based on making it fit in so that you don't really even notice it, so it's part of everyday life.”

Bill Gates, Co-founder of Microsoft

Remote Group Teaching
Dr Jim McMullan

Project ECHO Year 4

Versus Arthritis Year 5

IN GP Practice



Echo happens last Wednesday afternoon of GP attachment



Group of approx 48 Students divided into 3 groups beforehand



Each group given a broad topic to find a case for



This groups 3 topics are Dermatology , Endocrine and Paeds



Mid lockdown more challenging to find a case



If struggling to find one – Tutor can signpost a suitable one for Student to read up on.



Student anonymizes case and sends it to QUB on pro-forma

On the Day

- Cases have been read and 3-4 cases selected for learning points
- Expert speaker and Facilitator have read cases
- Speaker gives 20-30 minutes didactic talk on specific topic
- Students whose cases are selected invited to present to the group
- 2 other students asked to supply clarifying questions
- This is where most of the learning happens- in all directions.
- Session recorded-becomes a learning Library
- This Collaborative approach between Primary and Secondary care co-teaching Students is the basis of our new C25 curriculum

ECHO Model works for

- Larger groups
- When co-teaching with another colleague
- When students not all in the one place
- Cased based learning model is used-like QUB-ensures Learning Outcomes covered
- When you want to record
- Someone to read and select suitable cases
- Basic knowledge of zoom-Professional license
- No breakout rooms required!!

Versus Arthritis -year5

- Collaboration between QUB and V A.
- <https://www.versusarthritis.org/media/24856/medical-students-hear-from-people-living-with-chronic-pain-may-2022.pdf>
- Zoom but could be on Teams
- Smaller groups-One screen-12 students
- One Expert Patient- coached beforehand on what to expect and not giving away diagnoses too quickly!
- Facilitated by Dr

Works well

- Two students initially "volunteer" to take history
- Two further students ask clarifying questions at the end
- Then opened to all
- Patient gets final say- Top tips for soon to be F1s
- Patient leaves and GP and group discuss learning points from the case
- Opportunity for Didactic presentation linked to the Patients case
- Much more intense and interactive session
- Lasts about 1 hour depending on Patient
- We all have Patients who would love to help out here!!

Free Resources when teaching remotely

Mentimeter

Create word clouds, polls and quizzes

<https://www.mentimeter.com/>

There is a free version you can sign-up to.

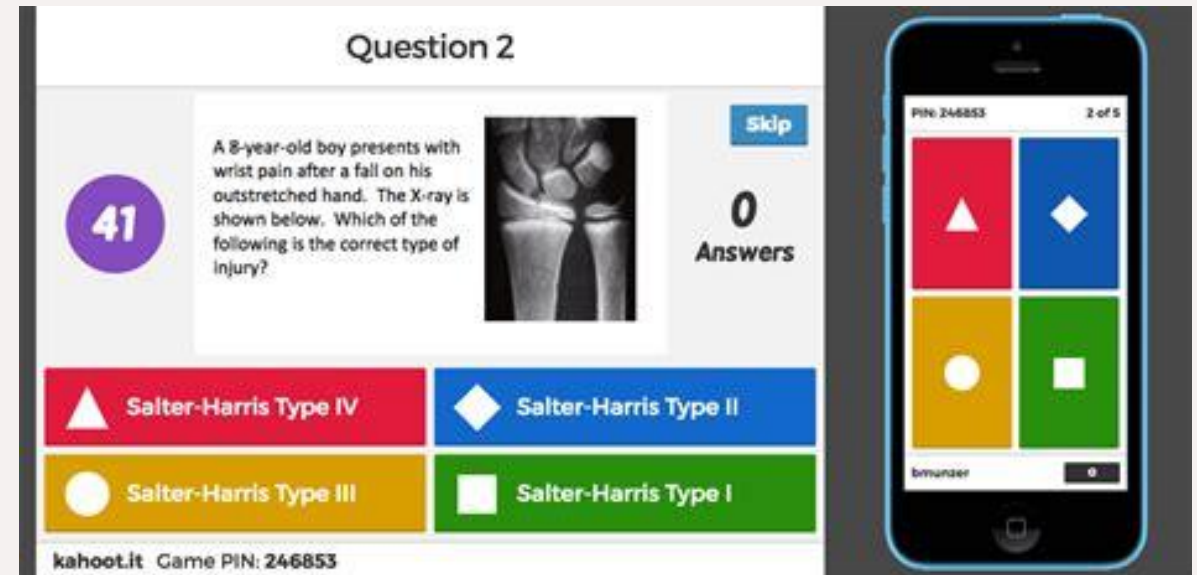


Free Resources when teaching remotely

Kahoot

This is a game-based learning platform.

