



# DISCOVER GP

Lesson plan examples



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## Welcome

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In 2018 the Royal College of General Practitioners and Medical Schools Council invited medical students to create an outreach session based in a primary care setting for pupils aged 11 to 16. The aim of the session was to promote general practice to potential medical school applicants. This booklet provides the three winning entries and we hope it will be used by anyone wishing to talk to school students about medicine.

The Royal College of General Practitioners and Medical Schools Council would like to thank all the medical students who took part in the competition. We had a fantastic response with over 85 submissions received.

## Background

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**It is crucial that the next generation of doctors aspires to specialise as GPs, having accessed vibrant and interesting information that showcases the endless opportunities associated with a career in general practice.**

The government's mandate for 50% of medical school graduates to enter GP Speciality Training, coupled with the publication of reports such as 'By choice not by chance and Destination GP', add greater weight to the need to enthuse, educate and inspire future members of our profession.

Medical students can play a vital role in outreach. We know that young people love to hear from students as they are more relatable and have that vital recent experience. The winning resources contained in this booklet showcase the talents and knowledge of medical students. They are designed to generate enthusiasm, raise awareness, provoke further thought and provide skills to help school students in their application to medicine. They emphasise GPs' ability to diagnose a wide range of complex conditions quickly and compassionately. They also reflect on the changing nature of primary care, highlighting that GPs work in teams with other health professions.

# Whose hat is that? & patient pathway puzzle

Designed by Surina Taneja and Vignesh Gopalan

## Format of the session

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Total time: 25-30mins

10 mins – Ice-breaker: Whose hat is that?

20 mins – Patient Pathway Puzzle

Materials needed

- One bingo hat card per pupil (Appendix 1).
- Presenting symptoms cards (Appendix 2). One set for the group leader.
- 18 patient pathway cards per group (Appendix 3).
- PowerPoint slides.

## Objectives

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To enable pupils to learn and better understand:

- The roles and responsibilities of a GP.
- GPs integrate into the wider healthcare system in the UK, calling upon knowledge from all other specialties to help them diagnose and treat their patients in the community – they must wear many hats!
- A wide range of symptoms are presented by patients to GPs.
- A GP can work in a team with other specialists to treat patients.
- Some of the decisions GPs must make about patient care.

## Learning outcomes

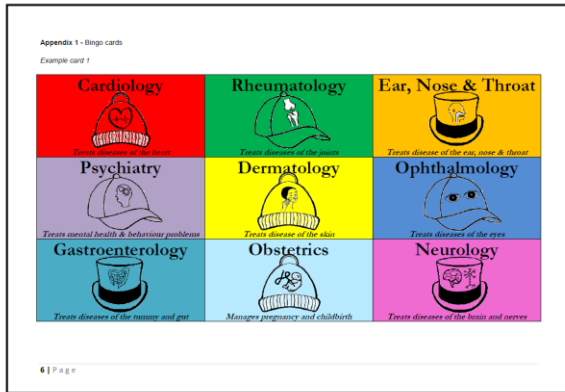
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Pupils will be better able to:

- Appreciate the challenge GPs face dealing with a wide range of symptoms and complex conditions requiring a general understanding of all specialties.
- Understand the difference between primary and secondary care, and the need to work as a team with other specialists.
- Understand what takes place in a GP consultation.
- Communicate in small teams.

## Whose hat is that?

### Instructions



Hand out one bingo card to each pupil at random. These cards are all different combinations of specialties.

They all have a description of the specialty underneath and an illustration to indicate what they do (for those unfamiliar with some of the specialties).

Explain that you have a pile of cards with different symptoms that patients may come to a doctor with.

Explain that you will read out the symptoms one by one and the pupils should tick off a specialty on their sheet if they think it is related

The symptoms may fall into more than one specialty category  
First pupil to tick off all the specialties and shout "BINGO!" wins!

