



UCL

Mental Health in Primary Care

Tutors' Guide 2023-2024

UCL Medical School
Community Based Teaching

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1 Departmental Contacts

Course Administrator

Mrs Penny Collins (September – October 2023)
Ms Wahida Mizan (November 2023 onwards)

UCL Research Department of Primary Care and Population Health
UCL Medical School
Rowland Hill Street
London NW3 2PF

✉ pcphmeded@ucl.ac.uk

Academic Lead

Dr Patricia Schartau

UCL Research Department of Primary Care and Population Health
UCL Medical School
Rowland Hill Street
London NW3 2PF

✉ patricia.schartau@ucl.ac.uk

2 Welcome and Introduction

We are very grateful to you for getting involved in teaching the general practice based session on Mental Health in Primary Care. We hope you will find this guide useful in making this teaching a rewarding experience for you and your students.

This guide will give you information about:

- The practical arrangements and structure of the placement
- Resources to develop your teaching

2.1 How to use this guide

This guide was primarily developed with new tutors in mind. However we hope that experienced tutors will be able to use it as a reference and contribute any resources they find valuable.

The first part of the guide addresses the practicalities of the placement and where it fits in with the MBBS curriculum as a whole. The later part provides resources that you may find useful.

We recommend using the guide in conjunction with the Society for Academic Primary Care/Royal College of General Practitioners national guidance on undergraduate GP teaching available for download at:

<https://www.rcgp.org.uk/your-career/undergraduate-general-practice>

3 Overall Structure of Year 5

All students at UCL study for an iBSc in year 3 (unless they already have a degree entry to the MBBS course), making this a 6 year course.

The theme of Year 5 of the MBBS curriculum is “the life cycle” - students will encounter patients with medical conditions from across the “seven ages of man”.

The year begins with a five-day Introduction and Orientation Module (IOM) where students are introduced to important details of the year, some core lectures covering key concepts and information regarding careers. The rest of year 5 consists of three modules; each module comprising a core introductory teaching week, and then 12 weeks of clinical placement.

The **three Year 5 modules** are:

Module 5A (CFH)	Module 5B (WHMHD)	Module 5C (HOPE)
Child and Family Health Paediatrics, General Practice, Child & Adolescent Mental Health (CAMHS)	Women and Men’s Health with Dermatology Obstetrics, Gynaecology, Breast disease, Urology, Genito-urinary medicine, Contraception & HIV medicine	Health of the Older Person Health of the older person, Ophthalmology, Oncology, Palliative Care, Psychiatry (including GP MH).



KEY TIP: *Students' experience and knowledge will vary depending upon their rotation order during the Year 5 course. It is always worthwhile, therefore, to explore with the students where they are in the year and what rotations they have already done. It is not safe to assume that having done a particular rotation they are competent in specific tasks: please ask them and check in your sessions.*

Spiral learning – *checking and then building on students' knowledge and skills. We would encourage tutors to think about this. Learning during an attachment is much more meaningful for students if they can relate this to previous learning and experience. This might, for example, involve discussing with students existing knowledge about history and examination, then extending this knowledge to include more detail about aspects of history taking, examination and management, such as psycho-social aspects or collateral history taking.*

3.1 Module 5C (HOPE) – Psychiatry structure

The module is organised as follows:

- 1 introductory teaching week
- 1 x four-week attachment in Care of the Older Person
- 1 x four-week attachment in Psychiatry
- 1 x two-week attachment in Cancer care incorporating Palliative Care
- 2 x 1 week attachments in Ophthalmology

Most of the Psychiatry attachments are based within the Camden and Islington NHS Foundation Trust, but Barnet, Enfield and Haringey NHS Trust and North and South London Priory Hospitals also host attachments.

Core competencies:

By the end of the Psychiatry module (and following on from learning in Year 4) students should be able to:

- Take a structured psychiatric history
- Take a collateral history
- Assess the mental state of a patient
- Carry out a cognitive examination, assessing orientation, attention and concentration, memory, visuospatial skills (e.g. by copying intersecting pentagons), expressive and receptive dysphasia and executive functioning
- Assess risk, including suicidal intent
- Assess appropriate investigations and make a treatment plan
- Recognise psychiatric morbidity in non-psychiatric settings
- Know how the Mental Health Act and Deprivation of Liberty safeguards are used
- Know the main psychotropic drugs used, including the most common and serious potential side effects

The students' hospital experience in Psychiatry, and the type of patients they see can vary greatly. The amount of formal 'clerking' of patients and case presentation they do during their hospital placements can be limited. Some have opportunities to do community outreach work

with the Consultant Psychiatrist they are attached to, especially those attached to Old Age Psychiatry firms where home visits are more likely. In general though, students rarely meet patients with common mental health disorders, unless these are very severe or are complicated by dual diagnosis.



KEY TIP: *Complement and contrast their hospital experience to show the primary care perspective of assessing and managing common MH disorders.*

4 Mental Health in Primary Care

4.1 General aims

This module has been designed for medical students to gain experience of Psychiatry from a Primary Care perspective. It consists of a full-day workshop for each student (runs on a Monday) and a half-day clinical in practice placement for each student (small group teaching).

The general aims are that students should acquire knowledge and some experience of the common mental health disorders seen in Primary Care, including their recognition, assessment, diagnosis and management; and that students should also develop their ability to take a holistic view of the patient and be able to assess the broader physical, psychological and social issues.

