

15th October

Outline

Introduction of the team

What is Blended Learning?

Why Blended Learning?

What we have done so far

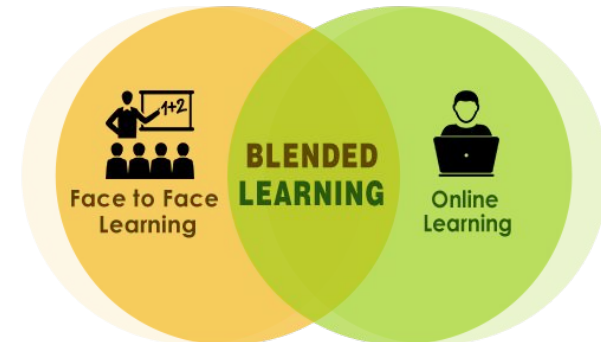
TEL in TVW

Train the trainer

Conferences

Next steps

Hello and Introduction- Harriet



Harriet- link to video

<https://drive.google.com/file/d/1QDLDLWwYakbLXsYD9eweyBbuQ4GtaVSw/view>

Mute introductions

Mute (Mu-tay)

Salaried GP with a special interest in women's health and digital health.

TEL fellow

Own a career motivational blog  <https://berrysmotivation.co.uk/>

Simi- Hello

I am Simi, (not just) a Salaried GP with interest in technology and medicine and education

