

Observe GP | Notes for a group session

Age group:

16-18

Length:

50 min - 1 hour sessions

Measurable objectives:

Aspiring medical students will:

1

better understand what a General Practitioner and the wider team do on a daily basis

2

develop their understanding of the core values and attributes of a medical student

3

have opportunity to reflect upon their understandings of the realities of medicine

Resources required:

This guidance is designed for small group discussion. This is challenging through web delivery but adaptations are possible to engage in debate by using additional software, 'raise hand' functions and 'breakout room' functions. In a classroom: projector, internet connection, speakers, flip chart paper & pens, RCGP reflective diaries are required.

Further activity sheets are available in the resources section at: rcgp.org.uk/inspire.

Learning:

This session is designed for aspiring medics and may be delivered within a careers session, or during a summer school or equivalent. Aspiring medical students should be encouraged to undertake other relevant experiences (reading medical related literature, undertaking work experience, volunteering etc.) which together with this platform, should help them to develop an understanding of many of the physical, organisational and emotional realities of medicine. They should be encouraged to consider all arguments within medical debate and scenarios, and reflect upon all angles. They can use examples from the platform to describe in detail when they have witnessed certain skills, values and attributes demonstrated.

Key instructions to deliver this session:

On the platform, familiarise yourself with the bookmark, subtitle and navigation tools outlined on the 'Before You Begin' page. Watch each video as a whole group, allowing time for small group discussion to reflect on activities as they appear. If these are multiple choice questions, users can decide together which answer they wish to choose. Ask users to wear headphones where possible and keep themselves on mute during a virtual session to ensure smooth delivery.

Concluding the session:

Reflect and discuss the objectives above. Provide this web address to pupils: rcgp.org.uk/observegp to allow them to register to receive the link to access Observe GP at home and return to the platform in their own time. Show them the 'What Next?' section and 'Terminology Bank'. Encourage pupils to further research the topics discussed and practice articulating what they have learnt, including new terminology.

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Notes



Begin within the practice tour. It is important that aspiring medical students understand what all staff members do within medicine. This will help to set the scene and put the platform in context.



Notes



All the consultation videos start with a welcome from the clinician and end with a debrief discussing what happened. The consultation itself is delivered with a 'split screen' to allow the viewer to watch the body language and expressions of both patient and clinician simultaneously.



Notes



The waiting room video provides written descriptions of five additional patients from different demographics with different conditions. Allow pupils time to read each description and then discuss the needs of each patient in small groups to build general understanding.



Observe GP | Where to begin a group session

Introducing Observe GP

The platform consists of eight videos:

Practice tour with the Practice Manager, reception, waiting room, team meeting, three GP consultations and one consultation with an Advanced Nurse Practitioner.

Activities appear throughout the videos, as well as useful terminology.

Activities on the platform are split into:

- 'Action' activities whereby the user selects/drops and drops an answer.
- Reflective activities where some answers may be provided, but the user is mostly left to consider a question in their own time before proceeding.

Where to begin

Reflection and taking notes

One objective of Observe GP is that future applicants to medicine gain an opportunity to practice reflection. It is advised that any group session begins with a discussion about the importance of reflection. Use page 7 of the RCGP reflective diary to assist with this discussion. Page 10 provides prompts to reflect on a personal experience to practice this skill.

Pupils should also be encouraged to practice note taking skills. They may begin by writing down only what they see and thus may find these notes are not useful to them later on. Show the example on the platform's 'Before You Begin' page of good and bad note taking.

You may then wish to watch a video on the platform in full (using the skip button on each activity) to practice taking notes. They can use the 'What, so what, now what?' template provided on page 22 of the RCGP reflective diary to help with this. Following the video, ask groups to compare their notes with a partner's, did they write down any questions? Any key terminology? Did they take note of the demographic of the patient or details of what was said? Did they describe or analyse?

Articulation

The advantage of using the platform as part of a group session is that it offers opportunity for aspiring medics to articulate and discuss what they understand, which can often be challenging for young people and requires significant practice. Within a virtual group session this would require separate software open, or the ability to split into 'breakout' rooms or equivalent.

Observe GP | Focus of a group session

The guidance below explains how Observe GP can be used by aspiring medics when applying to medical school.

Personal statement and medical school interview

Observe GP is a form of relevant experience; it is not work experience itself. It has been designed and provided by the Royal College of GPs to give aspiring medics insights into general practice in a way that is accessible. There is limited space in a personal statement therefore the most important thing is to describe what pupils have learnt from the platform.