We have divided the content of the mental health in Primary Care GP half-day clinical placement into core topics, which we would like all GP tutors to cover, and optional topics from which suitable cases can be chosen (covering at least two optional topics).

Core Topic

- Psychological morbidity in the community and somatic presentations including the MG/physical health interface
- Anxiety and depression

Optional Topics

- Alcohol and drug misuse
- Psychosis in the community
- Eating disorders
- Dementia in the older person

4.2 Overall structure

Students attend practices across North London, typically in groups of 4 (occasionally in pairs) where they have one session of dedicated small group teaching with a GP tutor.

This is arranged as one half day and will take place during the students' Psychiatry attachment. They will also attend a full day mental health in Primary Care workshop. Both workshops (full day) are currently held online, the half-day placements are reverting to in-practice face-to-face placements for 2022-23.

Our evaluations of in-practice placements have shown that students like teachers to discuss the topic first (overview; context), move on to seeing a patient and then have a final, more clinically orientated discussion. They have relatively few opportunities to have structured feedback on either their history taking skills or case presentations and so they value this highly. The 'patient contact' has consistently been rated as the most positive aspect of their mental health in primary care attachment.

Therefore, as part of the teaching we expect all GP tutors to invite patients with common mental health problems to meet students. Students should be given opportunities to take full primary-care focussed psychiatric histories from patients either singly or in pairs, to receive feedback on this individually and to discuss difficult management issues.

The key factor will be the patients you have available to help with teaching and we don't expect you to offer the students the full range of optional sessions – the main focus should be on patients with anxiety and depression / common mental disorders.

4.3 Intended learning outcomes

By the end of the mental health in primary care placement and workshop we intend that the students should be able to:

- Identify common mental health problems in the community and describe factors that help and hinder the process of presentation and identification.
- Undertake a focused mental health assessment of a person with a common mental disorder.
- Apply management strategies in an integrated manner considering the person in their context rather than by their 'diagnosis' alone.
- Understand when onwards referral to secondary care may be warranted
- Communicate effectively with adults who have mental health problems.
- Show an understanding of both patient and carer (where relevant) perspectives of living with a mental health problem.
- Have gained an understanding of the mental health/ physical health interface and interactions.

5 Preparing for teaching

The keys to effective teaching are organisation, planning and some basic teaching skills. In this section we will consider the organisation and planning involved in teaching mental health in Primary Care. In [Section 6](#) we will consider teaching skills which might be helpful for small group teaching.

5.1 Getting Organised

When am I teaching?

- The course administrator should be able to give you dates for the blocks or firms of students that rotate throughout the academic year by August.
- Ensure that your practice knows when you are teaching, and that they understand that you need **protected time**.
- You might also need to advise your practice receptionist that the students will arrive at a certain time.
- It is also useful to write yourself a reminder in your diary two weeks before you are due to teach to allow yourself (or someone delegated to do this in the practice) time to ask patients/ check that you have patients willing to participate.

What am I teaching?

The emphasis of the GP part of the module is on helping students learn about the General Practice perspective of mental health, rather than teaching them 'textbook' psychiatry. We therefore do not expect them to learn exhaustive lists of diagnostic criteria for each topic, but rather consider the patient's problems more holistically and help them understand some of the uncertainties.

There is a separate document titled Appendix 2 Common Topics in MH, with some aims/objectives and a suggested basic structure and/or teaching methods. The teaching methods are also up to you, but we expect tutors to keep the overall aims of the module in mind, to keep the session interactive and to try and achieve the suggested aims.

Feedback from students over the years has given us a very clear idea of the structure that they find most helpful for learning. They like teachers to give sessions a clear beginning, middle and end (or introduction, body and closure).

Introduction:

- Setting the right mood is very important. Students like to feel welcome in the practice, and it's always good to check that there are no burning issues that they would like to discuss first.
- For virtual (online) teaching (Workshops) it may be worth encouraging students to have their cameras on provided they feel comfortable with this
- Give the students a clear idea of what to expect by highlighting the aims/objectives (see below) and outlining a basic structure for the session.
- Motivate the students to learn by explaining how the skills learnt will be relevant for them both as medical students and doctors, whatever their speciality. Remember that for students, assessment is a powerful driving force as well (see Section 7).
- Find out what students already know about the topic first. This helps to pitch the session at the right level and also aids learning. Long-term retention of knowledge is thought to develop by the formation of links between new knowledge and existing knowledge

networks in the brain. Activating this old knowledge in students' minds at the start helps them to make these links.

Aims & objectives:

You are likely to hear the terms '*aims and objectives*' frequently in your teaching role. In summary:

- **An aim** is the broad-brush intention of the teaching programme
- **An objective** is a more detailed statement of exactly what you intend the student to know at the end of that period of time.

This may seem a bit basic, but makes an important point. Students learn best if they know what they are setting out to do and how they are going to get there. The students also receive these in their course book, but it helps to draw their attention to these (or your own adapted objectives) at the start of the session.

