



DISCOVER GP | SCHOOLS OUTREACH COMPETITION

FUTURE FACES 'THE GP IN ME' LESSON PLAN

The principle aim of this session is to provide students with an opportunity to reflect on their potential; empowering young people to recognise the value of their individual skills, traits and attributes, and enthusing students about the prospect of a career in modern general practice.

The activities suggested, provide a basic platform for the key take home messages and encourage students to see themselves as the 'future faces' of primary care. The plan has been considered against time and resource availability, flexibility (to age and number of students) and ease of delivery - meanwhile striving to maximize the use of the outreach teaching sessions as an opportunity to inspire prospective medical applicants, and equip them with new skills, experience and confidence.

SUMMARY & TIMESCALE OF PLAN [**~30 MINUTES TOTAL**]

1. Introduction & learning objectives.
[Whole group board work ~ 2 minutes].
 2. Skills and attributes of a modern GP.
[Whole group board work/ discussion ~ 2-5 minutes].
 3. 'The GP in me' - self-reflection of students' own skills/attributes.
[Whole group individual activity ~ 2-5 minutes]
 4. Scenario and skill stations:
[Parallel stations, two groups (that can be subdivided if necessary) ~ 10-15 minutes]
- Scenario's and guided discussion – *Group 1*.  Skills and practical activity – *Group 2*.

5. Session wrap up.
[Whole group board/ discussion ~ 5 minutes].

1. INTRODUCTION AND LEARNING OBJECTIVES [~2 MINUTES]

MATERIALS: A board and pens.

Introduction given by the facilitator(s) – including an outline of the session format and an introduction to the three take-home messages/ learning outcomes below:

A. Outline of take home messages/ learning objectives (LO):

- **Take home message** = Being an expert generalist in the modern NHS requires a number of different qualities and attributes, many of which can already be demonstrated by the students. **Think about the 'GP in me'.**
 - **Learning objective** = the **key qualities and attributes of a modern GP** (*emphasising how these can already be reflected in the students themselves*).
- **Take home message** = Students have the potential to develop these skills and qualities, and can apply them to the role of a GP today.
 - **Learning objective** = the **core skills of a modern GP**; including practical skills, communication skills, teamwork, information gathering and giving etc.
 - **Learning objective** = the **role and relevance of medical ethics and professionalism** in primary care.
- **Take home message** = **General practice is a uniquely rewarding, stimulating and challenging career.** As primary care adapts meet the demands of modern patients there are more exciting opportunities than ever before to shape a career as a GP. Think of the 'future faces' of general practice.
 - **Learning objective** = **general practice is rapidly evolving** to involve more teamwork/ multi-disciplinary management, personalised care planning and wider service delivery (*e.g. GP clinics and GP's with special interests*).
 - **Learning objective** = **widening participation generates great doctors**; medicine is a challenging career path but has become more accessible.

2. SKILLS AND ATTRIBUTES OF A MODERN GP [~2-5 MINUTES]

MATERIALS: A board and pens.

The aim is to quickly explore students views on the skills and qualities that would be necessary and/or desirable in a modern GP. The purpose of the group 'brainstorming' exercise is to support students in identifying what they feel is important in a GP and recognising that they have already begun to develop and demonstrate these qualities.

The idea is that this will build confidence and encourage young people who may not have originally considered medicine as a career for them - enabling students to recognise their real potential and ultimately, consider a future application to medicine and career in general practice.

This can be achieved with guidance from the facilitator, examples below;

- The facilitator should openly explore students views on the skills and qualities that would be necessary and/or desirable in a modern GP.
- These should be written up on a board for the whole group to see until a suitable number of ideas and opinions, this may be relative, have been collected or time runs out.
- As skills/traits/qualities and attributes are identified, examples likely to be relevant to the students' experience can be used to illustrate how students are already developing skills or qualities relevant to those of a GP, for example;
 - If a student suggests 'teamwork' or 'leadership', ask members of the group if they play sport/ lead a sports team.
 - Emphasise how this reflects their ability to be a leader/ work together/ prioritise tasks and how this relates to the role of a GP etc.
- Prompts can be used to encourage wider thinking/ challenge stereotypes e.g. bilingualism, ability to relate to children, budgeting, use technology innovatively etc.
- This discussion should encourage reflection on what makes a 'modern GP' or 'GP of the future'.

3. 'THE GP IN ME' - SELF-REFLECTION OF STUDENTS' OWN SKILLS/ATTRIBUTES [**~2-5 MINUTES**]

MATERIALS: Students should each be given 3 pieces of paper/card and pens.

**The students will need their three cards for the next activity.*

This activity is designed to engage each student individually and involves self-reflection, rather than any group contribution. By asking the students to identify and write down three of their own strengths, the second activity supports the concept of the 'GP in me' and reinforces the idea that each student has unique qualities to offer as a GP.