At interview we would encourage pupils to use examples of what they have learnt through Observe GP. However, interview panelists can be from a wide variety of medical professions, and often include patients, medical students and more. They may not have heard of Observe GP so it will be important to explain what the platform is as well as what was learnt from it. A few medical schools ask applicants to provide evidence of their work experience. We do not provide any evidence that you have completed Observe GP. It is not work experience, it is relevant experience.

Core questions for discussion during a group session

In the 'What Next' section of the platform there are additional follow up questions which users are encouraged to consider in their own time. You may wish to structure the session around one, or several of these questions, and focus on developing broad answers to them based on the content of the videos watched on the platform:

[1] What are the organisational, physical and emotional demands of general practice and medicine more broadly?

[2] If you were asked to provide examples of when you have witnessed clinicians demonstrating NHS core values or the MSC core values and attributes of a medical student, what examples could you use from this platform?

[4] Is ten minutes sufficient time for a GP consultation? Consider everything you have learnt about general practice on all sides of this debate. Then decide what your opinion is and why.

Observe GP | Reception & practice tour

Activities on the platform

Below are further questions for discussion and some possible answers to reflective activities, presented on the platform, to help with the delivery of a group session. The video which the activity features in, its bookmark name, and time are all provided for ease.

Practice tour and reception

Refer to pages 15 and 17 of the RCGP reflective diary and encourage pupils to complete the activities 'An overview of your relevant experience setting' and 'Meet the healthcare team' while watching these videos.

Practice tour | 6.22 | Confidentiality

The answers to this scenario are explained by Dr Pramanik in the video that immediately follows. Further questions relating to confidentiality can be found on an activity sheet, along with facilitator notes in the resources section at: rcgp.org.uk/inspire.

Practice tour and reception | 7.24 | 7.52 Patient records | NHS core values

Further questions relating to patient records and NHS core values can be found on an activity sheet along with facilitator notes in the resources section at: rcgp.org.uk/inspire.

Reception | 4.33 | Receptionist

What are the role, challenges and skills of a receptionist?

Possible answers:

- Receptionists are the first point of contact for patients upon arrival at the practice.
- Their interactions with patients can affect how patients feel ahead of their appointment.
- They must triage; prioritising patients on need which requires knowledge and a strong sense of teamwork, they must never feel afraid to ask their colleagues for help or a second opinion.
- They must be organised, gently persuasive, succinct, approachable, strong willed and a problem solver. The challenges of their role include: the pace of their work, emergencies occurring – reacting quickly, patients feeling strong emotions.

Examples: In the past I thought... the work of a receptionist in general practice is the same as working on reception in an office, but now I understand the level of training they undertake, challenges they face, skills they require and processes they complete, which are extensive. I would define the key skill of a receptionist to be...agility as they must be agile in thinking quickly, drawing conclusions and balancing various activities.

Observe GP | Team meeting & consultation 1

Team meeting | 2.47 | Understanding emotions

Patients can feel strong emotions when visiting the general practice team. Suggested discussion: it can be easy to focus on the negative emotions patients can feel but if we are considering the realities of medicine it is important to also consider and discuss the positives.

Patients can feel reassured when clinicians are: honest, transparent about uncertainties, ensure patients understand their condition/symptoms/prognosis (i.e. their health literacy). Speculation, misunderstanding and confusion can make matters worse. Often patients require 'permission' to attend their appointment, especially if it turns out there is nothing wrong, it is beneficial to reassure them that they did the right thing in coming and seeing the clinician. This avoids loss of trust or embarrassment which can affect whether they return to the GP in the future.

Consultation 1 | 0.33 | Attributes of a GP

This question is multiple choice but requires pupils to have been paying attention to the video and what the GP says. Upon completing this activity, it is beneficial to reiterate how good a GP's listening skills must be.

Consultation 1 | 10:13 | Diagnosis

80% of a diagnosis is based upon the 'patient's story'. It is really important that aspiring medical students understand how much a diagnosis in general practice is based upon what the patient says and the questions they are asked. It is easy to focus on examinations and further investigations but in reality, these are often not the basis for a GP's next steps. This is why it is so important to build rapport and trust with patients, to listen out for red flags, problem solve and ask open and closed questions.

Observe GP | Consultation 2

Consultation 2 | 3.07 | #Internet 1

Please note: all the options provided on this activity are correct.

Follow up discussion: a GP consultation today is not the same as a GP consultation 10, 20 or 30 years ago. Adapting to the internet is one way general practice has changed. What else has changed that could affect what general practice is and how it operates? Two possible examples below, answers to the activity in consultation 3 at 6.22 are also relevant.

1] Rates of disease. The rates of some diseases have fallen, i.e. polio, meningitis, TB. However, the rates of other conditions are rising i.e. consultations relating to stress and mental health.