Body or middle:

We have outlined the overall structure of sessions in Section 4.2. Some useful tips to consider when planning the session:

- *Less is more*: many teachers have a tendency to try and include as much as they can in the session to 'cover' the topic. Students will actually learn more if you have less content, feel less rushed (and therefore more relaxed) and have opportunities to reflect and discuss key areas. Having said this, please ensure that core topics and at least two additional topics are covered (see sections above)
- *Vary the stimulus*: research has shown that the human attention span is limited to around 15 minutes with no change in stimulus. It is therefore helpful when planning to break your session down into 15-minute chunks, and to make sure you change the pace or teaching method for each 'chunk' or simply have a break.
- *Go from general to specific*: Students find it hard to learn general concepts without having examples in their mind of what you are talking about that they can relate to. For example, they may find it difficult talking about the concepts of overlap between physical, psychological and social aspects without discussing this around a case example (either a real one they've seen, or a hypothetical case).

Closing a session

A summary at the end will help students retain the key information. Their learning can also be helped by a sense of achievement; this can be done by assessing whether they've learnt anything by a short quiz (which students very much like), or by returning to the objectives and asking them to recap the key points.

It's also a good idea to check for their understanding and ask for their questions before closing the session, as otherwise you might get distracted on some small point rather than reinforcing their learning of key points.

The lesson plan

A lesson plan is a simple method of planning what you will cover in advance. Using a lesson plan, you will be able to see at a glance how much time you can allocate to each bit of a topic, what extra equipment you will need, and which areas you may like to read over beforehand.

Within the session this is invaluable to help you tailor content to time, which is particularly useful if you find yourself getting side-tracked. You may find it useful to highlight in your lesson plan the core bits you don't want to miss out, and identify areas or tasks you can omit if you

are running out of time. A sample lesson plan and a blank lesson plan are included in Section 5.2 for you to photocopy and use if desired.

5.2 Sample lesson plan

NB. This is only a sample given - we suggest you use copies of the blank form to devise your own plans for other sessions.

	Content: Depression & anxiety	Time	Resources
Introduction	<p>Mood: introduce students, ask about experiences so far, informal chat, free to ask Q's</p> <p>Motivate – why the planned topic important to know as Drs & for their exams</p> <p>Students learning needs on depression/ anxiety etc</p> <p>Outline your objectives and try to match these with their learning needs</p> <p>Outline the structure of session</p> <p>Prior knowledge; what do they already know about depression & anxiety etc?</p>	5 min.	<p>PC/ White board</p> <p>Tutors' guide: aims & objectives</p>
Body	<p>Small group discussion: students to define depression and anxiety. Discuss: When does normal distress, sadness or loneliness become depression or anxiety? What factors help & hinder diagnosis? Who is at risk? Recap - how common is depression & anxiety in primary care? Discuss background reading</p> <p>Summarise key learning points from discussion on White board</p> <p>Introduce patient consultation: purpose of consultation (full history; also focus on patients experience of illness & treatments; at end formulate a focussed MSE - concentrate on affective components; prepare case presentation to me after)</p> <p>Recap on key parts in psychiatry history examination if necessary and how a focussed history is used for Primary Care</p> <p>Students conduct their consultation</p> <p>Coffee or tea for student</p> <p>Debriefing for patient</p> <p>Student presentation of clinical cases</p> <p>Feedback on presentation skills & history/MSE</p> <p>Discussion of management issues. Use cases as examples & then generalise to general principles of management (directed by students)</p> <p>Any Q's before close?</p>	<p>20 min.</p> <p>5</p> <p>5</p> <p>10</p> <p>60</p> <p>15</p> <p>10</p> <p>5</p> <p>20</p>	<p>PC/ White board</p>
Closure	<p>Recap on key points from introduction & discussion -refer back to White board</p> <p>Get student to summarise key points in management (holistic not just drugs)</p> <p>Remind students about next session</p>	5 min.	<p>PC/White board</p> <p>tutors' guide: aims & objectives</p>

5.3 Blank lesson plan

Session:

Date:

	Content	Time	Resources
Introduction			
Body			
Closure			

5.4 Recruiting patients

It is worthwhile briefly considering what or who makes a good patient for teaching. A few attributes are clearly important: they should be **approachable, available and willing to talk** to the students at the appropriate time. Students should gain something from seeing them: they may, for example, have a good story to tell the students (this may be about their experiences of illness/health care and need not be limited to just an interesting medical history). There should be no significant communication barriers: for example, it may be necessary to arrange for interpreters to be present.

A further factor worth considering is whether being involved in the teaching will be **beneficial to the patient, students, and/or to you**: for example, if you feel that the patient would benefit from having a longer consultation about their illness, or if you expect that the students' findings after their in depth consultation will be informative to you. Research has shown that students gain more from teaching if they feel they have contributed to the patient's care: it may be useful for the students (and for you) if you ask them to include a summary of their clerking in the patient's notes.

It is sensible to **have a back-up plan** as there will inevitably be times when the patient you've asked to come is not available. In this circumstance a stock of video clips (ideally locally made) or a pre-prepared written case vignette, each relevant to that session's topic, would be useful. Case vignettes based on real patients, rather than 'classical' ones, tend to work best.

Most tutors deliberately select a range of patients from different socio-economic backgrounds, ages and different stages in their illness to meet the students. This seems to work very well and students respond positively to this. Students like, if possible, to see people who are at more acute stages of illness, as well as those who are recovering/have recovered. We have found that patients who are still symptomatic when they see students respond well to the teaching, and many report a therapeutic benefit from spending time with students. Most patients value the opportunity to talk about their problems at length to students, who they generally experience as an interested, sympathetic and non-judgemental third party. Being able to give something back and feel valued by their GP is also important and appears to raise patients' self-esteem.