Facilitator in University of Southampton Med students

TEL Fellow

Me, daughter, wife, mum, friend

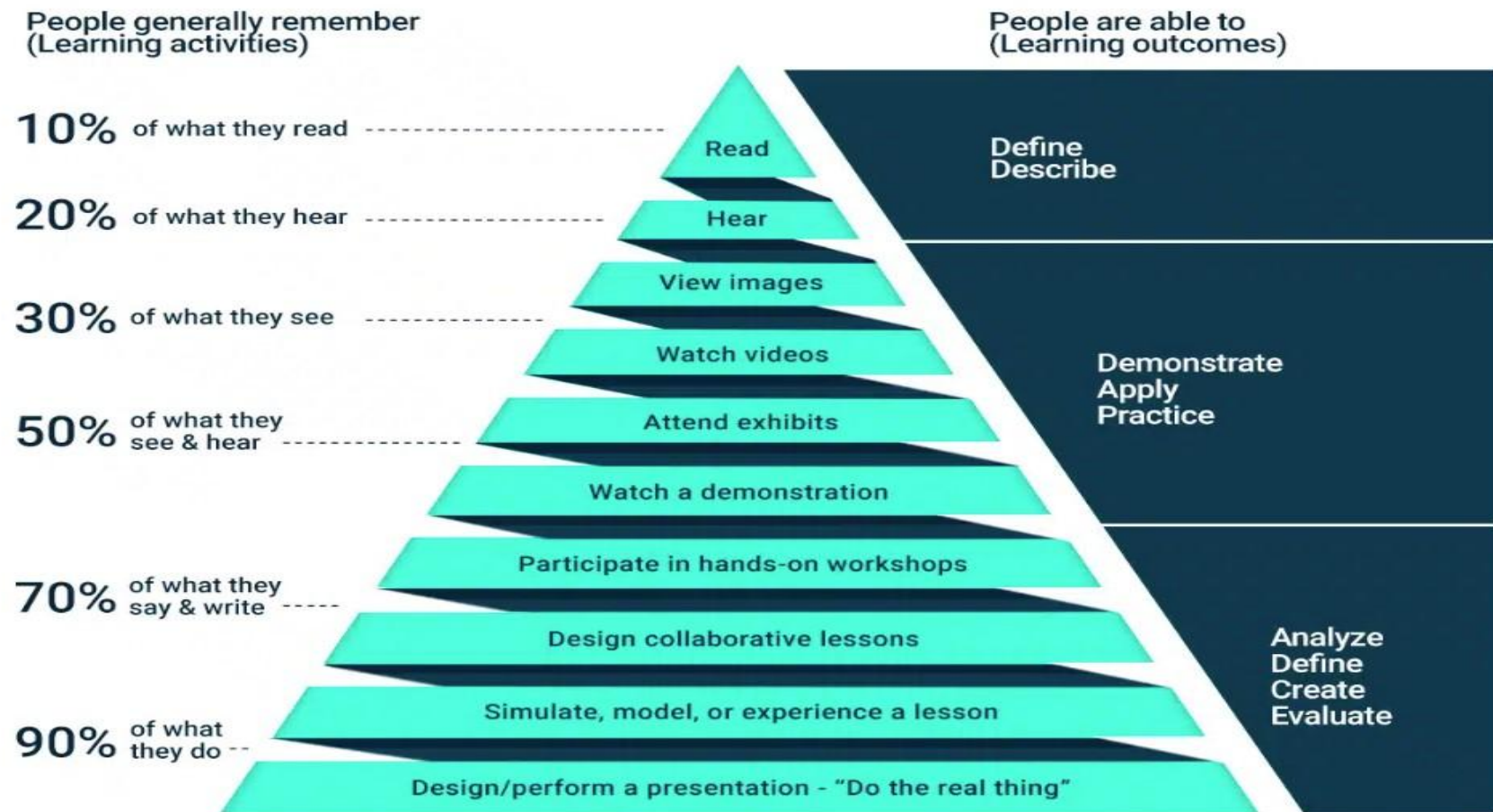
Curious, excited

Mentimeter: 1242 1284

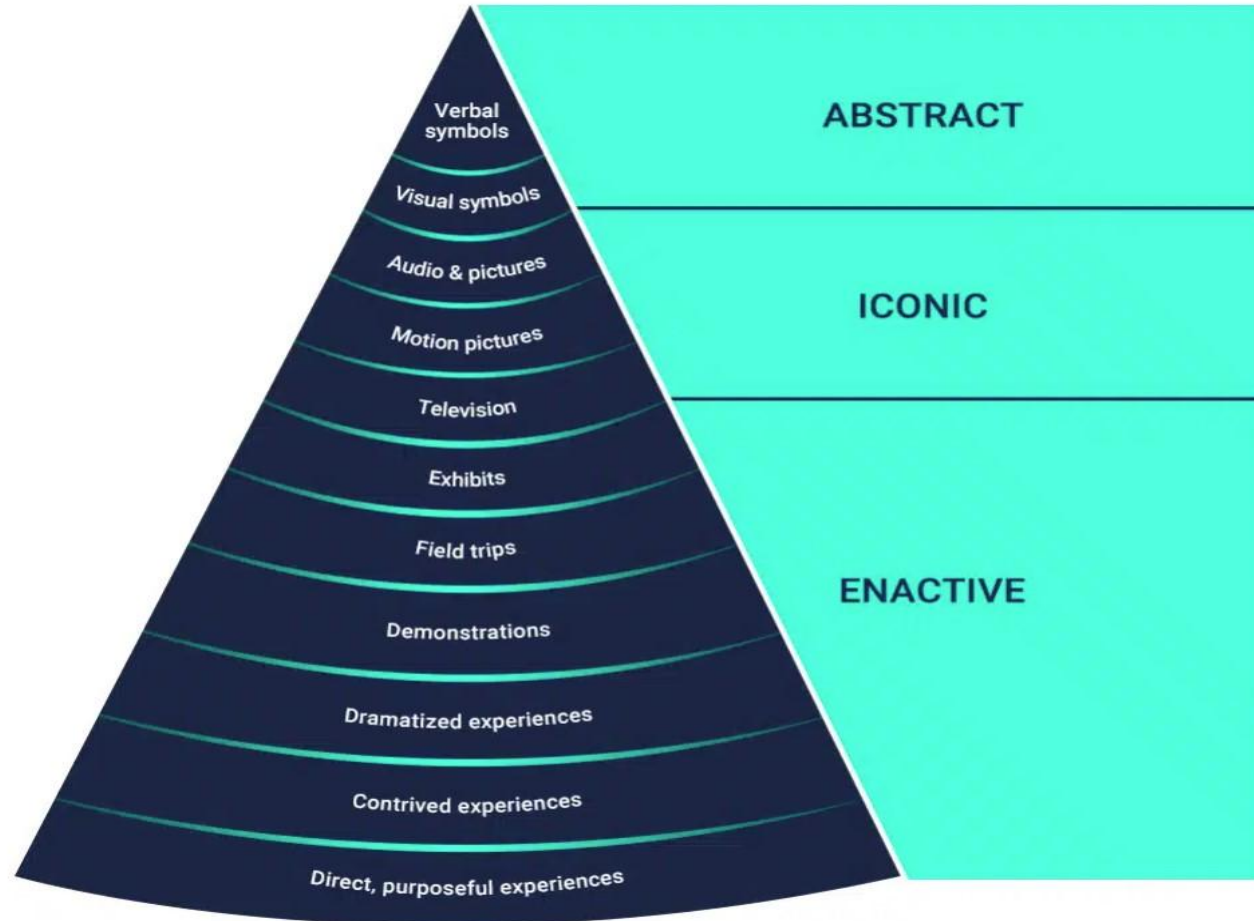
<https://www.menti.com/alr5ijqpud7g>



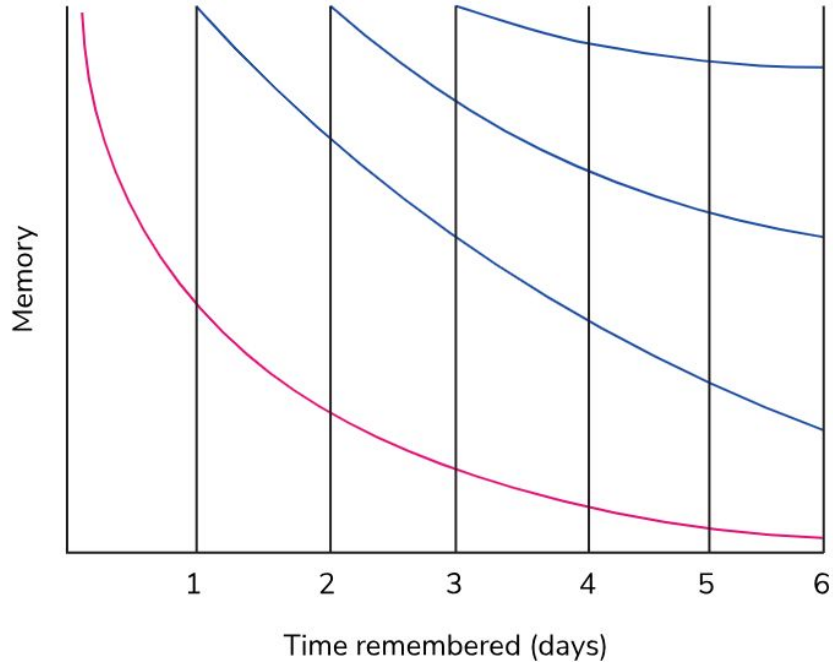
Edgar Dale's Cone of Experience



The Original Cone of Experience



The Forgetting Curve³



— The pink line shows the natural forgetting curve.

