

Fellowship Report

Harriet Dewhurst

I'd like to start this report by giving my thanks to NHS England, Thames Valley and Wessex Primary Care School for the opportunity to participate in the fellowship. I would also like to thank Maggie, Catherine and Katie for the education and help offered throughout, as well as my mentor, Andy, for his continued support and encouragement.

I am incredibly passionate about medical education and have been since my undergraduate years. When the opportunity to apply for the fellowship arose, I was instantly very excited by the prospect. I started my fellowship year with lots of different ideas for various projects, and had the opportunity to discuss these with both my mentor, Dr Andy Goode, and fellowship co-lead, Dr Katie Collins.

I have summarised below the various projects which I have been involved in, as well as courses attended, challenges and next steps.

Projects

I started the year with several ideas for projects. Some of them developed quickly, but then slowed and were stopped due to challenges, whilst others developed later in the year and continue to evolve. Upon reflection, I found this a challenge. I prefer having a defined project, with a clear path and outcome – the fellowship has taught me that this is often not possible in education! I had to show my flexibility and adaptability as the projects either developed or stalled, and focus my time onto areas which seemed to be more likely to progress. This taught me to discuss projects with others, who may have helpful comments about their potential, and to not become disheartened when projects don't work – as there are always more opportunities to be had.

Secondary Care Clinic List

I planned to create a list of secondary care clinics for GP residents to have access to – detailing location, times, who to contact for organising attendance, parking etc. I felt this would increase capacity, as it could allow residents to attend specialist clinics, which might lead to a specialist interest, and also free up space in GP clinic rooms to allow more residents into training.

Unfortunately, after communication with the director of medical education at the hospital, a local consultant and the local VTS scheme it became apparent that this project wasn't going to progress – partly due to capacity, and partly because the local VTS scheme already had something similar in place.

When it became clear that this project wasn't going to progress, I felt disheartened. I thought that this was an excellent project, and would be useful to residents and improve the relationship between primary and secondary care. However, I utilised my resources – and spoke with my mentor, Andy. We discussed my other ideas, which led to me working in collaboration with another fellow.

Joint VTS tutorials

I worked with another fellow, Heather, to introduce PCN/neighbourhood – wide joint tutorials for residents. We had a discussion with Mary-Rose Shears (Primary Care Dean), mapped out local PCNs and educational leads and created a questionnaire to be sent to a specific PCN who had shown interest in the project. Unfortunately, there was a poor response rate to the questionnaire. I decided to expand the project and reach out to other areas. After contacting Manjiri Bodhe, (Head of GP school) information about this project was sent to all ADs to disseminate to their patches.

Unfortunately there hasn't been interest in continuing this. Please see detailed roadmap below of the process.

We felt that this would increase capacity in general practice – if there are (for example) 3 full time

residents in a PCN, each receiving weekly tutorials, then that is 12 sessions a month out of clinics for residents and 12 for GP trainers. However, if they have 1 combined tutorial a month, then that is only 10 sessions a month for GPs to deliver tutorials. Although this is only a small number, this would save 24 GP sessions a year across a single PCN which could be used to increase capacity – possibly allowing for more residents into the surgery, as less time would be needed for weekly tutorials. This also allows for cross-PCN working, sharing expertise and good practice.

After discussion with my current practice, they have recently delivered a joint tutorial for residents in our surgery, and plan to have more.

Board game development

My title for this fellowship was ‘innovative education’. I had read about gamification in healthcare education and this was something that interested me. I decided to create a game aimed at GP residents which would mimic a day in general practice. I wanted this to cover topics including medication and pathology results – as I felt this is an area that residents do not get much exposure to in training, but will be required to be competent with after qualifying. I also wanted the game to show some alignment with their exams – so there are knowledge questions which need knowledge similar to that in the AKT, and patient explanation questions which are useful in preparing for the SCA exam.

Another fellow (Mahwish) was interested in this concept, so we decided to work collaboratively. After much discussion and trial and error, we created a physical board game, along with an online question bank. We then took this to a local VTS scheme (Reading) where it was played by just under 20 residents. It received feedback, and we adapted the game, and then delivered it to another two cohorts of residents.