A few patients find the students' consultation an emotional upheaval: this seems to be more likely in those who either have had or are currently having a severe or particularly traumatic episode; and possibly in those who lack insight into their problem. No patients or tutors have yet reported any long-term negative effects.

Briefing patients

If you are involving patients in your teaching, it is important to get their **informed consent** for this. This will involve briefing the patients clearly. A further advantage of this briefing is that it may well alleviate the anxiety that some patients feel about meeting students for the first time. A checklist for what this briefing might include is given in the box below.

It is good practice to provide written as well as oral information when asking for a patient's consent. You could create a brief information sheet about the teaching to give to patients when you are recruiting them. We have included a sample information sheet, in Section 5.5, which you can adapt for your own practice

If you'd like patients to give some feedback to students, it's also useful to give them some briefing about how to do this.

Checklist for briefing patients about teaching

Explain to patients:

- The purpose of the student consultation: for students to learn about their particular condition; for students to practice talking to patients and to learn from them
- What the students will be doing/not doing: e.g. taking a history but no physical examination for patients with MH problems
- How long it is likely to take
- What level the students are at in terms of their experience
- What kinds of questions the students are likely to ask them
- What kind of information they might wish to give students: their medical history; describe their experiences in hospital/General Practice; tell/not tell their diagnosis from the outset
- That medical students are bound by the same rules of confidentiality as doctors and will not disclose anything they have heard to anyone except the medical team involved in the patient's care
- That, without affecting their medical care, they can refuse to take part, refuse to answer particular questions and change their mind about taking part at any time
- Who they should contact if they have any concerns about any issues raised by the contact with students, or if they want to give feedback to someone on how the student handled the consultation

5.5 Sample information sheet for patients

Patient Information Sheet



We would like to thank you for considering helping out with the training of student doctors from the University College London Medical School.

Your GP practice is one of several across London that helps us to train student doctors. These students are on an attachment that is looking at mental health, emotional problems, stress, lifestyle (including alcohol and drugs) and physical problems related to stress.

You have been asked to take part because your doctor (GP) thinks you may be able to help students to understand one or more of these problems better.

These students are quite experienced and will be qualifying as doctors in a year or so. We feel it is quite important that they understand patients' views of experiencing illness, and how to talk to patients about this. The students have been asked to talk to you about any health problems (physical, emotional or social) you have had and the effect these have had on your life. They will also be interested in any treatments you have had, and how helpful or unhelpful you have found these. They will not be performing any physical examination.

The consultation with the students usually lasts around an hour, and you are free to stop it at any time. You can also decline to answer any particular questions if you want to - the students and your GP won't mind. Your GP will probably see you very briefly afterwards to check how the consultation has gone. If you have anything you would like to say about your time with the students, please feel free to tell your GP.

5.6 The student - patient consultation

This is the core part of the module and can be managed in two ways: with the tutor sitting in with the students and observing their consultation for at least part of the time (say 10 to 15 minutes), or leaving the student(s) alone for with a patient.

Both ways generally work well, and it is rare for either the student or patient to become upset, although a few patients may find it an emotional upheaval. From our evaluation, the patients usually have no preference, whereas some students might prefer to be left alone, and others prefer to have the opportunity for their consultation skills to be observed - it is probably helpful to offer the student(s) a choice if feasible.

We have done an extensive evaluation of student and patient attitudes towards the consultations and from this can make the following recommendations to tutors:

Recommendations for tutors on the student-patient consultation

1. It is important to provide briefing for both students and patients about what to expect. Patients like to know who they will be seeing and what questions they are likely to be asked. Students like to know the purpose of the consultation and how it will differ from a standard psychiatric clerking.
2. Patients appreciate being reassured about the nature of the consultation; that it is not a test and there are no right/wrong answers; and that they can stop the consultation at any time if they wish.
3. Students often need help on how to start the consultation. Both students and patients are often nervous at the start, and it helps to give the students a structure they can use for breaking the ice.
4. Patients like to have feedback afterwards on things like whether they've been saying the right things and whether it has been useful to the students. Tutors should encourage students to do this at the end of their consultation.
5. Some patients like the opportunity to be 'de-briefed' after the teaching. This is particularly the case when it is the first time they have been involved, but also when the consultation has been emotionally distressing for them. Many tutors do this by seeing the patient very briefly immediately after the student consultation while sending the students off to have coffee or tea and prepare their case presentation.
6. Students may also benefit from 'de-briefing' about the process of speaking to patients before doing their 'case presentation'.

5.7 Advice for students

You may want to share and discuss this information with your students.

Speaking to patients with psychological morbidity in primary care

History taking is paramount in any consultation, particularly in consultations with patients who suffer from psychiatric or psychological problems. You should already have had the chance to carry out full psychiatric clerking on several patients in the hospital part of your attachment. This is a crucial skill for you to acquire during your psychiatric attachment, but we would like to suggest that you alter the emphasis a little when speaking to some of the patients you will be meeting in a primary care setting and take the opportunity to gain some additional information which should help you to gain some understanding of mental illness from the patient's perspective.

Experience of the Illness:

- What has the illness meant to the patients, i.e. the experiences of having a mental health problem?
- How easy or difficult has it been to discuss it with professionals/family and friends?
- What impact has the illness had on work, personal or home life?
- What made them decide to consult a doctor about this problem and what were the factors (e.g. fear of doctor's response or sense of stigma about mental illness) that made this difficult?

