

Effective consultation teaching within a new curriculum

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Background and Purpose

Learning to consult in the clinical setting is an essential component at all medical schools and the GMC provides overarching objectives in the document Outcomes for Doctors. However, there is a vast spectrum of how clinical consultation is integrated and delivered within medical curricula. At the University of Bristol Medical School, consultation teaching traditionally focused on whole case role play and clinical learning. In the development of our innovative undergraduate curriculum we took the opportunity to re-evaluate delivery of learning opportunities for consulting. We believe students deserve an undergraduate course which provides cohesive learning of clinical consultation, incorporating clinical reasoning, clinical communication and clinical skills, through all years of medical school, and which meets the requirements in the consensus statement released by the UK Council for Clinical Communication Skills Teaching (1).

The purpose of this poster is to explain the development of this new clinical communication course, Effective Consulting (EC), and provide preliminary findings from its application in practice.

Methodology

An initial literature review was performed on consultation models, critical thinking, clinical reasoning and motivational interviewing. This formed the basis of discussion about a new course with an Effective Consulting working group. The group comprised of doctors, academics, psychologists and communication specialists worked together to integrate Effective Consulting (EC) learning into the new curriculum.

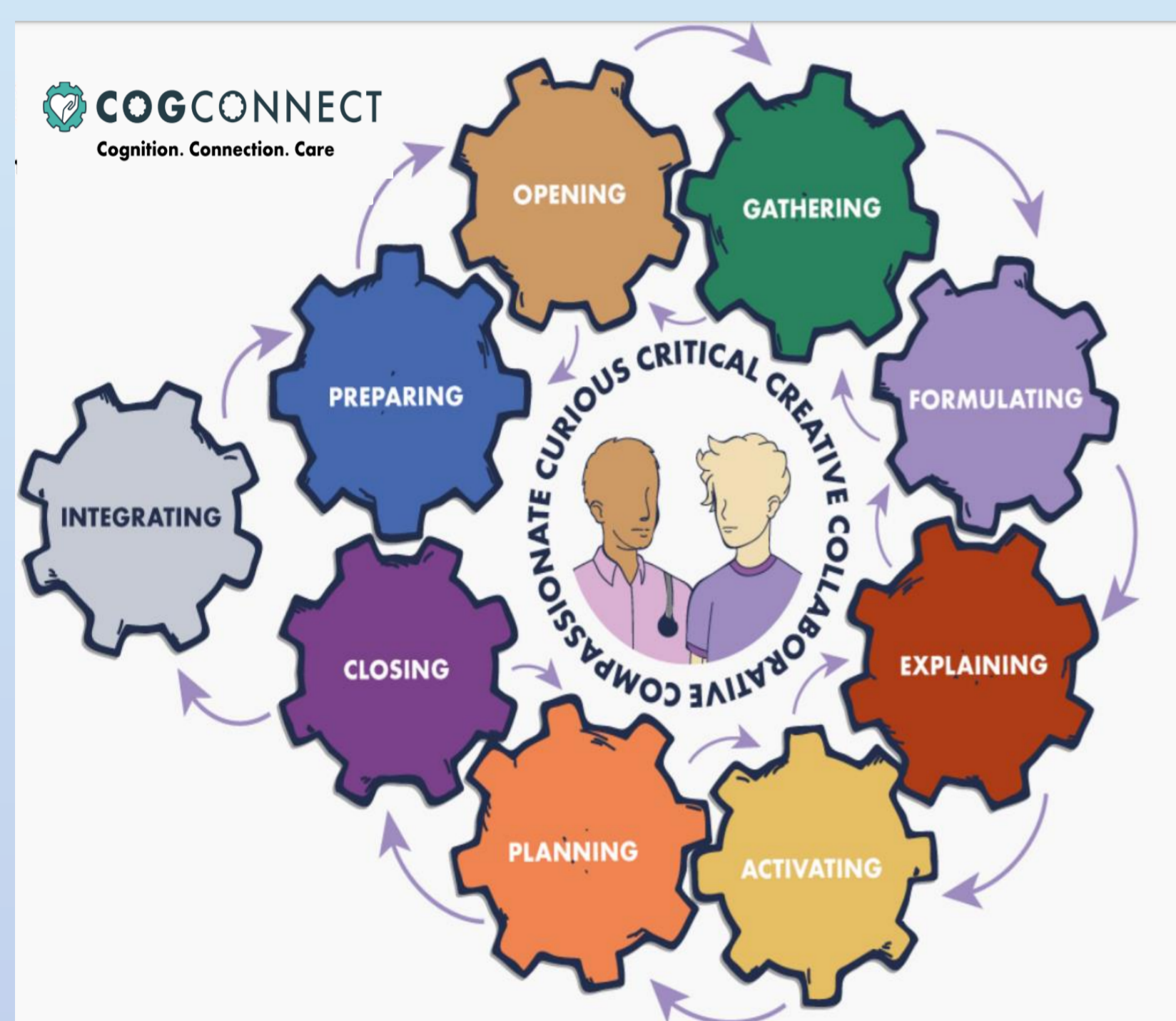


Fig 1. COGConnect model for clinical encounters, showing the 5 core values

Discussion and Future Plans

Things that went well: This is the first year the Effective Consulting course has run and has so far received overwhelmingly positive feedback from both students, staff and faculty (see Table 1).

Students enjoyed putting theory into practice. Students valued the supportive small groups and clinical facilitators. Students enjoyed meeting with patients in primary and secondary care. Students produced some outstanding creative pieces reflecting on their clinical encounters.

