



Royal College of
General Practitioners



MSC Medical
Schools
Council

RCGP and MSC Competition
Widening Participation in General Practice

Caring for Your Community: The Life of a GP

Submission By
Alastair Smith and Chloe Wright

Proposal

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Widening Participation in General Practice

Caring For Your Community: The Life of a GP

Overview

RCGP and MSC have requested a one off 15-30 minute session, aimed at 11-16 year olds, with the overarching aim to “widen participation and enthuse the next generation of GPs.” Specifically they have asked for an “exciting outreach session” to:

- Provide skills to help school students in their application to medicine
- Promote the exciting opportunities offered by a career in general practice

They have also suggested possible learning outcomes such as:

- Medical ethics and professionalism
- Communication skills
- Clinical skills
- Team working skills

Aims and Objectives

The overarching theme we have chosen is “Caring for Your Community.” The General Practitioner (GP) is often viewed as a pillar of the community. They are the first port of call for many people to come to with a vast array of problems, not just medical. In their daily lives the GP assists people from all parts of the local community in a variety of ways. We feel this is one of the most important and appealing aspects of general practice, and is why we have chosen to emphasise it.

We have produced the following learning objectives to provide a clear structure to our proposed session:

1. Provide students with an understanding of the duties of a GP, including:
 - a. Diagnosis and management.
 - b. Emotional support.
 - c. Liaison with specialists and other services.
 - d. Keeping up to date with research and best practice.
2. Encourage students to explore the skills required by a GP, including:
 - a. Communication skills, for example listening and imparting information.
 - b. Team working skills.
 - c. Clinical skills.
 - d. Ethical problem solving.
3. Provide students with examples of the variety of career paths available in general practice.

Programme Design

The programme we have designed is aimed at students aged 15-16. We have chosen this age range for two reasons. Firstly, 11-16 represents a wide range of maturities and

understanding, and we wanted to make the session challenging and engaging, and therefore have tailored it to the older age group. Secondly the 15-16 age group are making A-level subject choices, an important step towards future career planning and for whom the brief will be more relevant.

Below is an outline of the session as we would run it, including an opening presentation and discussion around general practice, followed by small group workstations of more practical sessions, and a closing presentation. The session would aim to be approximately 30 minutes. However, the programme is designed to be flexible, with more content available for a longer time frame.

Opening Presentation (5 -10 minutes)

1. *Overview of the session*

2. *What is General Practice?* **Learning objectives 1. a-d (as outlined above)**

Take suggestions from the students. *“What does it mean to be a doctor in a GP surgery?” “What does a GP do?” “How does a GP work within the community?”*

Provide prompts and possible answers such as: prescribe medications, diagnosing diseases and conditions, explaining test results and medical conditions, keeping up to date (research and best practice).

More community focused aspects include: providing emotional support, support with work issues, referring to other services, liaising between specialists and patients, helping patients maintain their independence, and ensuring continuity of care.

3. *What skills does a GP need?* **Learning objectives 2. a-d**

Take suggestions from the students. *“What skills do you think a GP needs?” “Can you learn these skills?”*

Provide answers such as: good communication skills, being understanding, being kind, good listening skills, organisation, multitasking, knowledge, hard working, team working skills, practical skills.

Workstations

(15-30 minutes) 3-5 stations. Each station manned by a medical student or qualified health professional. Students separate into equal groups, and rotate through each activity after 5 minutes. The following are examples of possible stations to cover the learning objectives outlined above.

Station 1: Making a diagnosis **Learning objectives 1a, 1d, 2a, 2c.**

See Appendix 1 for example “Making a diagnosis station.” In this station students are presented with images of an example consultation, including how the patient feels, questions the GP needs to ask, examination findings, simplified diagnostic criteria and options for

management. Students should be encouraged to ask appropriate questions before being presented with the next image in the series. With the information they must formulate a basic management plan.

Station 2: Communicating information
Learning objectives 2a and 2b.

Students are split into two teams. One team (A) watches a video of someone correctly using an asthma inhaler. The other team (B) faces the opposite direction. Team A must explain to team B how to use the inhaler. Emphasise that even if someone in Team A or B knows how to use an inhaler, they must only do as instructed. After they try to do as told, Team B may see how the video instructs them to do it.

Once this task is completed, a discussion should be had about how to communicate effectively, and how to ensure a patient has understood correctly (check understanding, ask them to demonstrate, review at a later date).

Station 3: Consent and confidentiality
Learning objectives 1b, 2a and 2d.

Talking through and debating a scenario with students, for example:

A 15 year old patient comes to you thinking she might be pregnant.

