GP TELEPHONE SCENARIOS GUIDE

BACKGROUND

This scenario library has been created with funding and support of the NHS Health Education Thames Valley (HETV), which supports a number of Simulation Fellowship projects every year. This project led to the design and creation of this training resource, consisting of 8 telephone simulation scenarios for GP trainees starting their first GP placements. Induction programmes in GP surgeries are integral to helping trainees transition from working in a hospital environment to general practice. However, starting a GP placement for the first time remains a challenging time for trainees. Simulation provides an opportunity to develop confidence and skills in handling situations before they are encountered in real practice. It is an ideal learning technique to help support trainees as they start their first GP placements.

The topics covered in the scenarios were chosen following discussions about challenging areas when first starting a GP placement with focus groups of ST1/2 GP trainees before and after their first GP placements.

Each scenario is comprised of background material, sufficient information for faculty to prepare for and conduct the scenario, and a resource section for the participants. All the references in each scenario are freely available, and an electronic link is provided. Any peripheral material useful for running the scenario, such as drug charts, etc, would need to be provided locally.

USING THE SCENARIOS WITH A TRAINEE GROUP

The scenarios follow a standardised template:

- Background
- MRCGP competences and curriculum coverage
- Learning objectives
- Scene setting
- Doctor briefing
- Patient briefing
- Conduct of scenario - a pictorial pathway of how the scenario is expected to unfold
- Debriefing:
  - Points for further discussion. Information for the facilitator outlining areas that the scenario intends to cover
- Handout:
  - A handout on the important areas covered by the scenario that can be printed out to give to trainees at the end of the session.
- Pre and post teaching self-assessment questionnaires
- Trainee feedback
- Facilitator feedback
PREPARATION AND INTRODUCTION

Beforehand - Print out scenario handouts, self-assessment questionnaires and trainee feedback. Bring a flip chart and pens and a telephone to use as a prop if possible.

 Arrange the trainees’ chairs so they are sitting in a circle.

 Explain the idea of the session is to try out some telephone consultation scenarios based around common areas of worry for trainees new to general practice. The idea is to learn from each other as a group and try out situations in a safe environment so when they are then encountered in real life it’s easier.

 SELF-ASSESSMENT QUESTIONNAIRES (OPTIONAL):

 Ask the trainees to fill out the pre-teaching questionnaires for each of the modules to be covered in the teaching session. The questions are based on the intended learning outcomes for each module. The post-teaching questionnaire filled out at the end is the same questions and comparing the two can be used to demonstrate whether improvement has occurred in the self-rating.

 The pre-teaching questionnaire can also be used as a tool to help trainees identify the areas in which they are least confident. When the facilitator is requesting a volunteer for the doctor in a scenario they can ask that trainees look at their scores and request those who rated themselves as not confident in an area volunteer.

 GP01 TELEPHONE CONSULTING:

 It is important to use this module first with the group. This module follows a different format to the others as it introduces the idea of the scenarios and of telephone consulting. There are two scripted scenarios showing a ‘bad’ and a ‘good’ telephone consultation. Volunteers read the parts of receptionist, doctor and patient. The doctor holds the telephone prop. Using scripted scenarios in the first module breaks the ice and allows the group to gradually become more comfortable with simulation.

 The module introduces Neighbour’s consultation model which is used for the debriefing notes and handouts of all the modules. Neighbour’s model should be a theme to constantly refer the trainees back to throughout all the modules. In this first module the facilitator writes on a flip chart the 5 headings of the Neighbour model and leads a brainstorm about what needs to be covered in each. This should be kept to refer back to throughout the other modules.

 OTHER MODULES:

 Explain that you are going to be asking for volunteers for the scenarios and that they aren’t scripted. Encourage people to have a go and do what they would normally do. There are no tricks and it’s not real patients so it doesn’t matter if someone makes a mistake, they can try things out and learn by doing this.

 To make it less daunting for trainees to volunteer, explain that if at any point when they are the ‘doctor’ they get stuck / nervous / run out of things to say they can put the patient ‘on hold’ by holding the telephone prop up in the air and then it will be passed on to someone else. The facilitator may also ‘pause’
the scenario for discussion or to swap the ‘doctor’.

Ask for trainees to volunteer to be the doctor and the patient. Encourage the trainees to look at their pre-teaching questionnaire and if they scored themselves as not confident in the areas covered by the module to volunteer to be the doctor. Alternatively in a large reluctant group, names could be pulled out of a hat to assign roles.

Give the doctor and patient their briefing summaries. The patient briefing summaries have been written to include sufficient information so that a trainee can play the patient role. Sit the patient just outside the trainee circle so they cannot be seen by the doctor but can be easily heard by the group. Ask the doctor to read out their briefing summary to the group. Advise the rest of the group to listen to the scenario and think about how it is or isn’t covering the Neighbour areas and think about what they would say in the same situation.

Run the scenario.

At any point the scenario can be paused by the facilitator or the trainee playing the doctor. The doctor can put the patient ‘on hold’ as described above. The facilitator then requests a volunteer to take over as the doctor and the scenario resumes from where it left off. The facilitator may also chose to ‘pause’ the scenario and swap in another trainee if they feel the doctor is struggling or if they think there are other areas to cover or other ways of doing the consultation. For example the facilitator could say ‘does anyone else have anything they want to ask the patient?’ or ‘would anyone else say something different to the patient / have done things differently?’ and pass the telephone prop over to a new volunteer doctor so that alternative strategies can be tried.

At the end of the simulation the facilitator debriefs the scenario. The debriefing notes detail areas the module intends to cover. The facilitator should aim to refer the trainees back to the areas of the Neighbour consultation model and facilitate discussion around these.

For more detailed information about using simulated patients with GP trainees see The Essential Handbook of GP Training and Education¹.

**LARGER GROUPS**

The scenarios work best in small groups of around 6 trainees. With a larger group, to maintain energy, split into buzz groups for the areas of discussion before coming back to a larger group.

**FEEDBACK FORMS:**

The trainee feedback forms can be used by individual trainees or one filled in following a group discussion.

If there are comments that would improve the modules from the trainees or the facilitators please e-mail suziegill@doctors.org.uk so updates can be made.
REFERENCES


2. Neighbour’s R; The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliff Medical Press. 2004


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