

10/2016

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



Teaching Newsletter

Canyng Hall, 39 Whatley Rd, BS8 2PS Tel 0117 33 14546
phc-teaching@bristol.ac.uk

Survey of GP Teachers

CAPC Teaching is undertaking a survey to find out how we can continue to support our excellent practices in delivering undergraduate teaching. We've had an excellent response so far but if you've not yet completed the survey, now is your chance! Please follow these links.

If you currently teach medical students, please use the following link

<https://sscm.onlinesurveys.ac.uk/teaching-practices-survey>

If you DO NOT currently teach medical students, please use the following link

<https://sscm.onlinesurveys.ac.uk/gp-teachers>

Reflections and **HOT TIPS** from this year's

RCGP Conference at Harrogate

Save money and improve clinical practice

- Swabbing dry skin
- Exercise and internal fat
- Saving money with micro spirometry



Read more on



Audits, QIP and medical students

Do you have an audit or QI project you would like to do but haven't got the time for? Why not turn it into an SSC, a student selected component, and get paid for supervising the student? Interested?

Read more on

GP TEACHER WORKSHOPS FOR 2016-17

All workshops will be at the Engineers' Hse, Clifton, Bristol.



Year 5

Thursday

1.12.16

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

Depressingly, **negative 'slang' putting students off General Practice as a career choice** still exists. Simon Thornton, our engagement lead, conducted research in two medical schools and presented his results at the recent RCGP conference.

Read more here <http://www.gponline.com/third-students-put-off-gp-career-due-institutional-slang-medical-schools/article/1411390>

Any suggestions how we can improve this situation locally would be very welcome. Please email phc-teaching@bristol.ac.uk



Promoting General practice to medical students

Don't miss the report on page 4 by **Alice James**, 5th Year Bristol medical student and RCGP national medical student representative, who is working with the RCGP on GP recruitment and retention. A key role for her and fellow students from other universities is the promotion of General Practice as a career choice to medical students.

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Reflections on the RCGP Annual Conference 2016, Harrogate

Dr. James Seddon (Academic Clinical Fellow)
Dr. Simon Thornton (GP Engagement Lead)
Dr. Juliet Brown (South Bristol Academy GP Lead)

CAPC Bristol had a great presence at the RCGP annual conference this year, with (some award winning!) presentations and posters from Simon Thornton, Jess Watson, Matthew Ridd, Juliet Brown, James Seddon, Lucy Potter, Polly Duncan and more. We know that the RCGP can often seem distant (and expensive!) to GPs but we definitely all found value in attending this year's conference which was entitled 'Energising Primary Care' and came back more energised and enthused about GP and promoting it as a specialty to trainees and medical students.

Here are our top tips from the conference this year:

- 1) From the **dermatology** clinical session: A GPwSI in dermatology told us that if you are swabbing a dry area of skin to look for infection, you get a better pick up if you dip the swab in the transport medium first. Something I would never otherwise have thought of. (Although probably best to warn the patient if it's charcoal!!)
- 2) From the **exercise** clinical champions session: "if you become more active, it's internal fat that you can't see that disappears before the subcutaneous fat that you can see" which is a great message to get out to patients (or doctors!) who are feeling disheartened if their efforts aren't leading to visible loss immediately.
- 3) From the **respiratory update** session: A micro spirometer is far more accurate than a peak flow meter. As peak flow meters are not calibrated, apparently meters can vary by as much as 200L/min across a practice! Calibrating by doing your own spirometry then blowing into your micro spirometer in your room every couple of weeks is easy. An added bonus is that you can get instant FEV1s from patients, which is all you need for post diagnosis monitoring in COPD. One practice that went from nurse-administered yearly full spirometry to GP administered opportunist FEV1 in clinic saved 200 hours of clinician time.

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What are SSC's?

SSCs are an allocated period of 3-4 weeks in Years 3 and 4 where students get to choose what they do, who they work with and where they want to work.

Most SSC's in primary care involve students going individually or in pairs to general practices to do audits or service improvement plans (SIP). However there is a lot of flexibility in what can be offered and we are keen to encourage new and innovative SSCs so please get in touch if you have any ideas.

Primary care also offer taught SSCs where a group of students learn together, often combined with a GP attachment singly or in pairs. Examples this year included Primary Care in Special Settings where students had the opportunity to observe GP's working in prisons, with homeless people and asylum seekers.

I particularly liked that it was a friendly, relaxed environment with many opportunities to ask questions"
Yr 4 Medical Student

Examples SSC projects offered

- Implementing NICE guidelines into electronic practice systems (QIP)
- The follow up of patients with gestational diabetes in primary care (Audit)
- Developing an ingredients for health information board (patient education)
- Can a plant-based diet reverse coronary heart disease? (literature review)

Why supervise an SSC?

- Teaching students is stimulating and refreshing
- The student can do a useful piece of work for the practice
- Can be used as evidence for your portfolio/appraisal
- Publicises to medical students the opportunities of General Practice, which may lead to better recruitment post graduation

"Practices could suggest audits, service improvement projects or literature reviews to answer specific questions relevant to the surgery. It was pretty straightforward and well remunerated for about six to eight hours' supervisory work. The practice now has a couple of useful documents. I've submitted more titles for this year" GP supervisor

Time commitment

Typically involves a planning meeting with the student in the spring, couple of meetings during their SSC period in July and marking their report in Aug. Sept. Approx. 6-8hrs work.

Please note that not all projects offered are taken up by students

Dates

Year 3: 3rd -28th July 2017

Year 4: 10th-28th July 2017

Projects will need to be finalised by 2nd December 2016.

Payment

Audit/SIP SSC: £430.96 per student. Taught SSCs have more funding available so please enquire for more details

Want to be involved or have more questions? Please contact phc-teaching@bristol.ac.uk or the GP SSC lead veronica.boon@bristol.ac.uk for more information.



Step by step instructions on page 4

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How to supervise an SSC

Check you are available to supervise a project for SSC dates – 3rd-28th July 2017

You will also need to be available for marking the project in August/September.

Think of a project that would be useful to practice or of interest to you

- Audit
- Service improvement project
- Literature review
- Developing educational material for patients

Email phc-teaching@bristol.ac.uk or veronica.boon@bristol.ac.uk if you have any queries.

Send completed SSC template to phc-teaching@bristol.ac.uk by 2nd December – Title, type of project and brief description.

Student will contact you for more information or to sign up for your project between mid December and January

Meet with the student in March/April to discuss project and develop timetable

Meet/communicate with student at least once during SSC period

Mark student project using written guidance from University – Optional SSC marking workshops also available.



The RCGP – Strengthening its collaboration with medical students

From Alice James, fifth year Bristol medical student

The last 6 months have seen the appointment of a full-time RCGP Student Engagement Officer (Chris Bull) plus the establishment of a National Student Strategy Working Group. Myself and Alexa Lazarou - the new Chair of the University's student GP Society (Bristol GPSoc) - attend monthly meetings in London along with other student GP Society representatives, members of the RCGP leadership team and relevant bodies including the Medical Schools Council. This month I have been invited to join the RCGP Workforce Advisory Group as the national medical student representative. The group focuses on recruitment of new GPs and encouraging better retention of GPs and workforce planning. A key part of this will involve reviewing the way in which general practice is promoted to medical students. I hope to help by providing a student's perspective and by representing the views of fellow students.