

10/2013

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



Teaching Newsletter

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Urgent—We need more Year 4 GP teachers for Bristol and Bath

Many thanks to all of you who have already agreed to take a 4th year student. Could you consider taking another student? If you have not taught 4th year students before and would like more information before committing yourself, please email phc-teaching@bristol.ac.uk



Bristol medical students

Year 2&3 GP Teacher Workshop - 29th January 2014

This workshop is intended for experienced and new Year 2&3 GP Teachers. We have invited 2 guest speakers. In the morning **Consultant ENT Surgeon Angus Waddle** from Swindon will talk about teaching ENT examination. We will explore how we can help our students to consolidate their ENT skills. There will be a chance to discuss top tips and challenges and hear about the changes for Years 2&3. After lunch the recently appointed lead for Junior Medicine and Surgery, **Consultant Neurologist Alastair Wilkins** will share his ideas for JMS and how he teaches neurology. To book please email phc-teaching@bristol.ac.uk

More workshop dates

7th November 2013	Year 5
18th March 2014	Year 4
24th June 2014	Summer Education Day

All workshops will be at the
Engineers' House, Clifton, Bristol



Primary Care Teaching Office News

We are pleased to tell you that **Jacqui Gregory**, our assistant teaching administrator, has returned from maternity leave and that **Alison Capey**, who has been standing in for Jacqui, will continue to work in the Teaching Office for 2 days a week. Please also welcome the newly appointed GP lead for the Yeovil part of the Somerset Academy, **Andy Eaton**. More from Andy in the next newsletter.



Academic mentor scheme

This is now in its third year. From 2013-14 onwards all medical students have an academic mentor. 25 more mentors are needed. Have you considered becoming an academic mentor?

Workshop—Good mentors and coaches - why we do what we do!

A session run by **Simon Atkinson** and **Nigel Rawlinson**. Simon is a Senior Teaching Fellow and Programme Lead, Medical Education, Faculty of Medicine and Dentistry. Nigel is the Director for Student Affairs. The programme will include case stories, mentoring problems and how to solve them, CAPS skills learning and UMeP sign off. (UMeP=eportfolio for all Bristol medical students). Bristol venue, to be confirmed.

November 15th	9.30-12.30 pm	January 10th	9.30-12.30 pm
November 15th	2-5pm	January 10th	2-5pm

This session is intended for existing academic mentors and also suitable for those of you considering becoming an academic mentor. For more information on the academic mentoring scheme or to book a place for this session, please email chris.cooper@bristol.ac.uk

More winning creative work from the HBOM course 2012-13

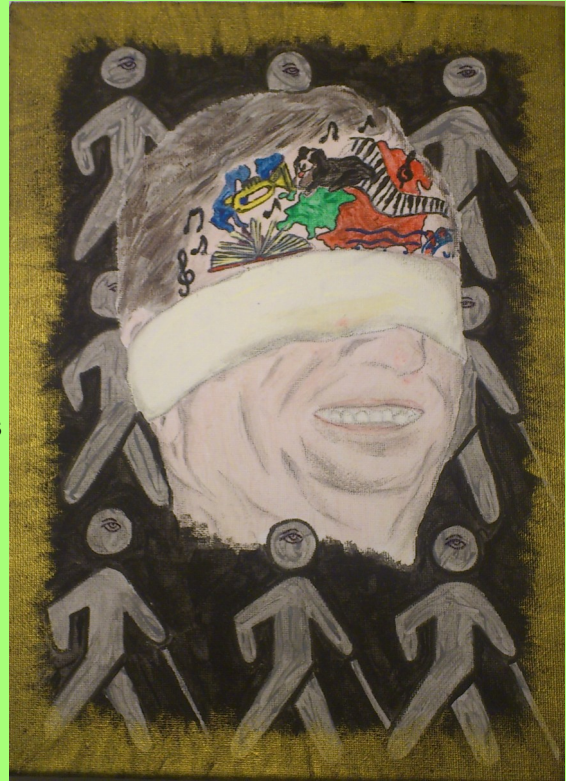
The difference between sight and seeing by **Holly Bevan**

The difference between sight and seeing

Art work and reflection by 1st year student **Holly Bevan**

My reflective piece was inspired after visiting Mr R, a man in his seventies, who had lost his sight 4 years ago following a number of accidents.