### Suggested discussion topics after a "bingo" has been achieved

- Why was each specialty picked for each symptom?
- Could symptoms be put into other specialties?
- What do you think a GPs role is?
- Highlight the fact that the GP would normally deal with all of these presenting symptoms, and therefore they must wear many hats.
- Explain that GPs are part of "primary care", and that patients with these symptoms would normally see a GP first. Following this, patients would be referred to the specialists if needed- these specialists are part of "secondary care".

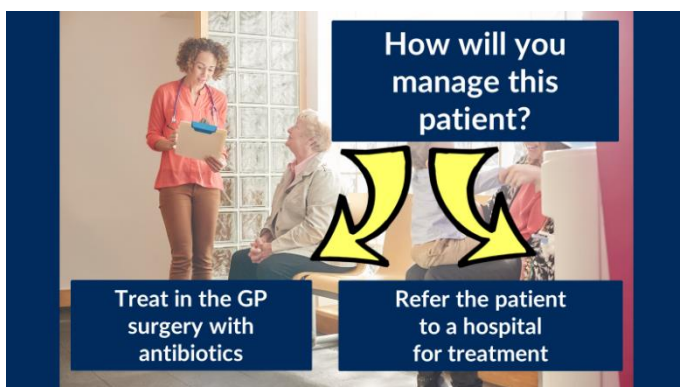
## Patient Pathway Puzzle

### Instructions

Introduce the character of Mr B – a 75-year-old who lives alone in his flat and has not been feeling very well for the last couple of days. He is quite short of breath and has a cough and fever.

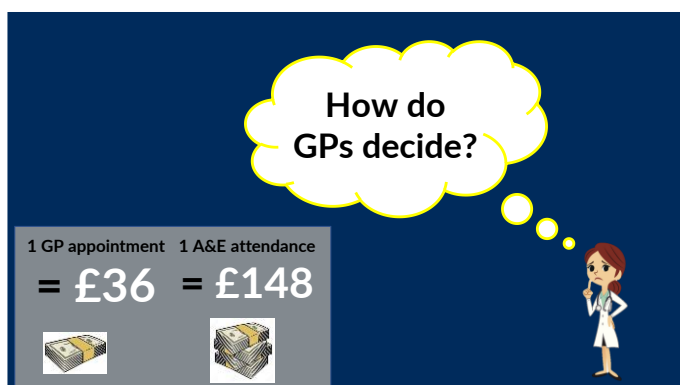
Ask the pupils to think about how Mr B will be looked after by his local GP service and explain the instructions for the patient pathway game:

- Split the class up into equal groups (five max per group).
- Hand out card one set of 'patient pathway cards' per group (appendix 3).
- Explain that the cards have different parts of the patient pathway on them and the groups must put them in chronological order.
- Explain that not everything on the cards can be done in the GP practice and they must decide which cards not to include .
- After the pupils have had some time to order the cards, go around the room discussing the orders and ask the pupils to justify them.
- Suggested discussion topics: How important is taking a history as a GP?
- What examinations and investigations can and can't be carried out in a GP surgery?



### Slide 2

End the game using the PowerPoint slides – discussing whether groups chose to treat Mr B at the GP surgery or at the hospital. Why?



### Slide 3

What is the benefit of seeing a patient in the GP surgery rather than in a hospital? Discuss costs/resources.

# CURB 65

Confused?	Urea level more than 7mmol/L	Respiration rate more than 30/min?	Blood pressure less than 90/60?	Age over 65 years old?
1	1	1	1	1

Total: 0 -1 = Treat at the GP surgery with antibiotics

Total: 2+ = refer to the hospital for further management

### Slide 4

Show pupils the CURB 65 score, explaining it is a tool GPs could use to help them guide how to treat patients with a chest infection

# CURB 65

Confused?	Urea level more than 7mmol/L	Respiration rate more than 30/min?	Blood pressure less than 90/60?	Age over 65 years old?
1	1	1	1	1

Total: 0 -1 = Treat at the GP surgery with antibiotics

Total: 2+ = refer to the hospital for further management

Mr B:  
Not confused  
Urea = 6.6mmol/L  
Respiration rate = 24  
Blood pressure = 110/80  
Age = 75 years

Total = ?