— The blue lines represent the adjusted forgetting curves after each recall/repetition of the material.

It becomes clear that with each recall, the forgetting curve becomes less steep, and more information is retained.

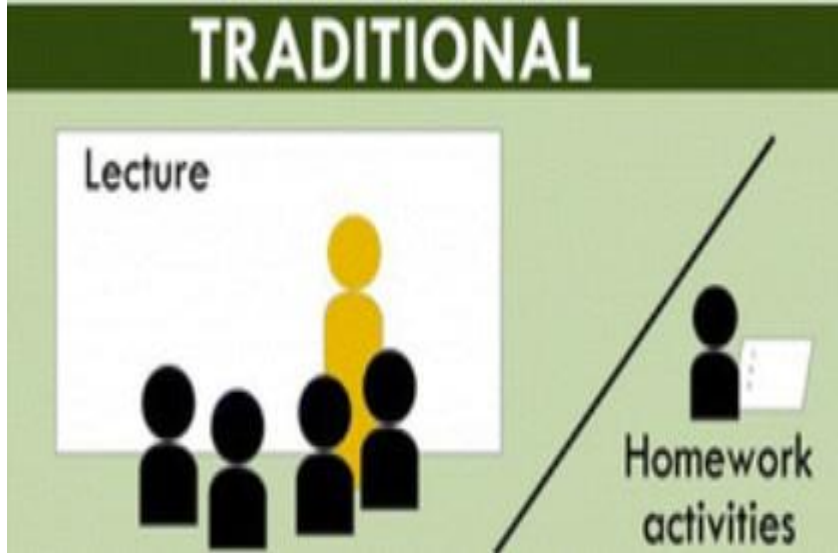


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Traditional Classroom

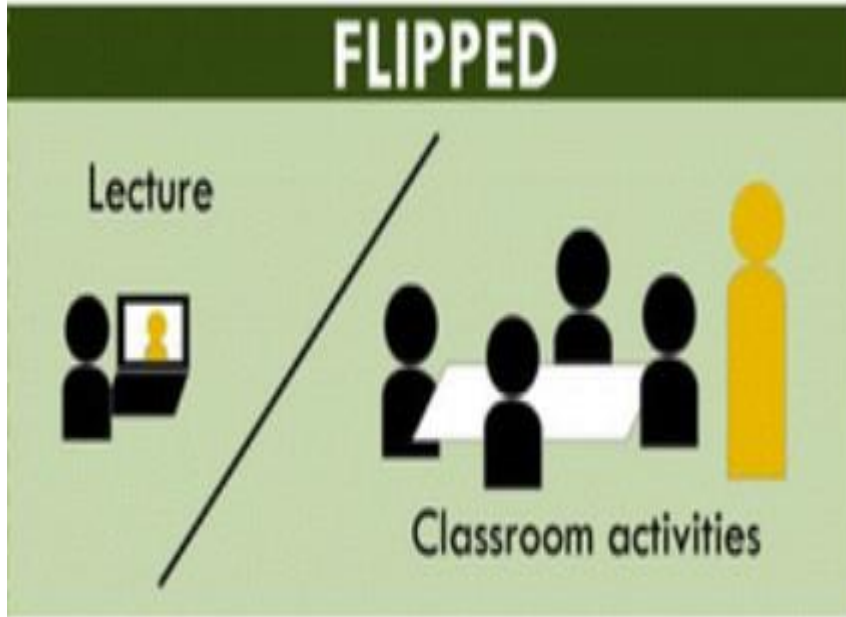


Traditional Learning

Students are first exposed to the material in the classroom

Passive

Direct instruction is not the best form of learning



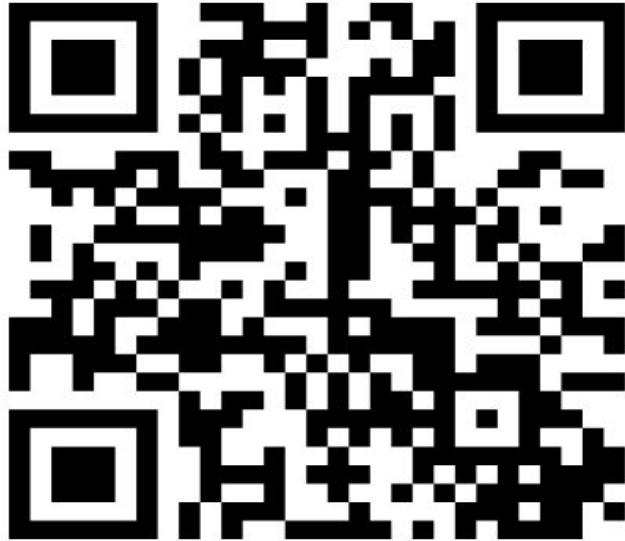
Active learners

More curated content

Deeper learning through activities

Mentimeter: 1242 1284

<https://www.menti.com/alr5ijqpud7g>



Blended Learning- Link to video

<https://drive.google.com/file/d/1QHJGexmNZ3AT-ds2Ls-1vjVaNaYgljx/view>

What is Blended Learning?

