

3/2017

Primary Health Care
<http://www.bristol.ac.uk/primaryhealthcare>



Teaching Newsletter

Faculty of Health Sciences, UoB, 1st Floor, South Wing, Senate House,
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Please note The Primary Health Care Teaching Office has moved

0117 33 16824

Faculty of Health Sciences, UoB
1st Floor, South Wing
Senate House
Tyndall Avenue
Bristol BS8 1TH
phc-teaching@bristol.ac.uk



New address and telephone number

Workshop for New GP Teachers 24th May

Canyng Hall, Clifton, Bristol, 1.30-5pm

Now is an exciting time to get involved in student teaching. Bristol Medical School has developed a brand new curriculum—**MB21**— which will start this autumn. General Practice-based teaching will treble and we are looking for more enthusiastic GPs to help with our programme. If you have not taught medical students before or have done very little teaching, this workshop is for you. We will provide you with an overview of the existing and new curriculum and information how you can join our community of GP Teachers. There will be also hands-on practice of some teaching skills including giving feedback.

To book your place email phc-teaching@bristol.ac.uk

MB21 Roadshows and dinner at Engineers' House, Clifton, Bristol



5th April 6.30-9.15 pm Year 4 Focus group

25th April 6.30-9.15 pm Year 1 and Year 5 Roadshows

To book your place, please email phc-teaching@bristol.ac.uk

Please welcome Michael Kilshaw — new GP lead for Gloucestershire Academy

Don't miss **Severn Faculty RCGP Gala Dinner**

Friday 19 May 2017 The Orangery, De Vere Tortworth Estate, Wotton-under-Edge

Begin with a stroll around the gardens and arboretum. Then a welcome drink from 19:15 followed by dinner, more drinks and the Gale Lecture. Ever wondered how doctors get onto TV? Come and meet the well known TV presenter **Dr. Dawn Harper**

"It's not all lights and lipstick -

my journey from consulting room to TV screen"

Dr Harper is a leading media medic best known for her work on Channel 4's award winning **'Embarrassing Bodies'** and **'Born Naughty?'**. She works as both an NHS doctor locally and a private doctor on Harley Street.

Why not make it a practice outing and book a whole table?

For more information, please go to <http://www.rcgp.org.uk/learning/wales-and-south-west-england/severn-faculty/severn-faculty-rcgp-gala-dinner-2017.aspx>

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Michael Kilshaw New GP lead for Gloucestershire Academy

I am delighted to be joining the Primary Care education team as Academy Lead GP for Gloucestershire. I have been living and working in Gloucestershire more or less without a break since my second house job back in 2004. I work as a Salaried GP in Winchcombe in Gloucestershire for half the week and work half a day a week as a GP with a Special Interest in Musculoskeletal Medicine.

I have always had an interest in medical education and am currently half way through a year as a locum Training Programme Director for the Gloucestershire GPVTS looking after ST1s and ST2s in General Practice. Outside work I am a devotee at the Cheltenham Lido and a fair-weather cyclist. I play trumpet with the Cheltenham Philharmonic Orchestra — tickets are always available.

You can contact Michael on michaelkilshaw@gmail.com

Congratulations



to **Trevor Thompson** and his CAPC Teaching Team who won the **Education and Training Team award** at **Health Education England South West's Star Awards**. The team won the award for the **'Whole Person Care Course'**, which uses innovative techniques, such as art and performance, to teach medical students how to deliver truly patient-focused care.

<http://www.bristol.ac.uk/news/2017/march/capc-award.html>

From Juliet Brown

Student Selected Components / Student Choice Opportunities – Get involved!

We know that early and continued exposure to primary care in the medical curriculum increases the likelihood of students choosing GP as a career. SSCs (soon to be known as Student Choice Projects) are a great, fun way to dip your toes into teaching, and to provide students with experience in primary care.

Year 2 of the MB21 curriculum – happening September 2018, proposals this June!

These projects will be undertaken in 3 week blocks at the beginning of second year (for the first cohort, this will be September 2018). All placements will include an academic component such as researching/reviewing relevant literature. They will also include a practical component – this could be, amongst others, 'experiential learning' in a clinical, academic or third sector setting; audit and clinical service evaluation; development of educational material for students, patients or the public; consideration of aspects of medical ethics/policy/law.

More info will follow by email, in April, about these projects, including how to sign up.

Years 3 and 4 of the MB16 curriculum

These will continue to be 3-4 week placements at the end of the academic year. Proposals for 2018 will need to be submitted in December 2017. More to follow later in the year.

A BIG "Thank You" to all of you who have offered SSCs for this year! We hope many of you have had students take these up.