I have learnt a lot while creating and improving this game. I have learnt about stakeholder engagement. I have also learnt about the importance of starting small. We had intended to make the game online, however that was proving difficult, so we settled with an online question bank. This took a lot of time, so it was a relief that the game itself was physical, as this was easier to make. It showed me how important it was to communicate effectively with colleagues. Mahwish and I both wrote questions for the game, and hers were more aligned with AKT as they had multiple choice answers, whereas mine didn't. It didn't seem to bother residents that there was a mix – but for uniformity, we should have discussed this earlier.

We've had positive feedback regarding the game, and have submitted an abstract to hopefully present a poster in October.

Surgery learning

In the first quarter of the fellowship, I wanted to create a set of resources for my practice. There is a huge amount of knowledge and expertise at my surgery, that I felt it was important to share it. I asked colleagues to record short (less than 10 minute) presentations on various topics that they have a specialist interest in (how to use a dermatoscope/EMIS shortcuts etc). I then uploaded these to a shared drive for all GPs/residents at my practice to access.

There has been some positive verbal feedback about this. I believe that this is a useful resource for future residents at our surgery – particularly EMIS shortcuts for residents who might not be familiar with the system. This short video, lasting only 10 minutes, can be used by them in their self study time, and then tips and tricks can be implemented during their consultations. I hope that this would save them some time, and could increase capacity by allowing learning without a clinic room.

SCA exam support

The biggest project I am currently working on is an Integrated Training Programme course for residents who have failed the SCA. Another fellow, Jen, and I have created a 7-week programme for residents in extension who need to pass their SCA. We have created weekly plans for 1 full day of facilitated learning (virtual) and 1 day of self directed learning a week. This will then be

complimented by residents spending the remainder of their week in a surgery. We have co-ordinated speakers (such as a linguistics expert and a wellbeing expert), organised facilitators to support with roleplay, and designed a programme to cover key areas of the SCA.

This project has been very enjoyable – I have enjoyed having a defined goal, a timeframe, and support from AD's and TPDs (thank you to Jonathan Rial, Kate Staveley, Jo Parker and Olie Morris). I have enjoyed matching the weekly programme with various elements of the SCA exam, and considering who may be useful to support us in the programme. I am excited to deliver the programme, and hope to attend all 7 days over the 7 weeks. I have created questionnaires for residents for before and after the course, to be used in evaluation.

HEFT

I expressed an interest in health equality to my mentor, Andy, who linked me in with Emer Forde. She supports residents who are on a HEFT fellowship, and I have joined to support on a few occasions. I have created and delivered an online presentation on Quality Improvement Projects. It has been interesting to develop an online presentation which was completely virtually delivered by myself. I tried to make it as interactive as possible. I enjoyed the opportunity to use my facilitation skills in a purely online setting, as I have previously facilitated in a face-to-face setting.

Sustainability

After attending DEMEC, I was inspired by a talk to consider sustainability in healthcare. As a salaried GP, I feel that it is hard to make sustainable change to improve sustainability in the NHS. However, I discussed with the senior partner and practice manager, and they were happy to display posters which I had made on the waiting room TV screens, which advise patients where they can recycle blister packs and inhalers.

Further to this, I have discussed with Ardens about putting a box in the asthma review templates to discuss recycling inhalers which they are planning to do.

I also carried out a simple audit on urine dipsticks – and found that many pots of urine dipsticks were undated, and possibly staying in rooms beyond expiry. We discussed this as a practice, and decided, in an attempt to reduce waste, that these would be reviewed on a monthly basis by HCAs, and if they were nearing expiration, they would be taken to the HCA room, as the majority of urine dips are carried out in this room.

It is going to be impossible for me to evaluate if these small changes have made any difference to recycling and sustainability, however this has made me feel empowered to suggest and create change.

Website updates

After reading fellows reports from previous years, I noted that one fellow had discovered that it was difficult to find information about becoming a trainer on local websites, and made positive changes to make the information easy to find. I noted that on a local VTS website, this information was difficult to find, and in fact out of date. I contacted Reading VTS and asked if I could assist in updating their website. They kindly let me help, and I have since updated information for all of the practices that residents can be placed at, created a wellbeing section on the website, and removed outdated information about how to become a trainer.

I felt that it was important to have easily accessible information regarding wellbeing for residents. I felt that if a resident needed support, and was easily able to access it, they might be able to seek support sooner and have a positive outcome.