Facilitated

Self directed

Examples:

- Presentation
- Group work
- Role Play

Examples:

- Video lecture
- Online quizzes
- Self reflection



6 Learning Types

<https://youtube.com/watch?v=oZzINdyuaF0> diana laurillard

<https://www.youtube.com/watch?v=TSP2YlgTldc&t=45s> final slide- 5mins

[An introduction to the 6 Learning Types](#)

Acquisition

DELIVERED – learners are presented with the information. Learners read the text – short articles, blog posts, or papers. They can acquire knowledge by watching videos or listening to audio clips or podcasts. You can combine this with follow up tasks such as discussion, or reflection.

Consider if you need to create your own brand new content or use existing resources?

LEARNERS WILL:

- Read
- Observe
- Name
- Tell
- Recall
- Define
- Repeat
- Describe
- Arrange
- Memorise
- Recognise
- State

IDEAS:

Read, Watch, Listen



Investigation

Investigation or Inquiry is about allowing learners to be in control of their own learning and skills development. The essence of it is that the learner develops their knowledge and understanding through activities close to the authentic practice of the discipline. Learners explore, compare and critique concepts and ideas being taught or included in the training resources.

Browsing – seek and collate information

Problem-solving – solve problems or answer big questions

Inquiry driven – investigate authentic situations

Case-based – investigate individual cases

LEARNERS WILL:

- Locate
- Match
- Explain
- Experiment
- Record
- Solve
- Collect
- List
- Arrange
- Define
- Describe
- Categorise
- Recognise
- Identify

IDEAS:

- evaluating, and using online guidance
- analysis of ideas and information
- comparing and analysing information in a range of digital sources
- finding and evaluating information and ideas



Practice

Learners will perform a practical task to practice the skill or knowledge and use the feedback to improve their next action.

Simulation – to interact with the simulated world

Cross-context – learn across physical social settings

Game-based – engage with the game environments

You can combine and follow this with peer feedback or self-reflection to help learners improve their next action. Feedback can also come from you.

LEARNERS WILL:

- List
- Arrange
- Define
- Describe
- Categorise
- Recognise
- Identify
- Locate
- Match
- Explain
- Experiment
- Record
- Solve
- Collect

IDEAS:

- practising exercises
- simulations
- branching scenarios
- role-play activities
- virtual labs and field trips



Collaboration

Learners collaborate online or offline. They will build knowledge working together on a project or a task. They will try to find meaning, a solution to a problem, or demonstrate what they learn by creating something. This happens mainly through discussion, practice and production.

Collaboration embraces mainly discussion, practice, and production. It is building on investigations and acquisition.

When designing the collaborative task, consider the size of groups, and whether it will be a synchronous or an asynchronous task.

LEARNERS WILL:

- Create
- Share
- Discuss
- Investigate
- Review
- Role-play
- Practice
- Demonstrate
- Employ
- Support

IDEAS:

- small group projects
- building something together
- discussing each others' projects and giving feedback



Discussion

Socially situated learning that happens through conversation.

Learners need to articulate their ideas and questions. They also need to respond to and critically reflect on others' questions and ideas.

You can combine this with follow up tasks such as reflection.

LEARNERS WILL:

- Comment
- Debate
- Reflect
- Contribute
- Critique
- Compare
- Defend
- Argue
- Rationalise
- Define
- Describe



IDEAS:

- discussion groups
- discussion forums
- web-conferencing tools (synchronous & asynchronous)
- seminars
- sharing experiences
- applying concepts to experiential examples
- interacting with others

Production

Learners will apply their knowledge in practice. They consolidate their learning by creating real artefacts or articulating their current understanding and how they used it in practice.

Construction – design and make artefacts

Performative – present to an audience

Reflective – reflect on activities
(discussion, writing, production)

Assessing – learn by giving and receiving constructive feedback

LEARNERS WILL:

- Create
- Show
- Explain
- Describe
- Develop
- Review
- Record
- Evaluate



IDEAS:

- Creating digital artefacts and designs
- e-portfolio / blog / website
- videos / animations
- photos / slides
- drawings/models/representations of designs

PEDAGOGY

Interleaved

Quizzing

Conversational
framework

Enhanced focus on
wellbeing and
support

Peer enhancement

Links to
leadership and
quality
improvement

Humanities

Simulation and
virtual primary
care

Reflective
practice

Interleaving

Eight week programme - NON-INTERLEAVED

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Equality diversity inclusion	MSK	Paeds	Health inequalities	Mental health	Professionalism	Safeguarding children	Cancer diagnosis