Any questions/issues contact us at phc-teaching@bristol.ac.uk

Black Swans and student teaching

From Sarah Jahfar

Until the end of the 17th Century Europeans had held a strong conviction that all swans were white. They had seen them in the local village pond and in the village close by. As they explored further afield they still found only white swans. However, the first reported sighting of a black swan by a European (the Dutch explorer Willem de Vlamingh) in 1697 undermined this notion that "All swans are white". No matter how many white swans had previously been seen, that black swan undermined the thousands of false positives. At that point the world knew NOT all swans are white.

Karl Popper in the "Logic of Scientific Discovery" used the example of the "black swan" to show how scientific ideas can never be proven true, regardless of how many observations appear to support it. However, a single contrary result can prove a theory to be false.

I read a personal story in the BMJ by a Dutch philosopher Ron Berghmans (<http://www.bmj.com/content/343/bmj.d5469>) a few years ago which strongly influenced me and I thought might stimulate debate amongst GP teachers.

Berghmans had a worsening of longstanding low back pain, his GP treated it as musculoskeletal and it turned out to be a lymphoma. The lesson Berghmans drew was that, whilst the vast majority of swans will be white (and back pains will be musculoskeletal), black swans do exist and we should always look for them in clinical practice.

"So what about the truth? Does it matter? Yes, it does. Looking back at my entry into the medical system, I came to realise the importance, indeed the lifesaving, potential of the work of the philosopher of science Sir Karl Popper. In particular, his views on truth are very relevant for medicine and GP's. My GP's way of approaching the truth would be abhorrent to Popper. By searching for confirmation of her initial diagnosis she found nothing but a truth that was already there. As Popper would say, if you suppose all swans are white, you will not find any swans than white swans. Popper's revolutionary insight was that you should, in fact, be searching for black swans... Subjectively, I think the course set by my GP (and continued by several of my specialists who based their actions on the information given by her) might have had serious if not fatal consequences for my health and existence." Ron Berghmans

I have used this example frequently in student and trainee teaching, reflecting on the ever-present tightrope walk between looking for the black swan and avoiding over-investigation. It is also a useful platform for discussing the clinical relevance of confirmation bias and the importance of clinical reasoning skills in diagnosis and patient safety. On reading Berghman's article it struck me that, in actual fact, his GP and other specialists missed some important red flags (in particular, night pain). However, I still find the Black Swan concept to be useful in my teaching.

In the department of Primary Care we had an email exchange discussing how the "Black Swan" concept differs from "Red Flags":

"No competent doctor should miss a Red Flag - but it seems that Black Swan diagnosis requires more than basic competence - but rather the skill to see something that looks like a White Swan and think 'mmm... maybe that is actually black'."

"I think the difference, for me, between red flags and the black swan falsification concept is that with red flags we are teaching symptom pattern recognition. Patterns are obviously extremely useful but the black swan concept reminds us that we need to be prepared for diagnoses that don't fit our learned pattern or even our experience to date and to be open-minded about that possibility, looking for the exception which falsifies the pattern. It feels like a slightly different way of thinking which allows us to constantly revisit the diagnosis and to avoid complacency or professional arrogance. The starting point of the diagnostic process is then 'I am pretty sure that this is mechanical back pain, but I will keep the worst differential diagnosis (the black swan) at the back of my mind and safety net accordingly.'"

"This is the opposite of 'when you hear hoof beats, don't think zebras' because sometimes it is a zebra."

Or maybe all of this philosophical theory is how the famous medical *gut instinct* works!

We would be interested to hear your thoughts.

Sarah Jahfar

GP, Wellspring Surgery, Bristol

Reference: Berghmans R, Schouten HC. Sir Karl Popper, swans and the general practitioner. *BMJ* 2011;343:d5469.



Are you a newly retired or soon to be retired GP? This is for you.

RCGP Severn Faculty Retired and soon to be retired GP networking Social Event — 4th April, from 6pm

Engineers' House, Clifton, Bristol

Email severn@rcgp.org.uk to book your place

Book review

The Children Act by [Ian McEwan](#) reviewed by Trevor Thompson

This short and deftly crafted novel examines the ethical fault lines which open up when a Jehovah's Witness family refuses blood transfusion of a son with leukaemia. The son in question is 17, articulate, and wholly bent on obeying God's will. The novel turns on the life and times of Judge Fiona Maye, with their own fair share family difficulties. The book illuminates the workings of the UK legal system especially the mysterious "Inns of Court" and the peregrinations of a Circuit Judge. I didn't realise how much *judgement* there was in being a judge. It's a pleasure to read such economic and accurate prose which could fuel plenty of discussion in medical as well as legal circles. For instance it is only because this eloquent young man has not quite reached the age of 18 that the judge is involved at all. Why is *age* the arbiter and not *capacity*? Then there is the issue of how much we respect beliefs that most of us would consider plain wrong but which are held by people who are in most respects model citizens. And then there are thorny issues over what boundaries should and must exist between professional and client. Highly recommended to anyone seeking a compact and enriching read of general medical interest. These notes are going straight into my appraisal portfolio!