Blended Learning in Practice

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			BEING A GP (3)
	GP Trainees Induction, Frequently Asked Questi	FourteenFish 101	ACE GP Training Podcast
N	This module covers the basics of what you need to know and how to find the information you nee	Provides a step by step visual overview on how to use the portfolio, complete work place	HEE in the east of England has launched the Ace GP Training podcast to support GP trainees
cs a hov	Frequently Asked Questi This module covers the basis what you need to know and	Provides a step by step visual overview on how to use the	HEE in the east of England has launched the Ace GP Training

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Session plan

What is Blended Learning?



What digital and virtual learning resources are trainees currently using?

What digital and virtual learning resources are available?

Bridge blended learning platform – current content

How can blended learning be used by educators?

Other blended learning resources available

What is Blended Learning?

"Blended learning, also known as hybrid learning, is an approach to education that combines online educational materials and opportunities for interaction online with traditional place-based classroom methods."

Wikipedia

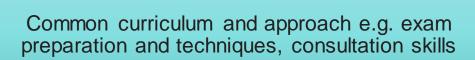
Blended Learning – Flipped Classrom



Contact time focuses on discussion, peer support, local knowledge and community, blended learning, social support and social learning

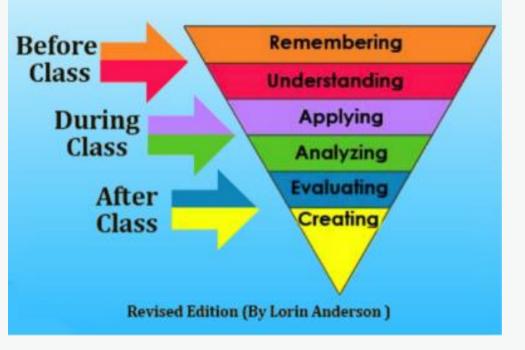


Self-directed learning using online resources etc.



Evidence of benefit

Bloom's Taxonomy



Benefits of blended learning

Flexible	 Learn at a time and pace that suits the trainee Access learning when it is relevant (<u>e.g.</u> AKT preparation at exam time)
Familiar	 Easy to use and navigate Familiar to trainees
Evidence-based	Shown to improve examination performance with educator involvement
Basis for tutorials	 Less preparation needed Up-to-date and reviewed content Links to further resources
'Flipped classroom' opportunities	 Trainees complete online learning in advance of a tutorial Allows tutorial to focus on consolidating and applying knowledge

Discussion

- What resources are you aware of that your trainees use currently?
- What resources do you signpost trainees to?
- What are the strengths/weaknesses of these resources?



What resources are available?

E-learning modules created from recordings of GP teaching within the deanery Centrally produced resources:

- Induction
- SOX
- Consulting and thinking like a GP

Hosted content:

- Red Whale Updates
- E-medica AKT Webinars

Panopto

External Resources eLFH, CKS, EKU, ESR, MindEd Training Hub, MDDUS FF, NW Toolkit, RCGP, GP Self-Test, Pulse, GP Online, GMC, BMJ

Webinars

Bridge e-learning platform





These who have not used the patients previously may benefit than accessing the "Det Statistic with Bridge' module before enresting in any modules. Any queues inguiding access should be directed to bioxed-desaming energibles into uk." <u>Modules</u> The team is constantly working on developing new learning ensources that are exclusively available for OP Trainees across the East of Englished. On log of

available, the of new modules batien have teen published reamily. A Pipcal Upper and Upper Subscheid Car A Vision B Pipcial and unscheduled care visions with the includes an overview of urgent care provider services, the This module is a designed to give you as used modifying the service of carbon and the service of the services o

All PGDiTs have a login and can access bridge at https://heeoe.bridgeapp.com/







Can also access through the 'Additional Learning Resources' section of the GP training page.

.:: BRIDGE



B ACCEPTABLE USE POLICY B PRIVACY POLICY

Professional topics

- Leadership and management
- Quality improvement
- Team working (synergy)
- SystmOne in General Practice
- Careers (CVs, Interviews, portfolio careers)

- Teenage mental health
- Perinatal mental health
- Delirium
- Dementia
- Domestic abuse
- Transgender issues
- Obesity
- Infertility
- Osteoporosis

- Giant cell arteritis
- Polymyalgia rheumatica
- Pruritis

Clinical topics

- Rashes, eczema and psoriasis
- Diabetes non-insulin therapies
- Palliative care several modules
- Investigating endocrine disorders
- Infant feeding
- Urgent and unscheduled care visits

GP Training

- Safe reflecting
- Trainee FAQs
- ESRs and ARCPs
- Prepare to pass the AKT series of modules
- Emedica AKT webinars organisational domain, statistics
- Using FourteenFish
- WPBA and ePortfolio

Others

- Giving evidence at a Coroner's inquest
- Imposter syndrome
- Prison medicine
- Social prescribing
- Safety Netting
- Sustainable Healthcare
- Transition Project

Discussion

What topics do you think would be useful for us to prioritise?



