OSCE Examiners needed, Training provided
Do you have experience in teaching 3rd and/or 4th year students? Curious to see how students perform in their exams? Would you like to become an examiner? All examiners need to attend a training session every 3 years. Training sessions are free but do not attract a fee. Examining will be paid on a sessional basis. Please see page 2 for training session dates and venues. To book a training session email Sharon.byrne@bristol.ac.uk

2017 OSCE Exam Dates
 Year 3 OSCE exam 9th June  Bristol  Swindon
 Year 4 OSCE exam 20th and 21st June  Bristol  Bath  Cheltenham  Taunton

To book a Primary Care OSCE examiner session email phc-teaching@bristol.ac.uk
Please note, you are likely to get a place as an examiner but we cannot guarantee this. It depends on the number of offers we get.

Many thanks in advance for your support

"I find in future discussions with a patient I may reflect back more and be more curious as to how their symptoms make them feel."

Want to join a Balint group?
Read more about Balint groups on page 4

"Loved every minute of it. All the GP's were incredibly helpful, allowed me the space to learn productively and efficiently whilst being confident that there was always a helping and educating hand close by. I have been convinced that a career as a GP would suit me and I would love to work in a practice as well run and friendly as this one. It will be sad to leave"

New website for student well being service
http://www.bristol.ac.uk/students/wellbeing/

Year 4 Feedback
A big thank you to all our 4th year teachers.
Read more about student feedback on page 3
OSCE Examiner Training Dates

Have you previously examined an OSCE but not received training in the last 3 years or are you interested in becoming an examiner for the OSCE?

Then come along to one of our OSCE examiner training sessions. The sessions take approx. 2 hours.

- **Wednesday 5 April, 3 to 5pm, Yeovil Academy**
- **Wednesday 26 April, 3 to 5pm, South Bristol Academy**
- **Tuesday 2 May 2017, 3 to 5pm, Sandford Education Centre, Cheltenh. Academy**
- **Wednesday 3 May 2017, 3 to 5pm, Taunton Academy**
- **Friday 12 May 2017, 2 to 4pm, Bath Academy**

To register for one of these sessions, please e-mail Sharon.byrne@bristol.ac.uk

GMC registered doctors who have completed any relevant postgraduate membership / fellowship examination and/or currently teach year 3 or 4 students can examine the year 3 or 4 OSCE

North Bristol Academy

*Early skeleton timetable allows students to arrange GP sessions more easily*

Four weeks before the new block starts, the administrator sends the students a skeleton timetable containing the fixed sessions that cannot be missed, welcoming them to the unit, and pointing out where they meet at 9am on day one. This then allows students to arrange their GP sessions in advance. The students are told this is a skeleton timetable and they will get a final version when they arrive. Contact Linda Williams at North Bristol Academy: Linda.Williams@nbt.nhs.uk

**Tip for patient simulation: an acutely swollen joint**

A clinician applies blusher to his/her knee and then wraps a warm wheat bag or hot water bottle around the knee, whilst students take a history. Prior to practicing physical examination, the heat is removed. This is surprisingly realistic, and many students identify swelling in the knee – blusher changes the visible contours of the knee. Appropriate investigations and management are then discussed.

Contact Tim Reynolds at North Bristol Academy: Timothy.Reynolds@nbt.nhs.uk
Year 4 Student feedback— A message from Lucy Jenkins

Having just reviewed the feedback from the second block of year 4 teaching, I wanted to share some of this with you and thank you all for your hard work, time and dedication in teaching during this busy and challenging time for primary care. Assuming that your student completed the online survey (please allow time for this in their final session), then your practice feedback will soon be winging its way to you via your GP Academy Lead. In the meantime, some particularly pertinent snippets are as below.

"Good opportunities to practise CAPS logbook skills, particularly taking blood - Many opportunities to go on home visits, which was great.

The opportunity to run my own clinics, with access to EMIS etc was a highlight. The other useful aspect has been to practice clerking closely observed and to be able to discuss what I said/did immediately.

The extended period in a GP and the professional relationships built meant that I got to experience and practice a lot of clinical skills. The GP attachment is a great placement to improve your history taking, clinical skills and exposure to a wide array of medical presentations. I now feel much more confident in my abilities following my placement.

GP has been an eye opener in terms of seeing how many different services work together to provide healthcare to patients. I am now much more aware of the services involved in healthcare provision and liaison."

The friendliness of all practice members is frequently commented on; the students really value a sense of belonging and being part of the team. They also appreciate high quality one-to-one teaching and the opportunity to ask questions and be challenged. In fact, many comment that they would now consider a career in general practice! I was pleased to see that the majority of students are now being given the opportunity to be observed consulting and conduct their own consultations.

Tutorials were the only area where there seems to be some inconsistency between practices with students not all finding them helpful. In view of this, following the recent year 4 GP teacher workshop, we have developed tutorial plans for you to use for the core problems students see less often in practice and those they would most like teaching on. These are: substance misuse, prescribing, spotting common cancers and domestic violence. These can be found on our website http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/four/ The GP teacher guide is also there should you need it, as well as other resources including a newly developed guide to running a student led surgery.

We hope these are helpful and thank you again!
Lucy Jenkins (GP Lead for Year 4)
Most health professionals work within an established culture of clinical supervision. For some professionals clinical supervision is an essential part of training and practice and is seen as essential for sustaining reflective practice. Supervision is a requirement for continuing accreditation for counsellors and psychotherapists.

Clinical supervision can be used to address the emotional impact of patient encounters, examine the technical aspects of case management, think about professional relationships and for GPs it can also be a helpful setting in which to consider issues within practices and partnerships all with the aim of supporting and in some way equipping the clinician to address the ranging complexities associated with their clinical work and role.

There are many different aspects to supervision and Morton-Cooper and Palmer define the purposes of supervision as ‘clarifying human values, acquiring emotional literacy, recovering meaning in social relationships, providing skill rehearsal and role models, evaluating and disseminating best practice in health care, protecting against disorientation, disillusionment, and burnout’ and we could include gaining general support with work issues from peers in a regular supervisory setting.

There is evidence that good supervision ‘contributes to general wellbeing, knowledge, confidence, morale, understanding, self-awareness, job satisfaction, and endurance.’ Most GPs do not receive regular consistent supervision and a minority of GPs make arrangements for mentoring or coaching, which could cover some of the functions of supervision, or personal counselling or therapy where personal issues could be explored. John Launer points out that ‘with multidisciplinary work, more public accountability and systems of reaccreditation it seems reasonable to expect GPs to develop opportunities for case based discussion.’ We could also understand how GPs could need regular support with their stressful work, ever changing roles and the demands, responsibilities and complexities of their work.

Supervision for GPs can be organised individually or within a group or with the group of doctors within a GP practice. Balint groups, pioneered at the Tavistock Clinic 50 years ago, have been the most enduring model for GP supervision.

Balint groups are a place where GPs can share their experience of their work and role as a GP and feel supported in their work and role by their peers and a regular supervisory setting in which they can think about all aspects of clinical work, the doctor patient relationship and the impact of clinical work and where they can consider and discuss issues around technique, stance and interventions and develop consultation skills.


The groups are suitable for all GPs. Want to join a group?
Anyone interested can contact me at judy.malone.work@gmail.com or on 07906479564. People interested can always come along and try a group out without any charge or commitment.

"The Balint group makes you recognise how difficult patients make you feel, why they make you feel that way and helps you to make progress with heart-sink patients as a result."

"It's a valuable tool for preventing GP burnout."