

"GP Near Me"

A teaching session designed to solve the conundrum of increased student numbers and exposure to authentic General Practice.

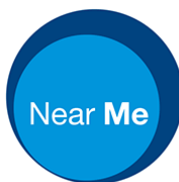
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Introduction: Early real-life patient contact is important for medical students¹. Due to a lack of patient contact by students during COVID-19², and due to issues with workforce teaching capacity³, we need to provide students with an alternative, authentic face-to-face patient contact.

We now deliver novel teaching, allowing our third-year students, in a supported and secure manner, to undertake, rather than observe, remote live consultations themselves. To deliver this, the University of Aberdeen worked in partnership with NHS Near Me, an NHS video consulting service.

A group of 8-10 students are situated at the University with a GP tutor. They connect via Near Me to a local GP surgery. With a GP present at the surgery, 2 students at a time undertake consultations with patients attending for booked appointments.



Aims: The aim of the study was to develop student-led learning outcomes of the interactive GP consultation video teaching session. The study design was qualitative, utilising convenience sampling and a semi-structured focus group.

Methods: We initially invited 20 students and thereafter recruited 5 students who were from diverse ethnic, undergraduate and postgraduate backgrounds to the focus group. Using the guide suggested by Malterud, Siersma and Gasssora⁴, it was felt this was an adequate sample size.

The recorded audio data was transcribed and reflexive thematic analysis was performed on the data by the lead researcher⁵.

Results: In our previous study on remote teaching sessions, GP Live⁶, students were able to clearly identify four learning outcomes. We expected similar results for the current study; however, GP Live did not involve patient-student interactions.

Upon conducting a Thematic Analysis, the narrative of this interactive consultation teaching session proved to be different and unexpected.

Rather than proposing traditional learning outcomes, students suggested themes that contributed to creating a safe learning environment for this novel and transformative challenging session.

These findings may assist Undergraduate and Postgraduate tutors in developing safe, resilient, and cost-effective consultation teaching sessions, with the assurance that they have considered the student perspective.



It's OK to be Uncertain

Students identified that simulation and prerecorded videos felt too safe

"We also very often get on videos some of those very obvious symptoms that lead to one very likely unquestionable diagnosis whereas with the real life that's not really the case most of the time."

They identified the session as a natural way to progress to clinical years

"So third year is almost like a nice intermediate year where if you can get a balance of seeing patients and maybe a bit of the online stuff to help facilitate talking to each other more than open environment to discuss just before we reach fourth year, I have no issues. Yeah, a good warm up."

They felt that shadowing a GP set the scene for this session "Yeah, I would say the shadowing kind of set the foundation for actually doing the consulting, because the shadowing, for us too, it wasn't really that interactive"

The session was Transformative, with a clear step change

"So the way I'd describe it is the observing part is almost like learning how to ride a bike with the training wheels.

And then the interactive part was the next stage where you remove the training wheels but you've got someone guiding you along.

And then the last stage is when you kind of do it yourself where the GP pushes you off and you ride."



It's OK to be Emotional

Students described a teaching session during which they underwent a huge range of Emotions

Some were negative - nervous, anxiety, surviving, stress, fear of disappointing, pressure, terrified.

"Like I say, I was quite nervous"
"You're like in survival mode kind of feeling"
"So yeah, I felt pretty stressed"
"I'm afraid to disappoint them"
"Was a kind of extra pressure, I was a bit scared at first"

There was a Rollercoaster of Confidence

"It's like I don't know anything. And then as the patient comes in it's like, wait a minute, we know a bit more."

But a lot were positive - Reward, Satisfaction, Pride.

"The fact that we kind of got there in the end with the right conclusions that both doc and the GP had with us agreed that this is the steps they would also take I think was a very, very rewarding feeling."

"Honestly if I was doing our session, as I said I think we all done really well.

If we were first years looking at each other I think we'd be like "Wow, I want to get to that level"



It's OK to Not Know Everything

Students sometimes were initially uncomfortable with not knowing everything

"you're very early stage medical students, you're more than likely to mess up at some point."

"You look at GPs, look at doctors and they're like, they know all the answers."

They understood some of the reasons behind that

"It was very much more focused, especially like our patient was like came in with fairly focused symptoms and we still kind of ended up not having a conclusion what's wrong with him because it was just not very easy case"

Being part of a group mitigated it

"Yeah, it's more supportive environment. It's like, oh yeah, this is a mistake I could have easily made as well. Or actually maybe seeing someone else makes you realise, oh, I have to be aware of not making that."

"And there was times when there were certain questions asked by peers that we took them and went like, I don't think that's entirely relevant to this case. And so then were kind of picking up on it and learning from seeing that contrast between the two."

Not knowing increased realism

"It's not only made it more realistic in terms of what to expect but also again it removes that pressure that we feel like we have to know everything"



It's OK to Not Be There Yet

The students knew they were not ready to consult at the pace of a GP

"The time is really very, very precious. We had half an hour-ish with each patient. That's not really going to happen in GP. So kind of knowing how much you have to narrow down the line of questioning you're having."

They knew they needed to build a bank of illness scripts

"So I think the more we actually do see real patients with real life and other issues the better you get."

"It will also come with experience I'd say, having maybe 200 patients with that will come with not perfect examples"

Having a supportive GP present was helpful

"They took time to ask the GP was with us, or actually in the case of that patient, how would you differentiate and how would you know what's more like in this situation?"

There was positive GP Role Modelling in abundance

"Getting to know what GP work life is, I'm just exposed to see how they work and I might eventually go into GP."

"Well, when I was observing them, well in my mind I was like, wow they are way better than me. They know so much, they know this and that."

"(I) can appreciate... the benefits of choosing general practice over hospital specialities, so yeah, definitely went from absolutely not to potentially maybe."



Conclusion

The story that evolved from the thematic analysis was one of a teaching session that could have been extremely negative, harmful and challenging for the students. They were in at the deep end undertaking GP consultations with real-life patients live over video. They described a number of negative emotional responses.

However, they described the session as "Definitely one of the highlights of the year in terms of in person teaching"

There were elements of the session that students identified as providing a safe learning environment where they could just 'jump in'.

These factors included peer support and discussion within the group, which was facilitated by Near Me, allowing them to be in a separate room.

It also including having a supportive tutor at both ends, who was able to reassure the students that it was OK to be uncertain and it was OK not to know sometimes.

We offer students challenging transformational learning opportunities. They seize the chance to make mistakes in them and reward teachers by demonstrating a step change in the application of their range of skills. It's OK for them to want to be in safe teaching environment to do so.



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