### Slide 5

Show the pupils the patients test results and ask them to work out the CURB 65 score

# CURB 65

Confused?	Urea level more than 7mmol/L	Respiration rate more than 30/min?	Blood pressure less than 90/60?	Age over 65 years old?
1	1	1	1	1

Total: 0 -1 = Treat at the GP surgery with antibiotics

Total: 2+ = refer to the hospital for further management

Mr B:  
Not confused  
Urea = 6.6mmol/L  
Respiration rate = 24  
Blood pressure = 110/80  
Age = 75 years

Total = 1 point

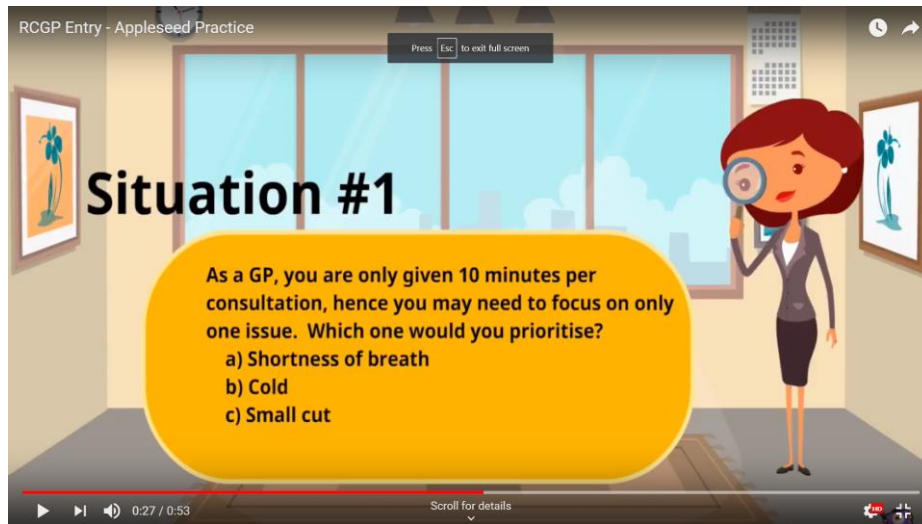
### Slide 6

Reveal the CURB 65 score for Mr B

With this new information would they treat Mr B in the GP surgery or hospital?

# Welcome to Appleseed Practice

Designed by Khadeza Abdul, Gawsalya Mahasivam and Sadia Zaman



## Format of the session

Total time: 30mins

Materials needed:

- Large screen for whole group to view and play video: <http://bit.ly/2qRaNn3>
- Handout (Appendix 4 printed for students' role play).

## Objectives

To enable pupils to learn and better understand:

- The roles and responsibilities of a GP.
- The structure of a 10-minute consultation, and how they must prioritise.
- The communication skills required by a GP

## Learning outcomes

Pupils will be better able to:

- Appreciate the challenges GPs face dealing with a wide range of symptoms within 10 minutes.
- Understand what patient-centred care means.
- Communicate in small teams.



## Instructions

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Pupils should ideally be split into groups of three. They are encouraged to think of team names and are told that they will be competing against each other.

### Situation 1

Provide background for video:

It's Monday morning, the beginning of a new week at your GP practice. You are a GP who has recently started working at Appleseed practice. Your first patient is Mr X.

Play video: <http://bit.ly/2qRaNn3>

Overview of video contents:

Mr X is a 30-year-old man, who complains of shortness of breath, a cold and a small cut. As a GP, you are only given 10 minutes per consultation, hence there is only enough time to discuss one of the problems.

Which one of the following would your team prioritise?

- a) Shortness of breath
- b) Cold
- c) Small cut

To discuss: Why did you choose your answer?