Experience of Treatment:

- What do they think about any treatment they have been given?
- If they have had drug treatment, do they, or did they, have any reservations about this (e.g. many patients think that anti-depressants are addictive)?
- Have they had any side effects?
- If they have had psychological therapies (counselling/contact with psychologist or psychotherapist, self-help apps), what was their experiences of and view about that?
- Have they had contact with any other healthcare professionals or agencies, either health service or voluntary (e.g. charity such as MIND)?
- What can they tell you about that experience?

Information about their Problem and Treatment:

- Do they know as much as they want to about their problem and the treatment they have had for it?
- Where have they got this information from?
- Are they satisfied with the care they have received?
- Is there anything they would like done differently?

Mental State Examination:

It is not usually feasible or practical to do a full mental state examination in Primary Care. However, it is important to keep in mind which areas you would like to cover. The majority of patients you will see in the GP surgery will have affective disorders (e.g. depression, anxiety), so Appearance & Behaviour may be important, as well as Mood (objective and subjective) and Cognitive State. Risk (self, others) assessment (and protective factors present) should also be commented on.

You may where appropriate (e.g. severe depression) want to screen for Psychotic Phenomena, such as abnormal beliefs or perceptions, as these may be hidden unless asked about it, but psychotic illness is much rarer in general practice than in hospital populations. Manic symptoms should also be screened for.

6 Useful teaching skills

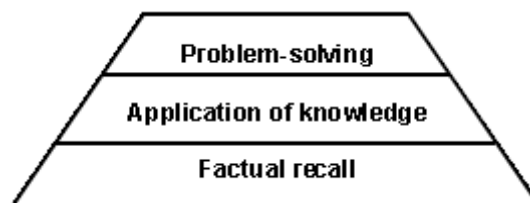
The aim of this section is to describe some teaching techniques that might be useful for all teaching situations. Many of you will already be teaching using the skills described in this section without necessarily being conscious of doing so. This section should help clarify these basic teaching skills and, by making you aware of your current practice, increase your effectiveness as a teacher.

6.1 Questioning techniques

Teachers' Questions

A teacher's questioning can be used to reveal factual knowledge, to encourage a student to display understanding, or to stimulate a student to formulate her/his own theories about a particular topic. Questions can be helpful in monitoring how your session is proceeding, and in checking that you have achieved your lesson objectives. They can be used in assessing students and in evaluating your teaching. The way you ask questions contributes to your teaching style and the educational climate you engender.

Bloom was an educationalist who formulated a hierarchy of questions in 1956. His approach to questions is still useful and valid for today's teachers. We have simplified his original 6 stage model into 3 levels:



KEY TIP: *In reality, 80-90% of teachers' questions require factual answers, thus testing recall but not necessarily understanding of the topic. Questions that require students to apply their knowledge regarding an individual patient or to solve a clinical problem will promote this deeper understanding.*

It is also very important to allow enough time for students to consider an answer: in general, you should allow at least 3 seconds for them to answer – the more complex or deep a question, the longer a student needs to construct an answer. You can try rephrasing the question or replacing it with a simpler question on the same topic. Also, try to avoid answering the question yourself, and beware of posing questions with more than one part.

Students' Questions

The ratio of teachers' questions to students' questions is said to be 100:1. If you wish to encourage students to be relaxed enough to ask you questions, you should attend to the whole atmosphere of the session and offer them explicit encouragement. You should also allow enough time for questions and answers.

However, students can sometimes get adept at distracting teachers from the main topic of a lesson, leading their teachers down interesting, but not necessarily relevant pathways. Your lesson plan should be useful in these circumstances for focusing on the main objectives for the lesson, and for reminding you of time constraints.

6.2 Getting and maintaining interest

Getting Interest

When planning your lesson, try to consider how to gain and maintain your students' interest and attention, e.g. by motivating them and giving them reasons why they should pay attention. It is a fact that the most effective motivating force for students is the assessment for each course or year. We have detailed the assessment methods we use for Psychiatry in [Section 7](#). Students may also encounter mental health problems in their final exams in the CPSA (former OSCE) exam.

If you discuss your aims and objectives with the students at the start of a learning session and are prepared to make any changes to suit the students, they will feel more involved with the lesson planning, and more interested.

Moving from the specific to the general, or vice versa, may catch students' interest: consider discussing a specific patient experience, then broaden this out to highlight underlying general principles.

Maintaining interest

The tips below might be useful for maintaining students' interest:

Active learning

- Involve the students in the sessions by making them think about the subject.
- Vary the teaching method - this may simply mean stopping a prepared talk and asking for questions, asking students to discuss something, or solve a problem, include a quiz etc.
- Ask students to summarise, construct theories and present results of their discussions.
- Use questioning skills to probe knowledge and get students to think actively.

Presentation Skills

- Try to vary the pitch and pace of your speech, and the projection of your voice.
- Students respond positively to enthusiasm in a teacher so, if you are enthusiastic about your subject, share your feeling with your students.
- Distributing questions evenly between students will keep them alert and engaged. Don't engage in prolonged exclusive discussion with one member of the audience, as others will feel excluded.
- Use eye contact to involve all students. Look around the group as you talk, remembering that if you are sitting in a circle the students closest to you on either side are the easiest to ignore.
- Use "signposting" to signal that you are about to start a new section of the session (e.g. we're moving on to...). This will enable students to be mentally prepared for the next topic.

