**Workshop: September 2014**

**Tutorial plans**

**COPD**

Start with learning needs assessment

1. Guidelines – NICE/CEG resources
2. Case (consider home visit) / split between learners
3. Practice systems, structure, audit
4. Difficulties/difficult patients
5. Spirometry/equipment/interpretation (QoF template)
6. Check at end of tutorial – coverage

**Good Record Keeping**

Plan and deliver:  
Ask TRAINEE to do

Ask why wants this tutorial/learning objectives?

Consider MDU/MPS/GMC/RCGP views and medico-legal aspects

Look at examples of recent consultations in the practice – ask for a mini-audit

Consider it as a medico-legal tool/communication tool

Resources

As above

?Academic literature regarding consultations

Recording issues re: consent, confidentiality, ethical issues when relatives ask for access

Consider editing records when patients ask you to remove diagnosis

Patient access to records

What would be Challenging?  
Lack of knowledge re certain issues ie access of relatives after patient died

Potentially embarrassing yourself and colleagues

Short topic – consider extending into letter-writing and practice processes which can go wrong generally

How would you know it went well?

Ask for feedback – three take-away points?

What will they do differently?

Ask them to write a reflective log

Ask how tutorial can be improved for next year

Could suggest a re-audit of record keeping after an interval

**CSA Preparation**

1. Planning

Clarify educational need

CSA – general need – confidence rating at the start; specific needs ?examples

“just for exam” – expanding learning to communication skills in general

Preparation – trainee to bring video COT or trainer video or role play (videoed).

Read COT descriptors and chapter: Cambridge Calgary

Trainer to refresh on CSA marking

Tutorial:

Watch video COT best example or worst (or role play)

Feedback – formative feedback style – getting trainer to reflect/critique

Examples of how to do differently

Use of role play

1. Resources

RCGP COT videos

CSA schedules etc

COT descriptors

Consultation skills literature, Cambridge Calgary chapter

1. What would be challenging

CSA criteria

Our knowledge gaps

Exam focussed trainee

1. How would you know went well?

Trainee reflection at the end

Confidence rating scale at finish

Further objectives

Feedback to educator on what went well or scope for improvement

**Handling Complaints**

Learning needs assessment – why has this topic been picked, ask before the tutorial

Base on genuine cases preferably the reg’s own or if not, yours/against t he team/practice/duty of candour

Resources

Procedure/protocol of handling complaint

GMC guidance on statutory complaints: ask reg to get from shared folder and GMC website

So that familiar with ‘knowledge aspects’ and focus of tutorial can then be on ‘practical aspects’

Plan to include support for complaints

* Colleagues
* Professional counselling
* Developing resilience
* OOH record keeping

What would be challenging?

Balance between defensive medicine and safety netting

Make sure reg feels supported in new environment

Balance between the registrar self-reflecting

Keeping it within the given time frame

Next steps: how to mitigate against receiving complaints

Evaluation: has this answered your question?

Possible feedback forms?!

**Avoiding burnout**

1. Research to direct them

Prepare presentation

Prepare scenarios to role play

Safety, ground rules

1. Burnout questionnaire: BMA

Our experiences/practice

Help for burnout – where eg Practitioner Health Programme, MedNet

1. Personal

Practice or personal

Finding resources

How to do feedback

1. Feedback – how? Verbal/written

Go back to learning outcomes

Reflect yourself about how this has gone

**The demographics and relevant socio-cultural issues of your local population**

1. Preparation

Send them to the PH dept and the Council

They look up ‘Up My Street’

EMIS research o ethnicity

1. Delivery

What would they have to consider if they were to work as a partner in the practice? Eg impact of poverty/social determinants of health

Read ‘Black Report’

Walk the patch

Go through different cultural groups and typical presentations/cultural beliefs

Jon fuller’s book “Medical Practice in a Multi-Cultural Society”

Working with advocated (professional vs family – pitfalls)

Working with indigenous populations – working class vs Hipsters/middle-class

Understanding poverty/unemployment/benefits and impact on lifestyles

Broken families/housing

The changing demographic of Hackney

1. Gone well? How much they talked