

Some Do's and the Don'ts of UG Education

(during GP clinical Placement)

Guidance for students and tutors based on feedback of patients

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Some DO's:

-some students find it difficult to interact with patients as individuals. Consider:

Early exposure to patients

Let students talk to people/patient even just to have a normal conversation without too much of a focus on history taking and getting a differential diagnosis

Appreciate that 'sociability' is something that comes natural to a mature person/doctor/tutor, less so to a younger person/student

-give students some time to observe before active patient contact as it will put students at ease and make them less 'uncomfortable' with patients

-give a student time to 'prep' for a consultation (eg. pre-booked patients- let students read the Medical Records before they ring or see the patient) and be clear what you expect as a tutor/supervisor from them during and after the consult

-devote some time to introducing the student to the primary care team

-be clear about the expectations of the supervising team and as a GP tutor to avoid discomfort in students

-consider facilitating the placement of two students together as this offers social and educational support to students

-consider having a photo displayed in the practice/on the practice website of the student explaining who they are and what year of study they are in

-communicate to your patients that you are a teaching practice and what patients can expect when asked to speak to a student/how consent and confidentiality are managed etc.

- be aware Intimate or more profound clinical problems can be difficult for students and patients- higher levels of seeking consent and support for all parties involved are indicated
- spend time in evaluating students' ability to 'connect' with patients: active listening/ emotional intelligence and being able to communicate their understanding (verbally and non-verbally) of what a patient is experiencing back to that patient during a consultation
- consider using available resources on line to increase students' capability to empathise, deliver patient-centred care and practice shared-decision making eg. <https://www.patientvoices.org.uk/>
- be sensitive and pro-active in ensuring international students are supported
- consider giving formative, non-threatening constructive feedback with the patient, student and tutor present and with all three involved

Some DON'T 's:

- negatively correct the student while the patient is present
- be unclear about what is expected from the student during a consultation
- assume consent of a patient to participate in education/seeing a student