You can create presentations, quizzes and questions which can be used in virtual learning encounters <https://kahoot.com/what-is-kahoot/>



Free Resources when teaching remotely

Jamboard

Interactive whiteboard with stickies

<https://support.google.com/jamboard/?hl=en#topic=7383643>

This is free with a google account.

The screenshot shows a Google Jamboard interface with a title bar that reads "HIP Book Club". Below the title bar are navigation icons and the text "Set background" and "Clear frame". The main content area is a grid with a central title "What are your successes and frustrations with collaborative projects?". The board is divided into two columns: "SUCCESS" on the left and "FRUSTRATION" on the right. The "SUCCESS" column contains several sticky notes: "increased student community", "real-world group skills to use in the workplace", "Student ownership of learning process", "I don't have to come up with discussion questions when the students do!", "The aha! moments I read in reflections during the process.", "Asking students to help facilitate discussion questions helps me out, day-to-day in a weekly discussion", and "There is often a student who takes the lead". The "FRUSTRATION" column contains: "Dysfunctional groups", "Students who don't contribute", "Frustration is with students not having time to do work together.", "Lack of engagement between students in groups", "students complaining about slackers", and "When students fear the worst before we begin!". At the bottom right, there is a meme featuring the Justice League with the text "EVERY GROUP PROJECT IS LIKE THE LAST BATTLE IN JUSTICE LEAGUE". A vertical toolbar on the left side of the board contains icons for erasing, moving, adding sticky notes, and other editing tools.

What do we as educators need to know for the future?



the specific consulting skills that
can be effectively taught
remotely



the supervision and training
needs of GPs teaching students
remotely



the acceptability by patients of
this method of medical student
involvement in their care

What about the future?

STUDY ABOUT RESEARCH

Queen Mary
University of London


FIND AN EXPERT | SEARCH

Faculty of Medicine and Dentistry

Study with us | Our research | Our institutes | Fundraising and alumni | About us | Our community | Work with us | International | Contact us | Find us | More +

Professor Chie Adachi appointed as the new Dean for Digital Education

Professor Adachi will bring her passion for innovation in teaching practices to transform our digital education



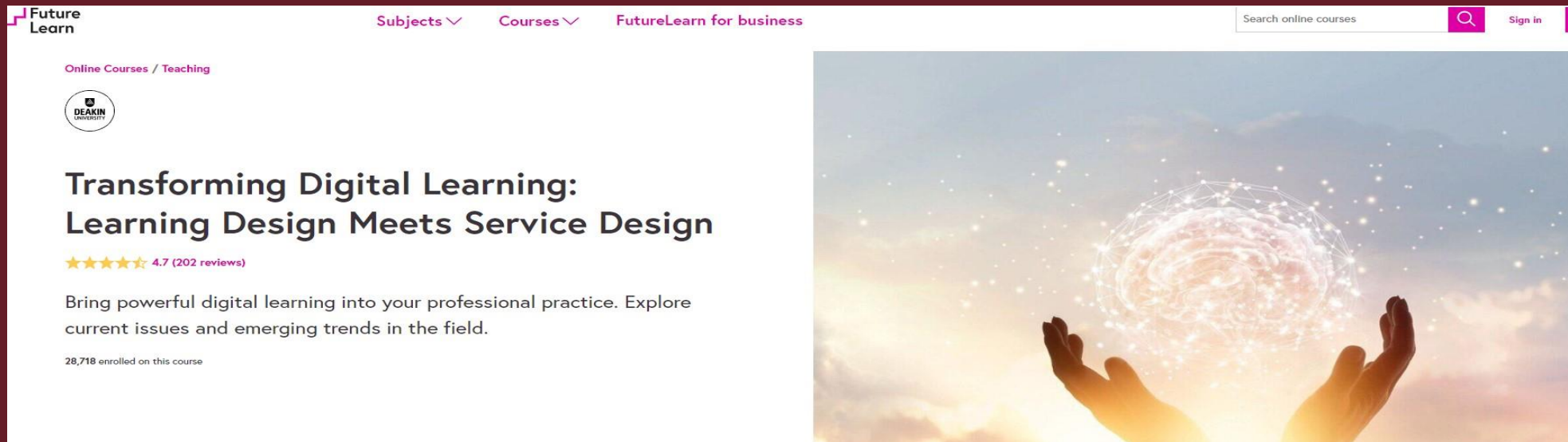
Faculty of Medicine and Dentistry | About us | Faculty leadership | Professor Chie Adachi

Our new Dean for Digital Education

Professor Chie Adachi is a passionate educator and researcher for the transformational power of digital education. She has a keen interest in educational technology which, together with her expertise in digital pedagogy, will allow Queen Mary to cement its position as one of the leading institutions in the digital education.