Courses/personal development

Combined supervisor course

A 1 day course for non-trainers who often supervise as part of their work. This was an interactive

online course which gave me tools to use when debriefing residents/AHPs.

Wessex Medical Education Conference

A 1 day course (I only attended half as I was remote) – this covered a range of interesting topics and gave me an insight into educational developments across the Wessex deanery, in a variety of specialties.

Delivering Excellence in Medical Education Conference.

A 2 day course in Birmingham covering all areas of medical education. This inspired me to look into sustainability and health inequalities.

PGCert

2 modules covering principles of medical and healthcare education, and philosophies of medical and healthcare education. Assessments included recorded teaching sessions and essays. Happily I have completed all assessments and been awarded a PGCert in Medical and Healthcare Education.

Achievements/Outcomes

There are many things that I am proud of, or that I feel I have achieved during this fellowship year. Some are easy to define with clear certificates or evidence – such as my PGCert and creating a 7-week SCA support course, as well as designing and creating a GP board game. Others are harder to see, as they don't physically create anything, and there is no certificate – such as my discipline and dedication to this fellowship year. At times, it has felt disheartening when projects have slowed to a halt, however I continued to maintain a positive outlook and discuss challenges/ideas with my mentor and colleagues.

An unexpected outcome has been the collaborative working with other fellows. I have enjoyed working with colleagues – fellows as well as TPDs/ADs, and learnt a lot from them.

During this time, I have attended the monthly facilitated meetings – these have been fantastic. They have been interactive, interesting, and always given me something to think about, and made me consider how I facilitate/teach/collaborate with others.

I have also read a number of books recommended on the fellowship – including

- Are you listening? Jenny Rogers
- Dare to lead, Brene Brown
- Time to think, Nancy Kline
- Make it stick, Peter Brown
- How bad are bananas? Mike Berners-Lee (still reading!)

Challenges

This fellowship has not been without challenges. To begin with, I didn't have a set project and found it difficult to decide where to focus my time. It was hard to organise meetings that couldn't take place for a number of weeks due to coordinating availability. I wasn't sure what to do in the time while I was waiting, so I decided to undertake some learning, such as sustainability and health equity.

Some projects faced challenges such as a lack of engagement, or lack of resources meaning that they wouldn't come to fruition. Other challenges have been working days - I had assigned a Thursday as my "fellowship day" but when meetings weren't possible on a Thursday I let them spill over to other days of the week. In part, I enjoyed this flexibility in working, however at times it clashed with time with my children which was difficult.

I found my PGCert a challenge. It was more work than it had been advertised - and it was a juggle to fit this around clinical work, fellowship commitments and having a young family. I feel very lucky to have a supportive husband who made sure that I could prioritise my PGCert when he was around.

However hard these challenges have been, they have all taught me invaluable lessons - seeking out opportunities, expressing areas of interest to others, prioritising all the different demands on my time.

Learning

I have already stated many of the areas I have personally developed, and opportunities for personal learning. These include:

Leadership skills - creating and implementing the SCA programme has allowed me to develop as a leader. A comment from a teaching session by Maggie remains with me "There is always time for compassion". I think this is a powerful, important statement that must be remembered, particularly in times of stress! I also like to remember the stats we were given – that one must give 5.6 positive comments for every one negative comment – I'm trying to implement this in every aspect of my life. Formal education qualification - my PGCert has allowed me to formalise some of my previous knowledge and understanding of medical education. This gives me confidence to have the theory behind how I teach.

Collaborative working - GPs usually work as lone practitioners, and it has been refreshing and stimulating to work with colleagues, it has given me the opportunity to broaden my insight and knowledge.

Attitude - I like to think that I always work with a positive attitude, and this fellowship has displayed how important that is - especially when it looks like lots of projects aren't going to materialise.

And finally, permission to allow myself to breathe and think. This has been a recurrent theme at the start of Maggie's teaching sessions, and it has been invaluable to implement it throughout my working week - thank you.

Next steps

I have gained fantastic experience from my time on this fellowship. As I look to the future, I see education as a large part of my working week. I am starting in a new surgery soon, due to a relocation, and when I have been settled for 6 months, I plan to apply for the trainer's course and become a trainer.