PVGLE Platform

Postgraduate Virtual Learning Environment

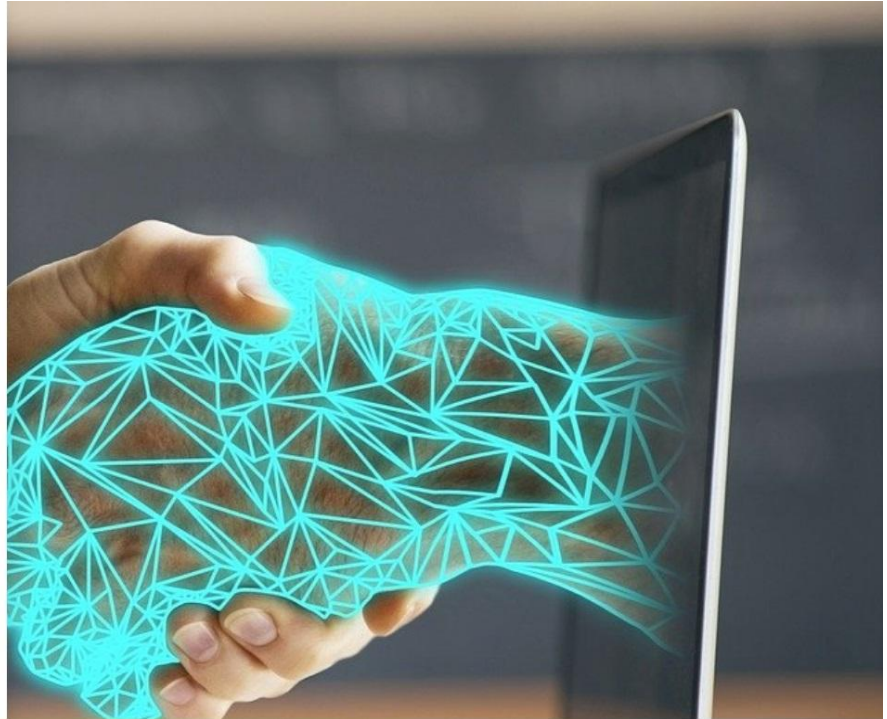


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Log in

Lost password?

Access as a guest



Welcome to the PGVLE

Welcome to the Postgraduate Virtual Learning Environment. This platform caters for the postgraduate clinical education and faculty development and is expanding across England. This initiative is a clinically driven project built and run by doctors in a collaborative way with collegial intentions. Clinical training programmes encompassing multiples different disciplines have transitioned to online or hybrid teaching models using this platform.

The PGVLE provides a complete online experience and is powered by Moodle and the Big Blue Button. It continues to expand with ongoing growth focused on supporting all grade of doctors in both learning and professional development.

There is an opportunity to have a browse around by using the 'Log in as a guest' function. Have a look, we hope you like it.

Usman Ahmed MBBS PhD FRCS(Tr&Orth)

Head of Virtual Learning - NHS WTE Midlands

Quick Links

[GP Blended Learning Pilot](#)

[Sexual Safety in Medicine](#)

[Training the Trainer](#)



Population Health and Health Inequalities

GP Training Blended Learning Pilot



Preparing for the AKT

GP Training Blended Learning Pilot



Professional Knowledge (GMC)

GP Training Blended Learning Pilot



Research & Scholarship

GP Training Blended Learning Pilot



Safeguarding children

GP Training Blended Learning Pilot



Substance misuse

GP Training Blended Learning Pilot



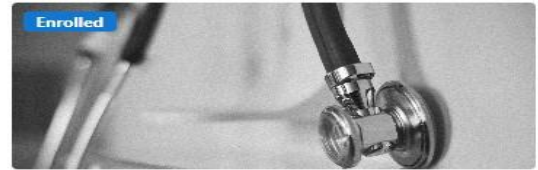
System working

GP Training Blended Learning Pilot



The Menopause

GP Training Blended Learning Pilot



The on-call day

GP Training Blended Learning Pilot



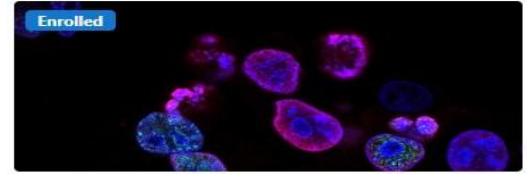
Advice & Guidance - Placement Overview

GP Training Blended Learning Pilot



Adverse childhood experience and trauma-informed care

GP Training Blended Learning Pilot



Cancer diagnosis

GP Training Blended Learning Pilot



Chronic pain

GP Training Blended Learning Pilot



Clinical reasoning

GP Training Blended Learning Pilot



Clinical supervision

GP Training Blended Learning Pilot



Dermatology

GP Training Blended Learning Pilot



Developing skills in education

GP Training Blended Learning Pilot



Difficult conversations

GP Training Blended Learning Pilot



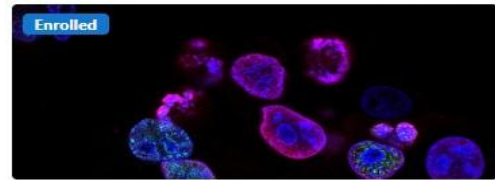
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Cancer diagnosis

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Chronic pain

GP Training Blended Learning Pilot



Clinical reasoning

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Clinical supervision

GP Training Blended Learning Pilot



Dermatology

GP Training Blended Learning Pilot



Developing skills in education

GP Training Blended Learning Pilot



Difficult conversations

GP Training Blended Learning Pilot



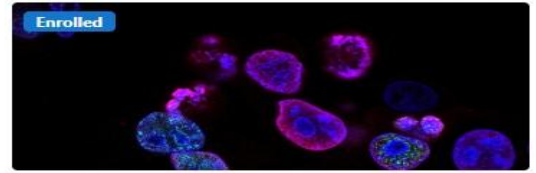
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Cancer diagnosis

GP Training Blended Learning Pilot



Chronic pain

GP Training Blended Learning Pilot



Clinical reasoning

GP Training Blended Learning Pilot



Clinical supervision

GP Training Blended Learning Pilot



Dermatology

GP Training Blended Learning Pilot



Developing skills in education

GP Training Blended Learning Pilot



Difficult conversations

GP Training Blended Learning Pilot

Musculoskeletal

Course Settings Participants Grades Reports More ▾

Overall progress %

0



Welcome to the Musculoskeletal Blended Learning Module. This module was created by Dr Michael Kilshaw.