Monitor student responses

You can monitor students' interest by maintaining eye contact, and noting their body language and engagement, and move to the next part of the lesson plan if they appear bored.

6.3 Facilitating feedback

The aim of feedback is to improve a students' performance. There are some general principles for giving feedback which have been listed in the box below.

General principles for facilitating feedback

- *Address the behaviour and not the person:* there is no point criticising things that cannot be changed.
- *Constructive rather than destructive:* constructive criticism is phrased as areas for improvement, or targets they can work on for next time.
- *Consider the positive before the negative:* feedback is more effective if the student leaves feeling generally good but with some specific ideas for improvement. Therefore, it is important to focus on positives as well as negatives. One approach is the 'criticism sandwich' where you start with comments on what went well, followed by some areas for improvement, and end with some overall positive comments.
- *Specific rather than general:* it is especially valuable to give students specific examples of where they did particularly well or could improve, rather than general comments.
- *Allow the student to start first:* most of the time students will know where they went wrong but will struggle to find parts where they did well. It makes your job a lot easier, and more comfortable for students, if you allow them to give their own feedback on their performance first.
- *Consider the timing:* generally, the sooner the feedback is given the better.

6.4 Role play

You might choose to use role play as an introduction to one of the sessions or if an expected patient is unable to attend. This is useful when preparing students for communication that can be difficult, for example when asking about problems with alcohol or substance use. It has an advantage in quiet groups of students in that it tends to engage students.

To make role play work well, it's helpful to remember a few tips:

1. Students should feel safe – it may be necessary to set ground rules about how they treat each other and about confidentiality.
2. Set the scene: discuss the nature of the session and the learning objectives.
3. Have a scenario prepared and make sure the students know what their roles are. The observers should know what they're looking out for e.g. things that worked well, verbal/non-verbal communication.
4. Debriefing: Ensure the students have stepped out of role at the end, especially if the role play was emotionally charged. Allow enough time for reflection and feedback on what each of the students has experienced.

7 Assessment, evaluation & support

7.1 Your role in student assessment

Your role in student assessment is important. Working with the students on a one-to-one basis can allow you to develop an accurate opinion on their skills, knowledge and attitude and enables you to give them useful information about their performance.

All of us learn differently. Honey and Mumford categorise learners into '**activists**' who typically enjoy discussion and participation in activities; '**reflectors**' who appreciate preparation for sessions, reading and learning through observation; '**pragmatists**' who like to understand the utility of tasks before engaging in learning; and '**theorists**' who like to understand the theoretical underpinnings and evidence forms and types for particular topics. In order to provide a suitable variety of teaching activities you might like to consider how you yourself prefer to learn (and how this might shape your own preferred teaching styles) and the learning styles of your students.

Verbal feedback – Students really appreciate feedback so please do provide praise and/or constructive criticism as appropriate throughout the attachment. Try to identify specific things that the student could do to improve. **Remember to talk about the behaviour not the person.** You should try to be as specific and detailed as possible and avoid generalisations.

They rarely get this opportunity from someone who has been able to observe them so closely and receiving constructive feedback is a really valuable aspect of the placement.

7.2 Student examinations and final grades

Assessment in Year 5 comprises in-course assessments in the form of portfolio requirements, module assessments, and a summative examination at the end of the year. The exam will cover child and family health, women's and men's health, dermatology care of older people, psychiatry, Ophthalmology and Palliative care. Questions appear in approximate proportion to the curriculum time dedicated to each subject.

For the academic year 2023-24 the exam timetable is still under development.

There are 2 written papers, each lasting 2 hours and consisting of 100 Single best answer questions, each with 5 items.

Written questions are all standard set by a panel of examiners, and overseen by external examiners from each module, to obtain an overall pass mark.

End of module assessment, signoff for GP placements and Supervised Learning Events (SLEs) - ePortfolio

An end of module assessment is completed for each student at the end of the block by one of the Module Leads. These are completed using the student ePortfolio and will include a grade of the student's performance and take account of any comments on their procedures card, together with the SLEs and Multi Source Feedback (MSFs) that have been recorded, so your feedback does contribute to the students' final module assessment

Tutors may also be asked to complete Supervised Learning Events (SLEs) – formerly called Workplace-based assessments. The individual events are the same as last year except they

now have text feedback only. Their generic name has changed however in line with the Foundation portfolio, on which the Undergraduate ePortfolio is based. We would be very grateful if tutors could complete SLEs for their students while in practice – they really value the opportunity to get quality feedback from tutors, in a Primary Care environment.

GP tutors and CPSA (former OSCE) examinations

We very much encourage GP tutors to take part as CPSA (former OSCE) examiners. This helps you to see how the exam works and demonstrates to students that GP teachers are an integral part of the medical school. Payment is provided for GP Tutors examining in the CPSA (former OSCE).

Please contact pcphmeded@ucl.ac.uk.

7.3 Self and peer evaluation

Self-evaluation

Part of developing and growing as a teacher involves continually reflecting on your teaching. We would encourage you to do this regularly, and ideally at the end of each teaching session, taking a few moments to consider what went well and what you would like to change for the next time. Many teachers find it helpful to write this down, either on your lesson plan or on a structured form. This can then be referred to when you next teach that topic. We have created a sample structured form that you could use for this (see following sheet).