2] Aging population. The number of patients with knee and hip problems is increasing as the percentage of the population over the age of 65 has increased. Older patients often present with multiple conditions which are complex to treat in unison and manage over time.

Consultation 2 | 4.30 | Internet #2

How the internet impacts on health is a crucial topic to consider. There is opportunity to discuss this further – what other benefits and challenges of the public seeking health information online can the group think of? Possible answers include:

- People seek different things when they search online for health information. Some seek reassurance from personal accounts on forums, or patient discussion groups while others seek evidence and data. Some seek practical information i.e. how long will this last, which a science website may not provide but a forum might. But this does not take into account all the factors of an individual's health. People are not automatically comparable.
- Researchers have reviewed website advice on managing fever in children and concluded that it varied widely in terms of accuracy, completeness and consistency.
- If the text is too scientific people may not understand it.
- What if you have various conditions or ailments at once?
- Websites do not adhere to the same confidentiality conduct i.e. your data can be collected and shared.
- Type something slightly different and you get an entirely different answer. If, instead of searching your symptoms, you just search 'cancer' the information you find will be very different.

Observe GP | Consultation 3

Consultation 3 | 1.46 | Consultations

Answers are provided on the next slide. This may be a good time to discuss, given everything they have learnt, whether they think ten minutes is sufficient time for a GP consultation? They should aim to consider and discuss all arguments and not just generic statements and opinions. They could consider: social prescribing, mental health, patient records, holistic care, patient-centred care, technology, population density, multiple conditions, artificial intelligence etc.

Consultation 3 | 4.21 | Core skills

Refer to page 21 of the RCGP reflective diary for a list of all the core skills. Click next for an example of the STAR technique. Situation, Task, Action, Result. Although this technique is often used in wider sectors for job interviews it can nevertheless be useful to help pupils practice giving full and detailed answers. If they are asked at a medical school interview for an example of when they have seen a core skill demonstrated they should be clear about where they were, who it was, what the clinician had to do and how they did it. Taking the time to practice this and pull apart how skills are demonstrated will benefit the pupils.

Consultation 3 | 6.22 | Continuity

Consider: what are the benefits of seeing the same GP? Possible answers include: Continuity saves time - patients don't have to repeat themselves going through their medical history, and GPs don't have to read through long medical records if they know the patient well. It can be safer - because the GP gets whole picture, and can see deterioration or progress. The GP and patient build a relationship and trust which works both ways. They have a rapport and it can be easier to discuss sensitive issues or undertake intimate examinations. This can allow patients to feel more comfort. It helps with a holistic approach as you get to know patients, their social-economic issues, and health beliefs.

Consider: how has access to care changed over time?

Access to care changes over time. Increased demand means patients are increasingly less likely to see the same GP. There are also staff shortages and more GPs working part-time. Out of hours access is available but this often means you can't see your own GP. There are likely to be huge changes following COVID-19 pandemic. The crisis has seen an increase in video/telephone consultations and will result in reflection of what worked well.

Observe GP | Uncertainty scenario

Consultation 3 | 8.28 | Uncertainty

The below scenario does not appear on the platform – it is an additional activity for a group setting. Present the below scenario about uncertainty and ask pupils to first discuss their initial thoughts, then present the various options to the group to discuss further.

A father brings his child to see the GP, the child is full of a cold, with a high temperature and a bit miserable. The child is really upset and so you can't examine them properly. What can you do? After initial discussion, present the following options:

Option 1] Send the child to the hospital paediatrics department where they have more time to assess children.

Option 2] Give the child paracetamol (Calpol) to bring their temperature down. Give them time in the waiting room to see if the child settles. If, in time, they are playing in the waiting room this can be reassuring.

Option 3] Provide the father with Calpol to take at home. Call the father later to see how the child is doing. If any concerns have arisen during the day these can be considered.

Option 4] Ask the community nurses to visit the child at home. Safety-net in the meantime by explaining to the father that if the child gets worse he should come back or call 999.

It is clear that the child is full of cold, so this is likely where their high temperature is coming from, but without an examination there is increased uncertainty. Managing uncertainty is all about safety-netting and reviewing. If the father is very worried about the child then in order to safety-net he will need to be told what 'red flags' to watch out for i.e. child getting very sleepy, a rash, vomiting, not eating or drinking. The father would need to know exactly what to do if any of these happen. Information leaflets can be provided, and they can also be directed to the NHS app.

Managing uncertainty is also influenced by other factors including social economic factors (i.e. can the father afford another trip home and back, has he got access to transport). Is he confident in his ability to tell if the child is getting worse. If the child has any medical history or family history that increases their risk factors.