Guidance for the facilitator(s);

- Each student is asked to write down three skills/qualities (etc.) that they feel are most relevant to themselves.
- Explore why students have felt some qualities relate more to them than others, whether there are skills/qualities they aspire to and how they might be relevant in primary care.
- Encourage students to think about what would make them stand out as an applicant or what would set them apart as an especially good GP.
- Encourage students to think broadly, personalise their options and chose a variety as this will benefit them when they use them later.
- Students should keep hold of their paper and keep them for the next activity.

4. SCENARIO AND SKILL STATIONS [*~10-15 MINUTES*]

The group should be split into two with two stations. One group will begin the scenario exercise (Group 1) whilst the other group attend the skills station (Group 2) and then after 5-7 minutes (*half the total allocated*) they should swap.

Each group can be subdivided depending on the number of students, number of facilitators for the scenarios and amount of equipment available for skills. Ideally the scenarios will involve smaller groups of 3-4 students to allow for greater depth of discussion and student input. The skill practical can be one 'bigger' skill e.g. respiratory exam basics or several 'smaller' skills e.g. auscultation, funduscopy, peak flow or BM etc.

SCENARIO STATION(S)

SCENARIO MATERIALS: 1 or 2 scenario handouts (see Appendix A for example – *can be developed*). Appropriate 'stations' should be set up for the subdivided groups, each with a set of the above.

**Students should have their own three cards that reflect their 'GP in me'.*

The main aim of the scenario activity is to illustrate how the students' skills and qualities can be applied in the richly varied clinical environment of general practice - giving insight into the rewards and challenges of delivering care in the community. The scenarios should reflect the complex bio-psycho-social needs, and multi-disciplinary treatment of patients, as well as the GP's role as an 'expert generalist' and 'gate-keeper' of secondary care. This activity also gives the opportunity to provide learning opportunities, prompting discussion or debate around ethical and professional issues.

Guidance for the facilitator(s);

- Small groups of 3-4 students (to each supervisor) working together through the scenario would be an ideal ratio. *Too many students would detract from the value of each student contributing and may impact the quality of the discussion points.*
- Each student should have their cards with their chosen skills/qualities in front of them.
- The group should ideally choose 1 of 2 scenarios, they may be given the title. This is to allow for variety, and to generate more discussion points for the whole group afterwards and if one scenario is completed, the other may be started until the time is up. *One scenario has been given here to illustrate how it might work.*
- Each scenario is centered around a patient and their consultation;

- The stem/scenario is read by the supervisor and at marked points the students will be able to each choose one of their three skills/qualities and apply it to the scenario. They should be asked to explain their choice and how they would use their card in each case - *for example, a student chooses empathy and explains how they would try to explore or understand the patient's feelings about a diagnosis.*
- If one student feels they don't have the right skill but another member of the group does, they can ask for help and work together.
- If none of the students feel they have the right card ask them what skill/attribute/quality they would need and how they could develop this to be able to manage the situation in the future.
- As the scenario is revealed and evolves in complexity, the students continue to use their cards to manage the patient and be the best GP that they can.
- The scenario should contain at least one an ethical or professional prompt which the students should be encouraged to recognise and discuss.
- The facilitator should encourage, where appropriate, students to challenge themselves – for example, making guesses at diagnosis, investigation and management or exploring ethico-legal issues. The aim is to get students increasingly involved with the scenario and as a prompt for more in depth discussion.

SKILLS STATION(S)

SKILLS MATERIALS: relative to availability at setting, suitability to students etc. *Some suggestions have been included above. Ideally these could be linked to the scenario's e.g. respiratory – auscultation and vitals, neurological – CN test kit and fundoscopy etc.*

5. SESSION WRAP UP [~5 MINUTES]

MATERIALS: A board and pens.

This is an opportunity to promote GP, review the session's LO's /take-home messages, answer questions and gain feedback.

Guidance for the facilitator(s);

- Discussion points for promoting GP may include;
 - The role of a GP as an expert generalist.
 - The changing role of GP's working in MDT's and with secondary care, with new technology and taking on extra roles (e.g. academic, running specialist clinics, out/in-reach etc).
 - Career and application advice.
- The take home messages should be emphasised again, the facilitator should explore what the students feel they have learned.
- Facilitators should answer questions and explore the students views on the session – what were the best/worst parts, do they feel they have discovered the 'GP in me' / would they now consider a career in medicine and general practice?
- Ideally formal feedback e.g. a sheet should be obtained to guide future sessions.

APPENDIX A.