I also hope to apply for an educational job, such as a TPD.

However, the small changes I have made in this year have also encouraged me to think small – what can I do as a salaried GP which is a small change, but has a positive impact?

Final words

I have had a fantastic year on the fellowship, it has allowed me space to learn, grown, educate and create. I am incredibly grateful to HEE and the team for allowing me this brilliant opportunity, which will help me in my day to day practice, as well as with my career aspirations.



PGCert – creative teaching using flowers

Clinical	Medication	Clinical	Pathology	Patient explanation	Delay	Pathology
Delay	GP Board game Roll a die, move forward, pick up a card from that pile. If you're right, stay where you are, if you're wrong move back to your previous space. Try to get home before time runs out and the surgery shuts!					Medication
Patient explanation						Clinical
Pathology						Pathology
Clinical	Medication	Start Here!			Home time!	Medication
						Patient explanation

Board game at Reading VTS



Stakeholder Engagement

Met with Andy Goode, Deputy Head of School of Primary Care (Reading VTS)

Met with Mary-Rose Shears, Primary Care Dean (Thames Valley & Wessex)

1

Network Mapping

Identify and compile a list of local PCNs
Identify PCN educational leads / PMs and relevant contacts

2

Material Development

Finalise introductory emails

- PCN Educational Leads
- VTS communication

Finalise questionnaires

- GP trainers
- GP residents

3

Review and Approval

Share draft emails and questionnaires with

- Mary-Rose Shears
- Andy Goode

Incorporate feedback and finalise materials

4

Distribution

Provide final email and survey links to Practice Manager (via Heather) for dissemination to PCN educational leads

Inform VTS of the project (no formal approval required at this stage)

5

Data Collection

Distribute questionnaires to

- GP residents
- GP trainers

Monitor responses and follow up as required

6

FACILITATION SKILLS

QUICK REFERENCE BY HARRIET DEWHURST AND HEATHER MCROBBIE

WHAT IS FACILITATION?

Guiding groups in their thinking and learning
Drawing out knowledge and ideas from the group
Encouraging meaningful discussion
Managing time and session flow
Remember: This is NOT traditional didactic teaching!

QUICK DOS AND DON'TS

DO:
✓ Use silence strategically
✓ Mirror back learners' words with curiosity
✓ Allow the group to fill silent spaces

DON'T:
X Jump in too quickly to fill silence
X Lecture or provide all the answers
X Ignore the energy level in the room

KEY STRATEGIES

1. Set Ground Rules
Establish these at the start with the group
2. Ensure Goal Clarity
Decide learning goals beforehand or collaboratively
3. Consider Ice Breakers
Get everyone's voice heard early (avoid controversy!)
4. Use Clean Language
Mirror back learners' exact words to help them explore deeper

QUESTIONS TO ASK YOURSELF

During the session:
• Are all voices being heard?
• Is the energy dropping?
• Am I jumping in too quickly?
• Is the discussion going deeper or staying surface-level?
When managing time:
• When does the group need a break?
Am I leaving enough time to summarize?

MANAGING CHALLENGES

- Understand the 'why' behind disruptive behavior
Example: Is someone dominating because they have a PhD in the topic? Recognize and use their expertise strategically.
 - Rearrange the room if needed
Physical space affects dynamics
 - Re-state ground rules when necessary
Gentle reminder of agreed norms
 - Break into smaller groups
- Ask groups to present back in 2 minutes - this balances participation

COMMON SCENARIOS

The Dominant Learner
Someone is monopolizing the discussion and others have stopped contributing. Try this: "Thanks for that insight. Let's hear from someone who hasn't spoken yet." Or break into pairs/small groups to ensure all voices are heard.

The Quiet Trainee
One or more trainees haven't contributed and seem withdrawn. Try this: Use pair discussions before whole group sharing. Lower-stakes small group work often helps quieter learners find their voice. Avoid putting them on the spot publicly.

Quick Tips & Tricks

- If energy drops, get people moving - stand up, pair up with someone new, 2-minute discussion
- Silence is your friend - resist the urge to fill every pause. Count to 5 before jumping in.
- Ice breaker examples that work: "Where would you go on holiday?" or "What would you order at a coffee shop right now?"
- Watch the clock - always leave plenty of time to summarize. Don't let the session run away from you.