How to find out more?

- [://www.futurelearn.com/courses/digital-learning?utm_campaign=Courses+feed&utm_medium=courses-feed&utm_source=courses-feed&utm_source=rakutenmarketing&utm_medium=affiliate&utm_campaign=fl_3347507:Class+Central&utm_content=10:1&utm_term=USNetwork&ranMID=44015&ranEAID=SAyYsTvLiGQ&ranSiteID=SAyYsTvLiGQ-sum37gcMFbt3M6ERX3rMHA](https://www.futurelearn.com/courses/digital-learning?utm_campaign=Courses+feed&utm_medium=courses-feed&utm_source=courses-feed&utm_source=rakutenmarketing&utm_medium=affiliate&utm_campaign=fl_3347507:Class+Central&utm_content=10:1&utm_term=USNetwork&ranMID=44015&ranEAID=SAyYsTvLiGQ&ranSiteID=SAyYsTvLiGQ-sum37gcMFbt3M6ERX3rMHA)
- The demand for digital learning (and the experts who can deliver it) continues to grow rapidly. In this course you'll examine what online learning is, who needs it, who creates it and why.



The screenshot displays the FutureLearn website interface. At the top, the 'Future Learn' logo is on the left, and navigation links for 'Subjects', 'Courses', and 'FutureLearn for business' are in the center. A search bar with the text 'Search online courses' and a magnifying glass icon is on the right, along with a 'Sign in' link. Below the navigation, the breadcrumb 'Online Courses / Teaching' is visible. The course card for 'Transforming Digital Learning: Learning Design Meets Service Design' is the main focus. It features the Deakin University logo, the course title in a large, bold font, a 4.7-star rating from 202 reviews, and a brief description: 'Bring powerful digital learning into your professional practice. Explore current issues and emerging trends in the field.' At the bottom of the card, it states '28,718 enrolled on this course'. To the right of the text is a large image showing two hands holding a glowing, spherical digital network structure against a sunset background.

Every doctor an educator?

Sarah Allsop^a, Robert K. McKinley^b, Christine Douglass^c, Lindsey Pope^d and Colin Macdougall^e

^aBristol Medical School, University of Bristol, Bristol, UK; ^bKeele Medical School, Keele University, Staffordshire, UK; ^cHeriot-Watt University, Edinburgh, UK; ^dSchool of Medicine, Dentistry and Nursing, University of Glasgow, Glasgow, UK; ^eWarwick Medical School, University of Warwick, Coventry, UK

ABSTRACT

Introduction: The education of the future health care workforce is fundamental to ensuring safe, effective, and inclusive patient care. Despite this there has been chronic underinvestment in health care education and, even though there is an increased need for educators, the true number of medical educators has been in relative decline for over a decade.

Purpose: In this paper, we focus on the role of doctors as medical educators. We reflect on the culture in which medical education and training are delivered, the challenges faced, and their origins and sustaining factors. We propose a re-framing of this culture by applying Maslow's principles of the hierarchy of needs to medical educators, not only as individuals but as a specialist group and to the system in which this group works, to instigate actionable change and promote self-actualization for medical educators.

Discussion: Promoting and supporting the work of doctors who are educators is critically important. Despite financial investment in some practice areas, overall funding for and the number of medical educators continues to decline. Continuing Professional Development (CPD) schemes such as those offered by specialised medical education associations are welcomed, but without time, funding and a supportive culture from key stakeholders, medical educators cannot thrive and reach their potential.

Conclusion: We need to revolutionise the culture in which medical education is practised, where medical educators are valued and commensurately rewarded as a diverse group of specialists who have an essential role in training the health care workforce to support the delivery of excellent, inclusive health care for patients. By reimagining the challenges faced as a hierarchy we show that until the fundamental needs of value, funding and time are realised, it will remain challenging to instigate the essential change that is needed.

KEYWORDS

Teaching and Learning; continuing medical education; staff development; medical profession; roles of teacher; career choice; medical educators

“We need to revolutionise the culture in which medical education is practised, where medical educators are valued and commensurately rewarded as a diverse group of specialists who have an essential role in training the health care workforce to support the delivery of excellent, inclusive health care for patients.”

Sarah Allsop, Robert K. McKinley, Christine Douglass, Lindsey Pope & Colin Macdougall (2023): Every doctor an educator?, Medical Teacher

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