- *What are some important things to find out? [Consensual relationship, support network, talking to her parents ...].*

You give the patient some advice, book her into the prenatal programme and arrange follow up. That afternoon you receive a phone call from the girl's mother. She wants to know what the appointment was about.

- *What do you say? What are some important considerations? [Consent to share information, confidentiality, supporting the daughter].*

Station 4: Practical station
Learning objectives 1a, 2a and 2c.

In this station students will be able to discuss and practise practical procedures. These could include peak flow, using an automatic blood pressure cuff, sats monitor, taking a pulse, thermometer, and using an otoscope.

Station 5: Team work and elderly care
Learning objectives 1b, 1c, 2b and 2c

In this station the students will discuss an MDT approach to looking after patients in the community.

For example: how to keep an elderly patient who is at risk of falls out of hospital.

- *What are the risks from falls? [Direct injury, long lie, hospital admission].*
- *Why might a long hospital stay not be good for an elderly patient? [Infection risk, worsening frailty, social care on discharge].*
- *How can we prevent falls? [Home modifications, strengthening exercises, education and awareness].*
- *What are the barriers to care in this example? [Resources, compliance with therapies, comorbidities e.g. dementia].*

- Who in the community team should be involved? [*Occupational therapy, physiotherapy, community nurses*].

Closing Presentation

(5 -10 minutes)

1. *Summarising workshop sessions*

2. *Discussing GP careers*

An overview of career options within general practice, including explanations of salaried GPs, partner GPs, GPSI and portfolio GPs. Emphasise the exciting, challenging and varied opportunities available to those considering a career in general practice.

3. *Summary and conclusion of the event*

Appendix

Station 1: Making a diagnosis - additional materials.

Laminated images to be presented sequentially to the students.

1: Patient describing what's wrong with them and how they feel.



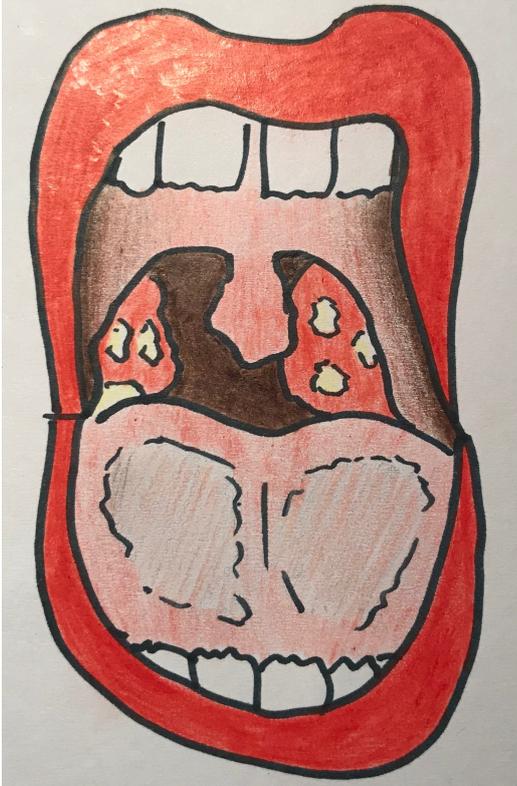
**HELLO DOCTOR,
I FEEL REALLY UNWELL AND I'VE GOT A
SORE THROAT.
CAN YOU HELP PLEASE?**

2: Questions the GP asks to find out more and patient answers.

**OH DEAR! CAN I ASK YOU A FEW QUESTIONS?
HOW LONG HAS THIS BEEN GOING ON FOR? - A
FEW DAYS
DO YOU HAVE A COUGH? - NO
DO YOU HAVE A TEMPERATURE? - YES
ARE YOUR NECK GLANDS SWOLLEN? - YES
HAVE YOU HAD ANY TROUBLE EATING OR DRINKING
OR BREATHING? - NO
ANY OTHER SYMPTOMS LIKE EAR ACHE? - NO
OK, CAN I HAVE A LOOK AT YOUR THROAT
PLEASE?**



3: Picture of the patient's throat.



4: Criteria for bacterial vs viral tonsillitis and treatment. (NICE guidelines)

Viral Tonsillitis	Bacterial Tonsillitis
Usually has a cough	No cough
No fever	Fever
Red tonsils	Swollen red tonsils with white/yellow spots
	Swollen lymph nodes
Management: Antibiotics not recommended	Management: Antibiotics recommended
General management: Fluids, paracetamol and rest. Consider salt water gargle, lozenges, throat sprays.	

Always remember to tell the patient to come back if they are not getting better or they are worried.