SCENARIO 1:

'A SENSE OF DOOM AT THE DRIVE-THRU'

Scenario Stem:

Background:

Alex Andrews, a 23-year-old man, has booked an emergency appointment to see you and the receptionist has noted 'chest pain' on the EMIS clinical software system. Alex has been registered with you since he was 8 and was often brought in by his anxious mother as a child. The last contact you had with him was when he suffered a severe tonsillitis that needed antibiotics at 18 as he doesn't often visit the surgery.

Presentation:

When you call Alex in from the waiting room a 'DNA' alert pop's up for two missed appointments with the advanced nurse practitioner in the last month. He comes in with a woman you don't recognise, they are of a similar age and their relationship is unknown to you.

Alex seems uneasy, sweaty and you observe he has made little eye contact as you introduce yourself. Immediately, he blurts out that yesterday he thought he was going to die and demands you tell him what's wrong with him because he can't take it anymore. You need to know more about what happened and find out who he's brought with him today.

What skills/qualities/attributes could you use to find out the history, help Alex feel more at ease and find out who the woman is?

(+/- Discuss if different students give different strategies and how different approaches may alter the course of the consultation.)

History of presenting complaint:

He tells you he's here with his girlfriend. She tells you she's been urging him to see a doctor and accompanied him today to make sure he did.

Although getting the history is difficult, by asking open questions and listening calmly you find out more of what's been going on. Yesterday, Alex woke up feeling sick, sweating and feeling like his heart was bursting out of his chest. Later in the day, during a difficult shift at work he'd been getting clammy, breathless and feeling dizzy

before suddenly he felt a 'sense of doom'. You clarify what he means and discover he experienced chest pains, pins and needles and a rapid and irregular heartbeat. Alex is extremely concerned about the seriousness of his symptoms and that he will lose his job at the drive-thru. He becomes increasingly distressed and angry as he talks about this. His girlfriend is very upset.

What skills/qualities/attributes could you use to calm Alex and his girlfriend down so that you can complete the history, examine him and hopefully make a diagnosis?

Can you think of some diagnoses which would be likely or need to be ruled out?

How can a doctor remain professional in a challenging consultation?

Examination:

You remain calm and reassure the couple that you can help them find answers and, as his GP, you will support Alex through any problems caused by his health at work. On examination, no physical problem is found – Alex's pulse is fast but regular and there are no added sounds on auscultation of the heart. You are reassured by the findings and communicate this to Alex, telling him that there is no underlying pathology you can detect. Although this calms Alex down, his girlfriend wants him to be referred to a cardiologist or she will take him to A&E for a second opinion. You are confident in your assessment, but your friend at the practice is a GP with a special interest in cardiology and has always been the best at listening to heart sounds. You feel a referral unnecessary as you have a differential diagnosis that can be managed in primary care. At this point your clinical judgment is that Alex has been experiencing panic attacks and is suffering with anxiety.

What skills/qualities/attributes could you use to deal with their concerns in primary care and avoid making an unnecessary referral?

What skills/qualities/attributes could you use to reassure Alex and his girlfriend that his symptoms are not life-threatening whilst being sensitive about their experiences?

Medical history:

After talking it through, Alex and his girlfriend accept that his symptoms do not have a sinister underlying cause and you sensitively explain your thoughts about anxiety. They both agree that Alex has been increasingly anxious over the last few months and confide in you that they have been hiding a pregnancy from his girlfriend's family. You listen to their concerns and counsel them through some of their concerns about becoming parents and gently explore the complex social issues affecting Alex's mental health. He explains he has been unable to sleep because of his worries about being a father, feels extremely stressed about providing for a family and guilty about being unable to cope and taking time off work. Now that he is facing a disciplinary from his boss, things have come to a head. You work out a plan with the couple and prescribe Alex some short-term sleeping tablets and start some anti-anxiety medication to help him through this stressful period. You decide to organize a follow-up appointment in four weeks' time to see how Alex is getting on. When leaving the appointment, Alex

thanks you for listening to his concerns and seems hopeful about taking the medication he has been given.

What skills/qualities/attributes could you use to explain your diagnosis and/or advise Alex on his mental health and/or about treatment options?

What skills/qualities/attributes could you use to counsel Alex and his partner with their social problems?

(+/- How as a GP can you be an advocate for patients with mental health issues?)

Follow-up:

A couple of days after consulting with Alex the practice secretary tells you she has been receiving calls about Mr Alex Andrews. She is concerned that someone is falsely trying to get information about your patient. You investigate further and three weeks later receive an email from Alex's boss, asking about his mental health and is he is fit for work. The email explains Alex has been behaving increasingly erratically at work and his employer has concerns that Alex has been using 'drugs' on the premises but gives no further details. You're extremely concerned about what has been said and are unsure of where to get advice. Alex has his follow-up appointment next week.

What skills/qualities/attributes could you use to professionally deal with this situation?

(+/- What are the ethico-legal issues raised here and what do you think is the right thing to do?)