Things we can improve: In it's second iteration we will alter approximately 10-15% of the content and process. This will include:

1. provide more challenge for competent students, as some (particularly those with significant healthcare experience in other roles) felt under-stretched in sessions
2. clinically contextualise the arts and humanities in the EC lab sessions as students sometimes felt these we're 'out of place'.
3. more use of the collaborative work space on OneNote.
4. feedback fatigue – we noted that feedback completion rates dropped off throughout the year.. For next year we will facilitated in-tutorial feedback to reduce this burden.

Results

An Effective Consulting (EC) course has been created as a new strand within Bristol Medical School's undergraduate curriculum. It builds on Bristol's teaching of consultation and clinical skills, and our award winning Whole Person Care course. The key elements are:

- integration of clinical consultation teaching throughout the entire medical curriculum from week 1 of first year,
- explicit clinical reasoning,
- uniting consultation theory with practical experience, in simulated scenarios, and with patients in primary and secondary care
- drawing on medical arts and humanities to explore students reactions to the wider concepts of human health and wellness

EC is delivered as an integral part of the curriculum from week 1. Students have 7 EC sessions in the first 10 weeks of the course (Foundations of Medicine), followed by a further 7 days (one per fortnight) dedicated to EC during students' case based learning (CBL) cycles. In year 2, students have a 3 week immersive EC Clerkship in secondary care, plus a further 12 days (one per fortnight) dedicated to EC during CBL.

The EC course is a helical theme present through all five years of the curriculum. The theme comprises three closely interrelated domains:

Clinical Reasoning (head)

Students learn Clinical Reasoning through consideration of their own cognitive bias and will develop understanding of diagnostic probabilities, and the application of knowledge to individual patients through clinical judgement



Clinical Communication (heart)

Students cultivate high-quality clinical communication with patients and colleagues aligned with the Bristol COGConnect model (see Fig1.) through skills practice and placement in primary and secondary care, with each clinical encounter driven by the 5 core values of EC: Curiosity, Criticality, Creativity, Collaboration and Compassion. Students learn the importance of self care for both patients and doctors.



Clinical Skills (hands)

Clinical skills are developed throughout the course both in terms of the tools for formulating and integrating a well-rounded medical history and performing clinical examinations and procedures.



EC Labs: Campus based sessions which make up half the EC course in Years 1 and 2. These comprise a lecture followed by a small group interactive seminar. They are called Labs to reflect their 'theoretical and practical nature' and they are a place of testing and collaboration. Each group of 10-12 students will have the same clinical tutor throughout the year. Tutors are all practicing clinicians (from both primary and secondary care) who bring a wealth of educational and clinical experience to the tutorials, as well as being great role models for the students.

Clinical Contact: Placement based sessions alternating between primary and secondary care which make up the other half of the EC day. Students go to primary care in groups of 4-6, and to secondary care in larger groups which are then subdivided on site. GP tutors supervise student led consultations with patients, and provide individual feedback. Clinical teaching fellows in secondary care facilitate students rotating between skills based sessions, ward visits, or hearing from expert patients.

Coherence and Integration: Students can use their learning from EC labs in Clinical Contact, or vice versa. Each session is tied into the CBL theme of the fortnight. All material for clinical contact, and the EC Labs is delivered via OneNote.

Assessment: The assessment of EC in year 1 is formative (reflective diary, Team Assessment of Behaviour, creative assignment). In Year 2 assessment is via OSCE.

Quality Assurance: All tutors were required to attend a training workshop. Formal feedback was collected from students via Microsoft forms (integrated into OneNote) and informal feedback from was sought from tutors via email and through debrief sessions.

In-course feedback

"My tutor has been lovely and supportive for the entire year, listening to our stories and also reflecting on her own experiences from being a GP. She encouraged us to always give it a go and not be embarrassed if things go wrong"
Student

"I found the role play consultations with the actor extremely useful,... I also really enjoyed looking at everyone's creative pieces and the meanings behind them, and I now appreciate more the importance of reflection on clinical encounters"
Student

"I really enjoyed this tutorial - it covered a large range of relevant topics that would be hard to show in a lecture. Being in a small group meant that we were able to practice the skills ...The session really made me think about the important little things you need to do in a consultation to make them effective. Every little detail seems to make a difference"
Student

"These first years are consulting at the level of current 3rd years. The students seemed genuinely interested in listening to the patient and involving them"
Actor

When asked.... "What is the best thing about your course?" many students chose to mention Effective Consulting:

- When we are able to put theory into practise on clinical skills afternoons, HCA shifts and GP visits.
- Clinical placements Seeing the application of science to human anatomy – how pathologies present in patients. Learning skills that we will definitely use later on after graduating such as how to perform a consultation
- The variation between labs, lectures, tutor groups and clinical placement
- Being able to see patients and relate lecture content to real cases
- I enjoy the practical applications of what we are taught; particularly the hospital and GP placements, getting to learn more about what makes a good clinician rather than just the science

Anonymous feedback gathered in annual MyBristol Survey which covers all aspects of the curriculum

EC Session	Theme	Score (out of 5)	n= (cohort n=249)
1	Intro and Active Listening	4.48	54
2	Wellbeing, Lifestyle and Resilience Assessment	4.35	102
3	Active Listening and Sensory Acuity	4.43	89
4	Preparing and Opening	4.34	78
5	Gathering	4.59	51
6	Formulating	No feedback gathered this week as Central University feedback	
7	Explaining	4.27	26 **
8	Activating	4.00	39
9	Planning, Closing and Integrating	4.38	42
10	Whole Consultation	4.76	17
Average		4.4	

Table 1: Overall Feedback Scores for each session of EC in Year One 2017-18