During the whole interview, I was astounded by Mr R's up-beat and resilient nature that shone through, with him describing his blindness as no more than a 'nuisance' and just 'something else to deal with' when asked what negative impacts losing his sight had had on his life. This was reflected in the fact that Mr R did not view himself as disabled or severely handicapped, saying that he still dreamt of himself as an 'able bodied person'. I admit that initially I was quite taken aback by the overwhelming positive attitude that Mr R had, but I was lead to appreciate that focusing on the positives rather than the negatives of a situation can be as powerful as the effects of any drugs on helping patients deal with the symptoms of a disease/ condition.



I decided to paint a picture that best represented Mr R's outlook on life. Mr R enjoyed most to talk about the amazing and diverse life that he had lead, being a travelling musician that had mixed with a variety of people, from royal figures to some of the most respected musical talents of his generation. I recall being aghast at all the tales that Mr R had to tell and it was clear that he too had an appreciation for the amazing life he had had. He believed that one couldn't lead such a remarkable life without having some "bumps along the way" and that blindness was just "one of those things" that you "have to learn to live the best you can with". The acceptance that Mr R has of his current condition was something I found quite humbling. I have included various parts of Mr R's life in the picture, from his music, travelling and beloved dog to the autobiography he is currently writing. I made these parts of his life as colourful as possible, a word he used numerous times to describe his life but also to portray the vibrant personality that he had. I painted these images of his life at the forefront of his mind as it seemed to me that Mr R never seemed lonely or excluded from the world around him but was happy to reminisce in the life he once had.

I placed Mr R as a large figure in the centre of the image. It is sometimes true that blind people or people with a disability often feel they are of a lower social status than the rest of society and experience a lot of infelt stigma. However, this was not the case with Mr R, whose self-image had been not deteriorated and throughout the interview emphasised how he thought there were many people much worse off than himself.

The difference between sight and seeing cont.Art work and reflection by 1st year student **Holly Bevan**

Around the edge of the painting there is a gold outline. This has been done to represent the Charles Bonnet Syndrome that Mr R experiences by which he sees a constant gold light. I initially thought that this may prove an irritant but Mr R disagreed, saying that he would hate to be in complete darkness.

In the background of the painting I have tried to depict the mantra that Mr R seemed to live by, which was "there is a difference between sight and seeing". I thought that this was quite a poignant message and particularly relevant to the modern, fast paced world that we live in today. Mr R held the view that those who have sight are able to see their surroundings but don't actually take anything in and don't fully appreciate what's around them. Mr R believed that although he did not have sight, he was able to see the world for what it was and truly value the 'fullness' of life. I have conveyed this belief by painting repeated images of the universal sign for blind people, however each person has had an eye drawn on them to indicate that they are actually fully sighted people.

After coming away from my visit with Mr R, I was determined to apply some of what I had learned from my encounter to my practice as a future doctor. One of the main things that I took away from meeting Mr R is how the terminology a doctor uses when addressing patients can have a profound affect on patient's self worth and can often cause offense. For example after meeting Mr R, I don't think that he would appreciate being referred to as 'disabled' or 'severely handicapped' as this is not what he viewed himself to be. Furthermore, after being so inspired by how Mr R had not let his blindness stop him from living the life he wants to, I will make sure that as a doctor I will endeavour to offer patients all the opportunities and help possible so that certain conditions/illnesses hold as few restrictions as possible on people's lives. Lastly, as a doctor I will be conscious to appreciate that each patient interprets their disease/condition and the symptoms associated differently and that this should be considered when developing a doctor patient relationship and when deciding on the most appropriate treatments.

*The patient gave full consent to use his story for my creative piece and the letter of consent was shown to him.

Medical school newsletter at

<http://www.bristol.ac.uk/medical-school/staffstudents/student/newsletter/>