Example 1 – using a Bridge Module with a trainee



End of module scenario

The case scenario can be used in several ways:

- 1. Basis for a role-play consultation
- 2. For independent study so you can think about how you would approach this scenario
- 3. Basis for discussion in a tutorial

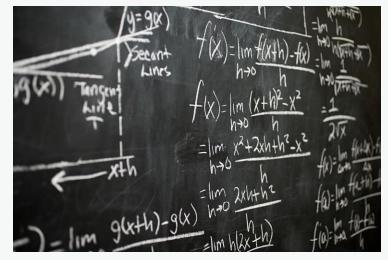
e.g. highlight resources/comsultation skills that might be useful in this scenario

George (64) has end-stage heart failure. He has had 3 admissions in the last 6 months with exacerbations of his condition. Each time he has been slightly frailer upon discharge. He lives with his wife, Sarah, in a bungalow. Since his last admission George has been sleeping in a hospital bed in the spare bedroom and has carers help with washing and dressing. He has persistent lower limb oedema as is prone to cellulitis. His also has chronic kidney disease and his EGFR has been gradually declining and is now 25. He is on maximum tolerated medical treatment.

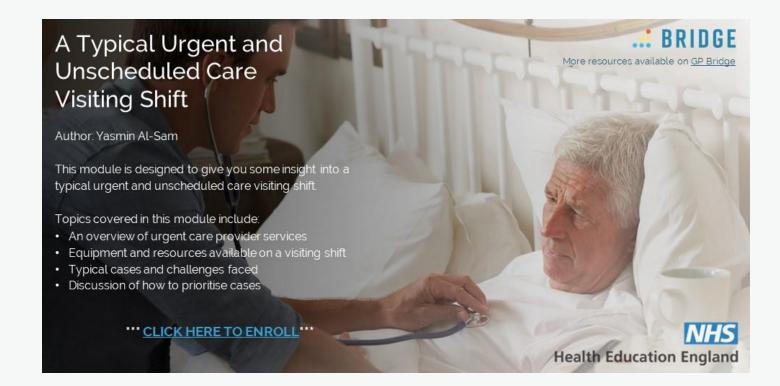
George's GP (who knows him well) visits to review how he is doing after his most recent discharge 4 days ago. His GP wants to take this opportunity to discuss advanced care planning.

How might you use this module as a basis for a tutorial?

- Trainee completes module in advance of tutorial, can then discuss any questions they have
- Review provided case scenario as a basis for discussion/role play
- Can they identify a patient who would benefit from Advance Care Planning that you can discuss?
- Review how ACP happens at a practice level e.g. GSF registers
- Discuss practical aspects:
 - DS1500 forms
 - ReSPECT forms
 - Prescribing Just In Case medicines and Syringe Drivers
 - Coding
 - Local support e.g. palliative care team



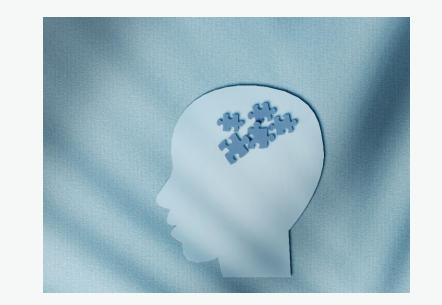
Example 2 – using a Bridge Module with a trainee



End of module scenario

Imagine you are the visiting doctor for a shift. Look at the triage notes for the cases below and think about:

- What might be going on in each case
- What order you would plan to do these visits
- What other resources/support you might want to use in each case
- What other information you might want to gather



End of module scenario

Case time	Age	Clinical details	Priority	Location
15:00	88y	Swollen leg (care home)	Routine	А
16:30	76y	Nausea and vomiting	Routine	B
17:00	82y	Confused and agitated	Urgent	с
18:00	63y	Palliative, headache	Urgent	D



Case A:

- 88 year old lady in a care home
- Known dementia, diabetic
- Usually mobilises with frame
- Swelling and redness of lower leg since yesterday morning
- Struggling to mobilise due to pain
- BM 15, observations normal
- Medication: memantine, metformin, dapagliflozin, amlodipine, paracetamol
- Allergic to penicillin

Case B:

- 76 year old lady, lives alone, usually independent
- $\cdot\,$ Background of hypertension and atrial fibrillation, breast cancer 7 years ago
- Nausea and vomiting for 24 hours
- $\boldsymbol{\cdot}$ Not able to eat, only managing sips of fluid
- Bowels not open for 2 days
- Passing urine
- No fevers
- \cdot Feeling very tired and a little light-headed on standing
- Medication: Amlodipine, ramipril, apixaban, atorvastatin
- \cdot No known drug allergies

Case C:

- 82 year old man, lives alone with BD carers
- Call from daughter who is with him
- Background of Parkinson's disease, previous UTIs, osteoporosis
- Tripped over chair 2 days ago, found on floor by carers, no injuries
- · Since this morning confused and agitated, refused to let carer wash him
- Complaining of lower abdominal pain and lower back pain
- Frequently going to the toilet
- Medication: Co-careldopa, adcal-D3, alendronic acid
- No known drug allergies

Case D:

- 63 year old lady, lives with husband, usually independent
- Background of metastatic breast cancer (known liver and bony mets)
- Headaches for the last week, getting worse
- Feeling dizzy at times, generally weaker
- Today also feeling more short of breath
- $\boldsymbol{\cdot}$ Has a DNAR in place
- Does not want to go to hospital
- Medication: Zomorph, oramorph PRN, paracetamol, lactulose

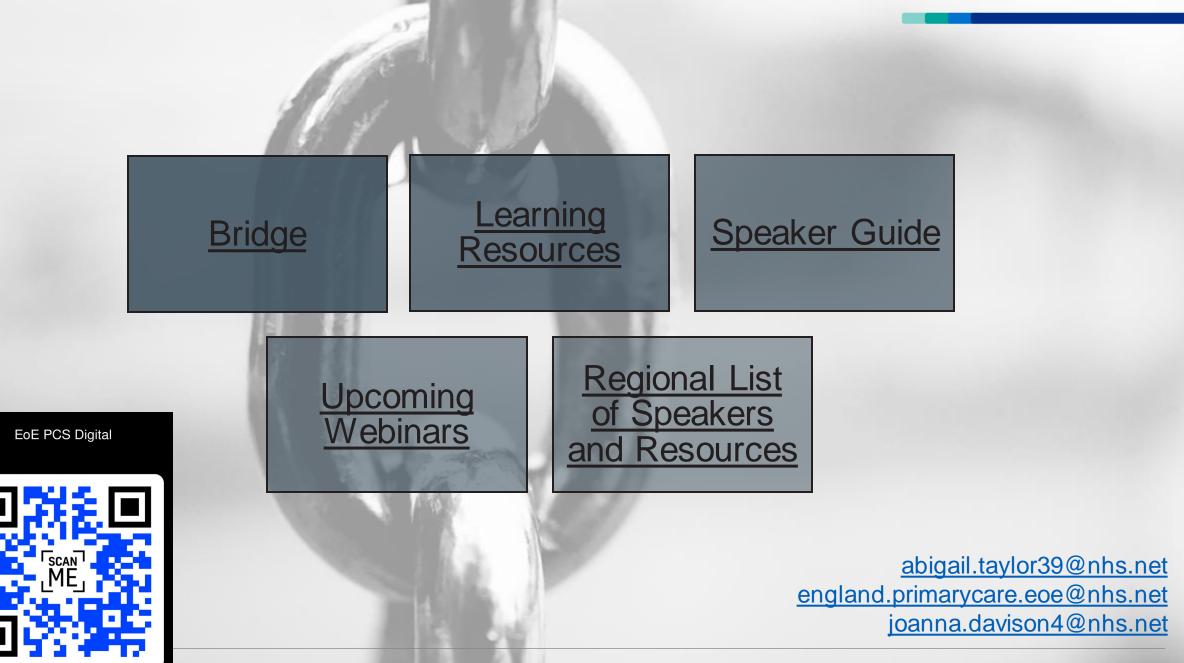
How might you use this module as a basis for a tutorial?

- Trainee completes module in advance of tutorial
- During tutorial can work through the provided exercises looking at how you would prioritise the cases and why
- Could extend this by reviewing visit requests for that day/another day at the surgery and discussing how these could be prioritised
- Could also discuss home visits in general:
 - Challenges
 - What equipment to take
 - Safety netting
 - Community services e.g. JET team



Other Digital and Virtual Resources

Learning hub	Beta VLE, same login as <u>eLFH</u> ; lots of resources
VR/360	Learning Hub, national pilot for GP, OMS
Virtual Primary Care	• Remains in pilot stage
Speaking Clinically	Landing page of videos of patient stories
HEE ACE GP Podcast	 Life after GP training, Welcome to GP Training, Wellbeing Support, PSW
MDDUS Webinars/Toolkits	Challenging consultations, consent, complaints
Blended Learning ITP Pilot?	





Any other questions/comments?



Thank You



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