The **aim** of this module is to increase your knowledge and confidence in the management of common musculoskeletal problems that present in primary care.

The intended **learning outcomes** are:

1. Improve clinical knowledge across MSK RCGP curriculum by completing pre- and post-quizzes based on the RCGP Self-Test to prepare for the Applied Knowledge Test (AKT)
2. Identify a patient with shoulder pain and use case as basis for a Case Based Discussion
3. Produce a patient safety leaflet for patients at risk of Cauda Equina
4. Produce a piece of reflective writing based on the Humanities Session : chronic pain in art
5. Complete a CEPS for examination of the knee

Please note, week 1 and week 2 content will be facilitated on the Friday sessions and require some prior preparation. You may wish to consider starting week 3 work earlier as the content for this week is 1.5hours.





PRE-MODULE
SURVEY



1. Humanities Session:
Pain in art



2. Cauda equina



3. Management of
pain from
osteoarthritis



4. Inflammatory
arthritis



5. Shoulder pain



6. Osteoporosis



7. Children and young
people with MSK
problems



8. Hand and wrist
problems



POST-MODULE
SURVEY



1. Humanities Session: Pain in art



In person; Synchronous: Small group with a Facilitator

- 1.1 Complete: Pre-module quiz
- 1.2 Complete lesson: Padlet - pain expressed in art
- 1.3 Read: chronic illness and pain
- Additional resources: RCGP MSK topic guide



1.1 Pre-module quiz



1.2 Padlet - pain expressed in art



1.3 Chronic illness and pain



Additional resources



Facilitator notes



Not available unless: You belong to **GP National Supervisors cohort**



PRE-MODULE
SURVEY



1. Humanities Session:
Pain in art



2. Cauda equina



3. Management of
pain from
osteoarthritis



4. Inflammatory
arthritis



5. Shoulder pain



6. Osteoporosis



7. Children and young
people with MSK
problems



4. Inflammatory arthritis



Online; Asynchronous

RCGP Curriculum Guide : Inflammatory arthritis and connective tissue diseases such as: rheumatoid arthritis, sero-negative arthritis such as psoriatic arthropathy and axial spondyloarthritis. Reactive arthritis, viral arthropathy; connective tissue disorders such as systemic lupus erythematosus, scleroderma, systemic sclerosis

4.1 Watch: "Inflammatory arthritis: Early diagnosis and total control – what can we do in primary care?"



4.1 "Inflammatory arthritis: Early diagnosis and total control – what can we do in primary care?"



2. Cauda equina



In person; Synchronous: Small group with a Facilitator

RCGP curriculum topic guide : Spinal disorders - acute neurological emergencies such as cauda equina, management including emergency management, patient information and education. Recognition of red flag or alarm features.

Preparation

- 2.1 Read: BMJ article on Cauda Equina by Kevin Barraclough

Activity 1 (30mins):

- 2.2 Discuss: important signs and symptoms that you think a patient needs to be aware
- 2.3 Produce: patient leaflet to give safety-netting information to a patient who might be at risk of developing cauda equina
- 2.4 Upload and reflect: upload your finished leaflet to your e-portfolio under "supporting documentation" and add a reflection

Activity 2 (30mins)

- 2.5 Collaborate: Role-play



[2.1 BMJ article on Cauda Equina](#)



[2.4 Upload your leaflet here](#)

Mark as done



[2.5 Role-play](#)

1. **Before starting this activity you should have read the BMJ article on Cauda Equina by Kevin Barraclough**
2. **You should work in groups of 3-4**
3. **Discuss the important signs and symptoms that you think a patient needs to be aware of**
4. **Design a patient safety leaflet for a patient to have access to support a clinician's verbal safety netting. When designing the leaflet you may wish to consider**
 1. **The most important symptoms to be aware of**
 2. **Language that patients will be able to understand (patient.net and NHS Choices are written at an appropriate level if you want a guide)**
 3. **Safety netting should be specific and time-limited**
 4. **The balance between information giving and causing patient anxiety (for what is a rare complication)**
5. **You should feel free to look at examples of other patient safety leaflets – please produce your own original work**
6. **You can produce the leaflet in any form you like e.g. paper, web-page. "credit card" to go in a wallet or purse**
7. **Please upload your finished leaflet to your eportfolio under "supporting documentation" and add a reflection**

[View all submissions](#)

[Grade](#)