Answer: a) Shortness of breath

**Prioritising patients' issues is vital in a GP setting, often you have back-to-back appointments and spending more than 10 minutes with one patient can lead to a delay in another patient's appointment.**

### Situation 2

Hand out copies of Appendix 6 to four volunteers who will role play in front of whole group. Alternatively, small groups undertake the role play.

Provide background for the role play:

You take Mr X's history and deduce that he has asthma. Asthma is a health condition where a patient can sometimes find it difficult to breathe. The tubes inside their lungs can swell, and fill with mucus and as a result becomes smaller which makes it hard for the air to pass through. There can be different triggers causing asthma. You decide he needs an inhaler to manage his condition, and as he has never used one before, you need to explain to him how to use it.

**Effective planning and communication is essential when conveying information and can be used when communicating in any role - whether you decide to become a teacher, football player or a lab scientist!**

Pupils undertake role play. Then discuss the non-verbal and verbal communication skills employed.



Slide 7: Run through the PIKE mnemonic and ask the volunteers to identify in the script when this happened.

**Perception:** Doctors must establish how much patients know.

*Doctor: Shows asthma pump. Do you know how to use this inhaler?  
Patient: Nope*

**Information:** Why is it necessary to explain how to use the inhaler?

This helps to set the scene, structures the conversation and tells the patient what to expect. It's a good idea to gauge how much information you should give, and to offer to repeat information.

*Doctor: This is called an inhaler, and it contains the medication you need. The correct technique will help it deliver the correct amount. When you are having an asthma attack, or are finding it difficult to breathe you can use this. I will now explain how to use it as simply as I can, but if there's anything else you'd like to know more about you can stop me.*

**Knowledge:** Be explicit and avoid 'jargon' (a term which means specialised language which most people may not know). The doctor explained how to use the inhaler in a logical order.

*Doctor: Firstly, you open the cap, and shake the inhaler. after breathing out gently, make a tight seal with your mouth around the open end. Demonstrate this. At the start of inspiration, which should be slow and deep, press the small button on the top downwards and continue to inhale deeply. you should hear and feel the medication being puffed into your mouth. Inhale the medication and hold your breath for about 10 seconds, or as long as you can, so the medication can go into your lungs then breathe out slowly. Wait for a few seconds before repeating.*

**Emotion:** Understanding how a patient feels based on their body language is important; it is a GP's responsibility to realise that patients do not always express when they don't understand something, and to act upon this.

The better doctor recognised that the patient looked uncertain and reacted by involving them to check understanding, and aided their recall by asking them to motion the action. In addition, they gave them the opportunity to ask a question whilst also explaining the logic behind certain actions,

*Patient: Okay... \*looks slightly uncertain\**  
*Doctor: Can you show me how you would do this?*  
*Patient: Demonstrates*  
*Doctor: Yes, that's correct. Do you have any questions about anything?*

# A little bit of me & Clinical Whispers

Designed by Kiran Masaun

## Format of the workshop

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Total time: 30 mins

6 activities

Materials needed

- Appendix 5 and 6 printed off one per pupil.
- Appendix 7 one copy required, cut up.
- GP Holmes- PowerPoint presentation.

## Objectives

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To enable pupils to learn and better understand:

- Key characteristic traits of a GP and identify these traits in themselves.
- The preconceptions of what a GP is, and that the career is accessible.
- What excellent communication skills are.
- How vital a time efficient yet accurate “handover” is within a multidisciplinary team and the impacts of a successful handover.

In addition, pupils will complete a mini clinical skills task measuring heart rate and recording pupillary reflex.

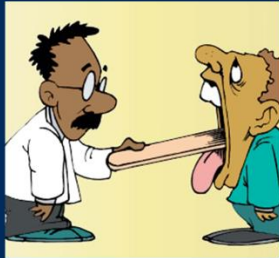
## Learning outcomes

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Pupils will be better able to:

- Recognize the importance of good teamwork in general practice and its importance in achieving a common goal.
- Identify the required pieces of information required when history taking
- Adapt their communication to different groups

## Instructions



Questionnaire

### Slide 8

Hand out questionnaire (appendix 5) pens required.