Peer evaluation

We currently do not have any formal method of having your teaching observed by your peers. This may be introduced in the future, and at present we are happy to facilitate informal arrangements for this. If you are interested, then please contact the course co-ordinator who can give you guidance on the best ways of doing this.

ASSESSING YOUR OWN TEACHING

Reflecting on your teaching and students' learning is key in developing your skills as a teacher. Spend a few moments completing this form as soon as possible after your teaching experience. This can be included in your 'Teaching Portfolio'.

Please rate the following:		poor			excellent	
		1	2	3	4	5
Overall:		1	2	3	4	5
Set:	Motivated students	1	2	3	4	5
	Assessed learner needs/knowledge:	1	2	3	4	5
	Aims & objectives	1	2	3	4	5
Body:	Pace:	1	2	3	4	5
	Student interaction:	1	2	3	4	5
	Use of questions:	1	2	3	4	5
	Assessed student learning:	1	2	3	4	5
Closure:	Summarise/relate to objectives:	1	2	3	4	5

What happened in the session? Concentrate on what actually took place.

**What did I do which should help the students learn?
(both before and during the session)**

What do I need to concentrate on improving next time I teach?

7.4 Evaluation of primary care placement

We ask students to evaluate their placements via a web page at the end of each block of teaching. **Please remind students to complete their feedback questionnaires at the end of your placement, and name your practice.** We will forward information from your students on to you later during the year. We hope that you find this information useful in developing your own teaching and welcome any suggestions and comments you have.

Feedback at the end of the attachment includes the following. We ask students to evaluate:

- Did the tutor provide feedback?
- How many patients did you see?
- What was the most useful part of the sessions?
- Any suggestions for improvement?

7.5 Student absences and general student concerns

Attendance

If a student fails to attend without prior warning, please inform the Course Administrator as soon as possible via pcphmeded@ucl.ac.uk. Attendance is compulsory. Students are informed that should exceptional circumstances arise and they are unable to attend a placement they should immediately inform the Primary Care team and the practice which is expecting them. We do not usually consider it appropriate for students who are suddenly unwell, or unfit to attend, to inform you of this via another student. If this happens, please let us know by contacting our team.

Concerns about students

If you have any concerns of a pastoral or educational nature about any students, please contact the Primary Care team via pcphmeded@ucl.ac.uk

7.6 Student Safety

Students are provided with the following advice by the medical school:

Whilst out on placements in the community you may visit areas you do not know and experience new situations. It is important that you apply common sense during your placements to minimise any risk of attack so:

- Make sure you are absolutely clear where you are going before you set out and plan your journey to try and avoid any 'risky' areas.
- Always ensure that someone knows where you are going and when to expect you back – especially if you are visiting a patient in their home.
- If you have any concerns, try to speak to someone who has been to the place you are visiting to clarify the instructions.
- Do not take shortcuts, stick to main roads and the directions you have been given.
- If travelling on public transport don't wait at deserted stations or stops and know the times of your trains or buses to avoid waiting. Sit in a compartment with other people or near the driver.
- Be alert. Look confident without appearing arrogant.
- Don't carry valuables or any more money than you need to.

- If you have a mobile phone keep it out of sight as much as possible
- Remember to carry some form of identity — other people are entitled to know you are a genuine medical student, especially if you are visiting a patient at home.

If you experience any form of attack — verbal or physical — or feel threatened at any point during your placement, make sure you **inform the practice and the department of PCPH**. This will protect students in the future and alert the department to possible dangers.

8 Further information

In the following pages we have included additional resources, which may be useful to you (but you may want to suggest your own preferred resources).

We are also keen for tutors to share resources so if you have any lesson plans, websites or nuggets of information you wish to share, please email Dr Patricia Schartau (patricia.schartau@ucl.ac.uk)



Basic Textbooks:

- Katona C, Cooper C & Robertson M. (2015). *Psychiatry at a Glance*. Oxford: Wiley-Blackwell, 2015, 6th edition. Available as e-book.
- Marwick K, Birrell et al. (2018). *Crash Course Psychiatry*. Elsevier, 2018, 5th edition



More Specialised Texts:

- Harrison P, Cowen P and Burns T. *Shorted Oxford Textbook of Psychiatry*. Oxford: Oxford University Press, 2017, 7th edition
- Oyebode F. *Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology*. Elsevier, 2018, 3rd edition
- Casey P. *Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry*. Cambridge: Cambridge University Press, 2019, 4th edition
- Sadock BJ, Sadock VA, Ruiz P. *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*. Lippincott Williams and Wilkins, 2017, 10th edition.
- Taylor D, Barnes TRE and Young AH. *The Maudsley Prescribing Guidelines in Psychiatry*. Oxford: Wiley-Blackwell, 2018, 13th edition



Appendix 1

Objective Structured Clinical Assessments (OSCEs)

GP Tutor Notes

The student exam at the end of the year takes the form of a CPSA (former OSCE) (Objective Structured Clinical Assessment). We find that as students come towards the end of the year they increasingly request, and value, practice for this exam. Some tutors do incorporate this into their teaching and find it a useful tool for motivating and assessing the students. What follows is an outline of the CPSA (former OSCE) exam and some suggestions about how to give your students practice for this if you wish to.