Grading summary

Separate groups

Hidden from students	No
Participants	394
Submitted	72
Needs grading	72

Submitted
for
grading

Grade

Edit ▾

Friday, 16
February
2024, 10:44
AM



Submitted
for
grading

Grade

Edit ▾

Friday, 16
February
2024, 12:12
PM



No
submission

Grade

Edit ▾

-

No
submission

Grade

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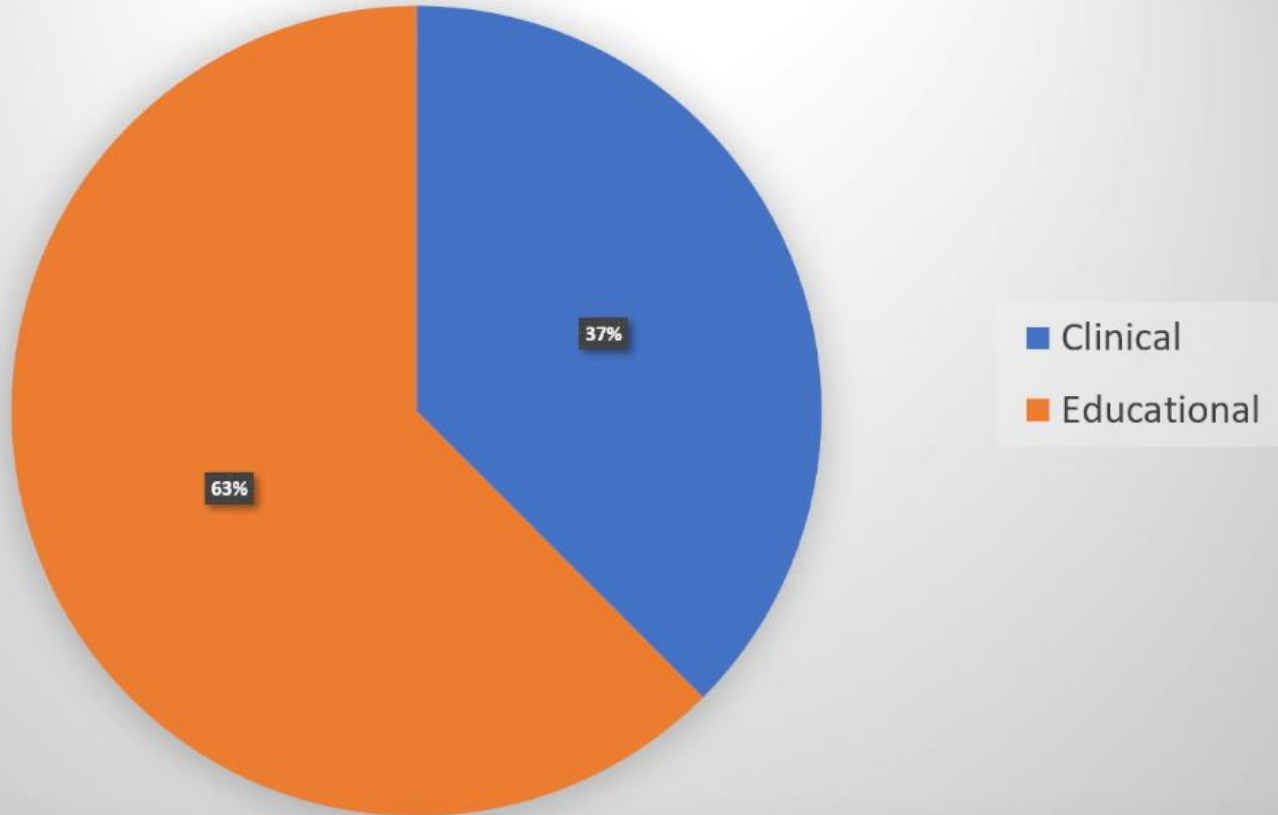
Blended Learning in GP Training

Offered as an integrated post

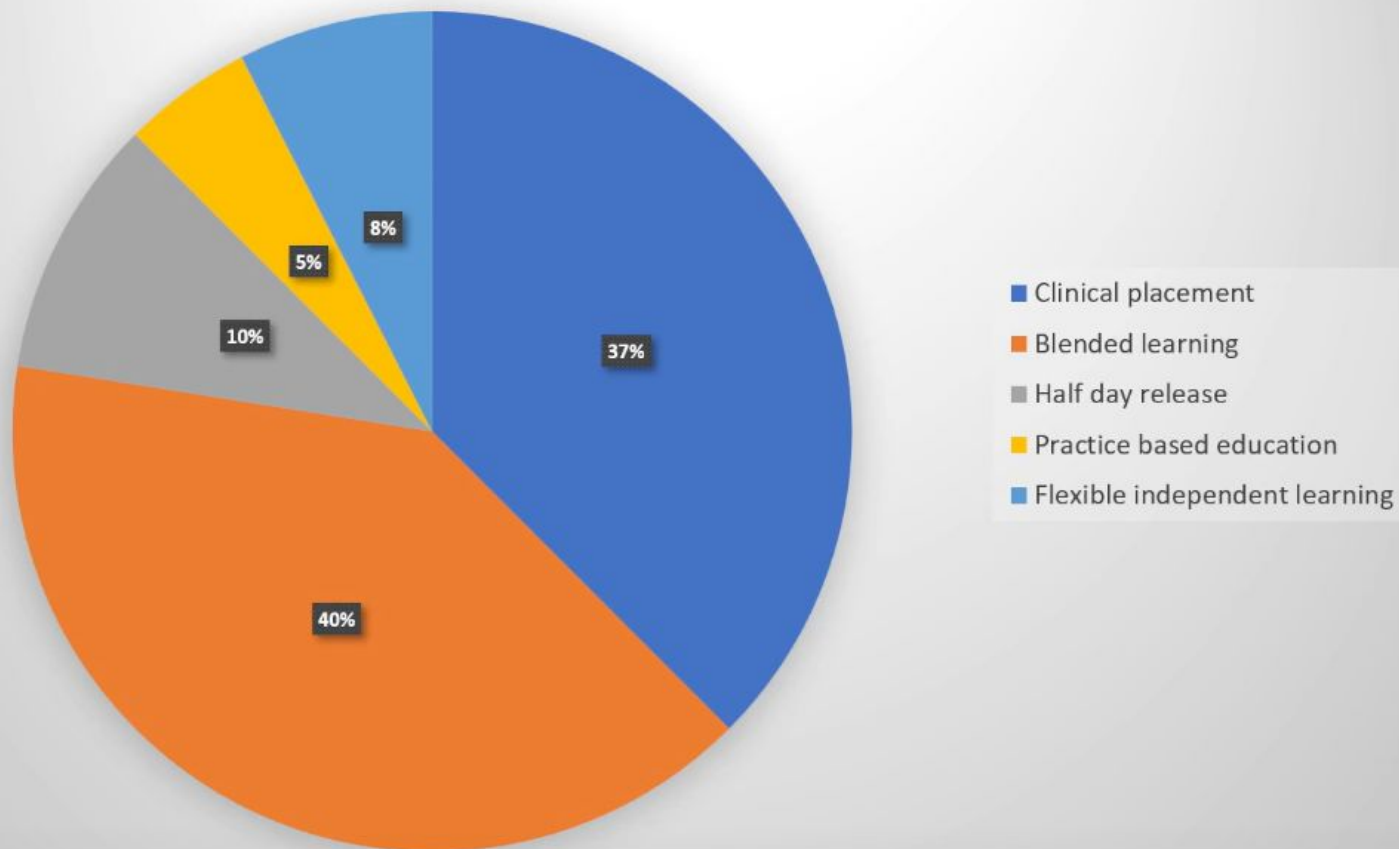
Full Time Placement (100% trainee)

Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Clinical	Clinical	Clinical	Blended learning self directed	Blended learning F2F
Afternoon	Clinical	VTS	GP Tutorial/Self directed study	Blended learning self directed	Blended learning F2F

Overall division of time



Overall division of time



Full time job plans

PG DiT 1 - WEEK ONE					
Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
8am to 9am					
9am to 10am					
10am to 11am	Clinical	Clinical	Clinical	Blended learning self directed	Blended learning F2F
11am to 12pm					
12pm to 1pm	Lunch	Lunch	Lunch	Lunch	Lunch
1pm to 2pm					
2pm to 3pm	Clinical	HDRC	Flexible independent learning	Blended learning self directed	Blended learning F2F
3pm to 4pm					
4pm to 5pm					

PG DiT 1 - WEEK THREE					
Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
8am to 9am					
9am to 10am	Clinical	Clinical	Clinical	Blended learning self directed	Blended learning F2F
10am to 11am					
11am to 12pm					
12pm to 1pm	Lunch	Lunch	Lunch	Lunch	Lunch
1pm to 2pm					
2pm to 3pm	Clinical	HDRC	Flexible independent learning	Blended learning self directed	Blended learning F2F
3pm to 4pm					
4pm to 5pm					

PG DiT 1 - WEEK TWO					
Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
8am to 9am					
9am to 10am	Clinical	Clinical	Flexible independent learning	Blended learning self directed	Blended learning F2F
10am to 11am					
11am to 12pm					
12pm to 1pm	Lunch	Lunch	Lunch	Lunch	Lunch
1pm to 2pm					
2pm to 3pm	Clinical	HDRC	Practice based education e.g. tutorial or assessments	Blended learning self directed	Blended learning F2F
3pm to 4pm					
4pm to 5pm					

PG DiT 1 - WEEK FOUR					
Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
8am to 9am					
9am to 10am	Clinical	Clinical	Clinical	Blended learning self directed	Blended learning F2F
10am to 11am					
11am to 12pm					
12pm to 1pm	Lunch	Lunch	Lunch	Lunch	Lunch
1pm to 2pm					
2pm to 3pm	Clinical	HDRC	Practice based education e.g. tutorial or assessments	Blended learning self directed	Blended learning F2F
3pm to 4pm					
4pm to 5pm					

PG DiT 1 - WEEK ONE

Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
8am to 9am	Clinical	Clinical	Clinical	Blended learning self directed	Blended learning F2F
9am to 10am					
10am to 11am					
11am to 12pm	Lunch	Lunch	Lunch	Lunch	Lunch
12pm to 1pm					
1pm to 2pm					
2pm to 3pm	Clinical	HDRC	Fleixble independent learning	Blended learning self directed	Blended learning F2F
3pm to 4pm	Clinical	HDRC	Fleixble independent learning	Blended learning self directed	Blended learning F2F
4pm to 5pm					

Next Steps

Pilot in TVW 2025

Need for Blended learning TPD

Buildings/ Facility for the face to face sessions

Notes

Not just any module, designed and developed using a different pedagogy approach to curate content

Education 3.0

Blended Learning- online, electronic media as well as f2f

Exploded for trainees during covid

Flipped classroom

<https://youtube.com/watch?v=oZzINdyuaF0> diana laurillard

<https://www.youtube.com/watch?v=TSP2YIqTldc&t=45s> final slide- 5mins

Do e learning modules by clicking through while chopping vegetables or cooking then doing the post test, get over 80% and then done (watching a match)

Podcasts or nb medical or red whale session- feel empowered and knowledgeable for 1 day then forgetting everything 1 week aftervcc