Pupils must rate the common traits of a GP on a scale of 0 – 10 based on how much they think it applies to them.

- 1) Measure and record your neighbours heart rate
- 2) Test your neighbours pupillary reflex

### Slide 9

Handout copies of Appendix 6 'Do I have the skills?'

Pupils should follow the instructions on the handout to practice taking their partners pulse and the reflex of their partners pupils.

It is good practice as a GP to explain what they are going to do and gain permission from their "patient" to do so. The aim of this task is to practise similar investigatory skills that would be required to take clinical histories, one of the most vital skills a GP uses daily and the main tool for diagnosis.

## Clinical Whispers

Split into groups of 5.

Hand out one section of appendix 7 to each of the five (pupils A to E) in each group. Pupil A will whisper their part (the "presenting complaint") to pupil B who will have to remember this and add their own part, whispering both pieces of information to pupil C and so on. Pupil E will have to present the case trying to recall all the information from the five parts. The winner will

be the team that most quickly and accurately presents this case. If more time is available, a second round could be added where pupils are able to take their time in delivering the information and winners are picked solely on accuracy of information. A third round could allow pupils two write down three words during the game that might prompt them to remember essential information. This

final third round will act to show how one might improve a “handover” to be efficient. Appendix 7 is an example of myocardial infarction/ heart attack.

## What did I do on my holiday? ... You are GP Holmes ...

Slide 11

The whole group must ask a series of questions to find out what “the facilitator” recently did on their holiday. This is a more familiar and less intimidating scenario where pupils will need to elicit the relevant information similar to how a GP must ask the right questions to enquire about patient symptoms and take their history.

How many did you get?



Checked into hotel and got a room upgrade

Flight was delayed by 2 hours

Spent 2 nights in Egypt  
2 nights in Rhodes  
2 nights in turkey

Got food poisoning on day 3

Almost fell off riding a camel

Went shopping in Rhodes and had pistachio ice cream


Went inside a pyramid and got very claustrophobic

Went to see Ephesus - ancient greek site in turkey

Slide 12

The example on this slide could be used by the facilitator to answer pupils' questions.

### What do GPs do?




FAMILY GUY  
FOX (TV-14)

Slide 13

What we do as a GP:

As a group, pupils will offer suggestions of the complaints that each member of the Griffin “Family Guy” family may present to a GP.



Obesity - lifestyle advice about diet and exercise

Alcoholism - life advice and help to cut down

Diabetes - diagnose, treat and monitor


Liver cirrhosis - diagnose, treat and monitor

Heart disease - diagnose, treat and monitor

High blood pressure/hypertension - screen, diagnose, treat and monitor

Slide 14

For example: Peter Griffin as an obese alcoholic and may see a GP for health promotion advice.



Fever

Vomiting

Macrocephaly - a large head

Autism - liaise with specialists and school

Vaccinations

Not reaching milestones

Cough

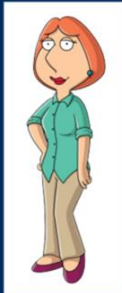
Rash

ADHD - liaise with school

Irritability/inconsolable

This task hopes to highlight the privilege of being able to get to know and treat an entire family, as a GP.

We will work alongside community health visitors and midwives when babies are first born and will support the parents and child thereafter.



Advice during pregnancy

IBS


Post natal depression

Mental health services

Advice during pregnancy

Menopausal advice

It will show the pupils that the role of a GP is a varied specialism that demands you to use a broad range of knowledge every day, where patients can present uniquely with diverse diagnoses.



contraception

Glandular fever - kissing disease

Bullying - liaise with school

Mental health services

IBD

Asthma

Vaccinations

Type 1 diabetes

Epilepsy

Meningitis

Learning difficulties

Teenage and childhood obesity

At the end, the possibility of specialising in an area of interest as GP will also be highlighted as one of the many advantages.