There are many reasons to assess students' knowledge and skills; for example to judge competence, to pick up problems, to motivate, to evaluate the effectiveness of the teaching, to monitor improvement over time and to rank students. Ideally an assessment should be valid (measure what is intended to be measured) and reliable (give consistent results), A well-designed CPSA (former OSCE) should achieve both these criteria and so CPSAs (former OSCEs) are used increasingly in student exams.

A CPSA (former OSCE) takes the form of a series of stations at each of which the student is asked to complete a specific task. The nature of the task varies from station to station, for example; history taking, patient education, interpersonal skills (e.g. giving news to a relative), interpreting results, physical examination and practical procedures. In the neuropsychiatry block CPSA (former OSCE) there are 20 stations, each lasting 5 minutes, with additional time allowed during which the student transfers to the next station and the examiner records the marks.

In order to plan a whole CPSA (former OSCE), the examiners create a blueprint. As you can see from the blueprint for the neuropsychiatry block CPSA (former OSCE) (page **Error! Bookmark not defined.**), the blueprint is a matrix with subject areas to be included down one side (in this case mostly clinical areas within neurology, ophthalmology and psychiatry), and competencies (in this case regarding aspects, including ethics and law, of the subjects areas, and regarding communication and examination skills) down the other. The examiners aim to test a wide variety of these competencies with regard to as many of the subject areas as possible. Of course, no one station can test all these: the blueprint is used to help the examiners contemplate which competencies are best tested in which subject areas, and as a guide to how good a spread of testing of both subject areas and competencies is achieved. At each station in the neuropsychiatry block CPSA (former OSCE), only one subject area is usually tested per station, although this is not always the case. On the other hand, more than one *competency* is usually tested at each station, with communication skills being tested at most interactive (as opposed to written) stations and, as in the example given here (page **Error! Bookmark not defined.**), typically making up 25% of the marks for such a station.

If you decide to create your own CPSA (former OSCE) stations for your students, you won't need to achieve the same spread of testing that the examiners aim for in the neuropsychiatry block final exam. However, you'll probably find it useful to look at the blueprint to help you consider which competencies and subject areas you want to test in each station. Once you've decided this, you will need to work out an appropriate task and then how the student's performance will be marked. Considering one of the neuropsychiatry block CPSA (former OSCE) stations may help you do this.

See the details of the CPSA (former OSCE) station on page **Error! Bookmark not defined.** regarding assessing a patient after an overdose. Like many of the CPSA (former OSCE)

stations in the neuropsychiatry exam, this station uses an actor or simulated patient. The actor is given clear instructions on the role that they're playing, and the student is given a brief history regarding the "patient" and asked to assess the patient appropriately. In order to assess each student reliably, the competencies to be tested have been broken down into a list of criteria, each with allocated marks. For each criterion the student achieves he/she is awarded the set mark. Although there is some room for the marker's judgement, the marking schedule is quite prescriptive. This makes marking less daunting than it might be.

When you're making up a task to test the subject area(s) and competencies you've chosen, that task needn't be very complicated. For example, you might ask the student to answer someone's questions regarding their elderly mother who has just been diagnosed with Alzheimer's disease; or you might wish to ask the student to explain treatment options to a patient with moderately severe depression, ensuring that the "patient" asks for details of drug therapy and the different types of talking therapy. It's probably a good idea to use topics that you have taught on in the GP mental health module.

Decide whether you want a student to help in the CPSA (former OSCE) by playing a role. This can be fun and may be educational in itself, in that it helps that student to consider how it feels to be in the position of the person they're playing; on the other hand it won't work well if the student doesn't engage well, and may occasionally be distressing for the student – careful use of the guidance regarding role play (page 19 in the tutors' guide) should guard against this. If you don't want a student to act out a part, you'll need to work out how else you'll arrange the station and may choose to act out a role yourself. Whatever you decide, it's useful, by the time you practice using the CPSA (former OSCE) station, to have clear instructions for the "student actor" or yourself, and a clear task defined for the student who is going to be asking the questions as in the CPSA (former OSCE) exam. The other two students can be asked to devise a marking sheet, compare this with whatever you've decided the marking structure should be, and then use the final product to "assess" the student practising the CPSA (former OSCE) station.

Although you may not be interested in giving the student an exact mark for their performance, it is useful to consider a breakdown of the competencies you're testing, just as in the example station below regarding assessing suicide risk (page **Error! Bookmark not defined.**), and to decide which criteria an ideal student should achieve. This will help you give specific feedback to the student on what they have done well and what they can improve on.

You may wish to try some stations out on a colleague before using them with the students. You may also find that once you've tried out some stations with the students, you'll want to make some adjustments to them.

Unlike in the neuropsychiatry block CPSA (former OSCE), when you give the students CPSA (former OSCE) practice they will be examined one at a time. Meanwhile the other students will observe. In order to reduce the stress level of the examined student, and to emphasise the educational over the assessment component, some tutors tell the students who have volunteered to 'be examined' that they can choose "time out" during their CPSA (former OSCE) station. This gives them time under less pressure during which to reflect on the task and even to ask the other students for advice; and is particularly useful when a student "freezes" on assessment.

Planning CPSA (former OSCE) stations well is challenging but should be rewarding. Students are motivated by them and are pleased at the opportunity both to demonstrate their learning and to practice for their forthcoming exam. In addition, tutors may find them a useful guide to the success of their teaching.