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# Appendices



Appendix 1 Bingo Hat cards

## Cardiology



*Treats diseases of the heart*

## Rheumatology



*Treats diseases of the joints*

## Ear, Nose & Throat



*Treats disease of the ear, nose & throat*

## Psychiatry



*Treats mental health & behaviour problems*

## Dermatology



*Treats disease of the skin*

## Ophthalmology



*Treats diseases of the eyes*

## Gastroenterology



*Treats diseases of the tummy and gut*

## Obstetrics



*Manages pregnancy and childbirth*

## Neurology



*Treats diseases of the brain and nerves*

Appendix 1 Hat cards

## Infectious Disease



*Treats infections*

## Cardiology



*Treats diseases of the heart*

## Ear, Nose & Throat



*Treats diseases of the ear, nose and throat*

## Dermatology



*Treats disease of the skin*

## Respiratory



*Treats disease of the lungs*

## Orthopaedics



*Treats bone disease and mends fractures*

## Ophthalmology



*Treats diseases of the eyes*

## Haematology



*Treats diseases of the blood*

## Neurology



*Treats diseases of the brain and nerves*

Appendix 2- 'Presenting symptoms' cards

**Asthma attack**

**Earache**

**Chest pain**

**Weight loss**

Appendix 2- 'Presenting symptoms' cards

**Fever**

**Vomiting**

**Headache**

**Red eye**

Appendix 2- 'Presenting symptoms' cards

**Low mood**

**Blurry vision**

**Dry skin**

**Tummy ache**

Appendix 2- 'Presenting symptoms' cards

**Lump on skin**

**Constipation**

**Back pain**

**Painful knee  
after a ski trip**

Appendix 2- 'Presenting symptoms' cards

**Becoming  
forgetful**

**Weakness in  
legs**

**Feeling unwell  
in pregnancy**

**Cough**

Appendix 2- 'Presenting symptoms' cards

**Rash**

**Tiredness**

**Diarrhea**

**Allergic  
reaction to  
nuts**



Appendix 2- 'Presenting symptoms' cards

**Hallucinations  
(seeing or  
hearing things  
that aren't  
there)**

**Nosebleed**

**Painful joints**

**An infected  
wound after a  
recent  
operation**

Appendix 3- Patient pathway cards

<b>Mr B is feeling unwell with a cough and some shortness of breath for the last two days</b>	<b>Count the respiratory (breathing) rate</b>	<b>Check oxygen levels</b>
<b>Mr B makes a GP appointment with his local GP</b>	<b>Measure temperature</b>	<b>Try and grow the infection-causing bugs in the spit</b>
<b>History of Mr B's symptoms</b>	<b>Measure blood pressure</b>	<b>Check oxygen levels</b>
<b>Listen to the lungs with a stethoscope</b>	<b>Do a chest x-ray</b>	<b>Try and grow the infection-causing bugs in the spit</b>
<b>Do some blood tests</b>	<b>Try and grow the infection-causing bugs in the blood</b>	<b>Take a urine sample</b>
<b>Admit Mr B to hospital</b>	<b>Give Mr B antibiotics in the GP surgery</b>	<b>Tell Mr B he will be fine and send him home to rest</b>

## Appendix 4 Appleseed Practice Role Play Handout

### Role play 1: Good communicator

**Doctor:** Shows asthma pump. Do you know how to use this inhaler?

**Patient:** Nope

**Doctor:** This is called an inhaler, and it contains the medication you need. The correct technique will help it deliver the correct amount. When you are having an asthma attack, or are finding it difficult to breathe you can use this. I will now explain how to use it as simply as I can, but if there's anything else you'd like to know more about you can stop me.

Firstly, you open the cap, and shake the inhaler. after breathing out gently, make a tight seal with your mouth around the open end. \*Demonstrate this\*. At the start of inspiration, which should be slow and deep, press the small button on the top downwards and continue to inhale deeply. you should hear and feel the medication being puffed into your mouth. Inhale the medication and hold your breath for about 10 seconds, or as long as you can, so the medication can go into your lungs then breathe out slowly. Wait for a few seconds before repeating.

**Patient:** Okay...\*looks slightly uncertain\*

**Doctor:** Can you show me how you would do this?

**Patient:** \*Demonstrates\*

**Doctor:** Yes, that's correct. Do you have any questions about anything?

**Patient:** No thank you!

**Doctor:** Okay Mr X, thank you for coming in!

### Role play 2: Poor communicator

**Doctor:** So this is an asthma pump. You've probably seen it before, since loads of people have asthma. You basically put it in your mouth and press down on the top bit. Demonstrates. Then you wait for a bit so the medication goes in and hopefully you should be ok afterward. Do you understand?

**Patient:** I think so. *{looks uncertain}*

**Doctor:** Okay, good!

## Appendix 5: A little bit of me questionnaire

Circle a number 0 – 10, 0 being not like you at all and 10 being a trait that is very much you.

Section	Item	What I likely do	Score	Section total
A	1	I actively listen to what others have to say		
	2	I am prepared and organised		
	3	I communicate clearly and with confidence		
	4	I am assertive, whilst being both respectful and polite		
B	5	I am kind, caring and compassionate		
	6	I am warm, friendly and approachable		
	7	I am open and honest, providing constructive advice where necessary		
	8	I see things from the perspective of others		
C	9	I am a leader and team player		
	10	I am good at observing and listening to others		
	11	I am full of ideas and consider the thoughts of others		
	12	I question why things happen and provide feedback on how the team is working		
D	13	I am good at problem solving and critical thinking		
	14	I have an eye for detail and excellent observation skills		

	15	I have a good memory and can concentrate for large periods of time.		
	16	I am good at asking important questions, recording clues and taking notes		
	17	I am a good communicator		
E	18	I like to share my knowledge		
	19	I like to learn new skills and teach others		
	20	I comfortable speaking to people on their own and in large groups		

## Appendix 6 Do I have the skills?

This is a small taster of some of the clinical skills you might do as a GP.



### Record your neighbours heart rate using their radial pulse

This is the pulse you feel on your wrist [see diagram]

Feel the pulse to see if it feels regular

Count how many beats of the pulse you feel in 1 min = neighbours

Heart rate

### Check your neighbours pupillary reflex

The pupil is the black dot in the middle of your eye

Use the torch to check your neighbours' pupil's reaction to light

What happens to the right pupil when you shine the light into the right eye?

What happens to the pupil when you remove the light?

What do you think will happen to the pupil of the left eye when you shine the light into the right eye?

What happens to the pupil of the left eye when you shine the light into the right eye?



### Tick the correct box

Shine light:	Pupil gets bigger	<input type="checkbox"/>	Pupil gets smaller	<input type="checkbox"/>
Take light away:	Pupil gets bigger	<input type="checkbox"/>	Pupil gets smaller	<input type="checkbox"/>
Shine light into Right eye:	Left pupil bigger	<input type="checkbox"/>	Left pupil smaller	<input type="checkbox"/>

## Appendix 7 Clinical whispers

John Smith, a 55-year-old, male patient has presented to GP with central crushing chest pain that moves into his arm and jaw, he is pale and sweaty.

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John was rushing out of the house for work in the morning when the pain started, he came straight to the GP practise because he has a sense of impending doom. He rates his pain 9/10, he is short of breath and vomited on his way in to the practice.

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John has a medical history of hypertension and hyperlipidaemia. He is currently taking Ramipril and Atorvastatin.

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John's dad had a heart attack when he was 58years and John's mum has type 2 diabetes.

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John is a construction worker and is worried about losing his job. He lives at home with his wife and 2 teenage children and is the primary earner in the house. He smokes 10 cigarettes a day and has fish and chips once a week.