



Whole-of-Practice Teaching Models in Rural General Practice: Not just filling the gaps

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Dr Natalie Radomski

Co-authors: Ms Pam Harvey, Professor Geoff Solarsh, Dr Dennis O'Connor and Ms Kylie Cocking

Monash University School of Rural Health

Research context

- Regional Clinical School in North Western Victoria, Australia
 - Year Four undergraduate community-based medical education program
 - Integrated curriculum model
 - Students spend 18 weeks in both a rural and regional setting
- Extensive community engagement process put in place to develop the CBME program:
 - **Emphasis on relationship building and whole-of-practice involvement in program implementation**
- Integrated CBME program began in 2010

Why this study?

- Sustaining rural general practices as centres for teaching excellence is a growing priority (Walters & Worley, 2006; Lawrence, et al., 2010)

Increasing focus on:

–educational continuity

–vertical integration of GP teaching (Stocks et al., 2011; Ash et al., 2012)

–strategies to strengthen GP teaching infrastructure and professional development



Why this study?

- Many studies focussed on apprenticeship models of GP teaching and clinical supervision (Thomson, et al., 2011; Walters et al., 2011)
 - educational methods
 - benefits for learners, GP supervisors and patients
 - organisational pressures and challenges - *e.g. time, cost, supervisor workloads, rural workforce needs*
- Fewer studies investigating the roles and contributions of *all practice staff* in facilitating shared models of clinical learning and teaching in the general practice workplace (Pearson & Lucas, 2011)



Research questions

1. How are the rural general practices implementing the Year Four CBME program?
2. What makes rural clinical placements sustainable in rural general practices over time?



Methods

- An exploratory multi-site, qualitative study
- Site visits over a period of 6 months
- 18 semi-structured individual interviews with GP supervisors, practice nurses, allied health clinicians and practice administrators in five rural practices.
- Naturalistic approach
 - focussed on clinical workplace
 - have not tried to control or change the phenomenon of interest
 - needed a flexible approach



Data analysis

- All interviews audio-taped, transcribed and returned for checking by participants
- Data reduction and matrix display
- Coding and clustering of data items
- Comparative analysis and pattern generation (including cross-checking of data categories by researchers)
- Triangulation with medical education literature

Results

- A diversity of educational contributions and supervisory relationships underpinning CBME program implementation.
- The proactive involvement of practice administration staff was a recurring theme:
 - Practical planning and systems development
 - Student integration into the clinical workplace and local community
 - **Intermediary work**
 - **Tracking student learning over time**
 - **Professional formation**

Intermediary work

- *We try to give students ...perhaps a patient who's got a varied history ... we try to help them that way (Receptionist)*
- *As we get new allied health providers in the practice ...it's just taking the student to sit with them...to embrace the idea...encourage them (Administrator)*
- *I meet with the medical students...[to ask them] what do you want to discuss with GP supervisor (Administrator)*
- *...I get that feedback...I can ask the students and I can ask the doctors 'how did it go, what do you think' (Practice Administrator)*

Tracking student learning over time

...I like to know where the students are ...ask them how did you go at such and such... (Practice Manager)

I mentor some students... If they're sick they also have to let me know...I'm the one they come to...I can send students to the right person...(Administrator)

If I notice a student not seeing something ...I go... we're sort of falling down...are we ticking the right boxes? (Practice Manager)

Professional formation

- *If students go to a community-based service ...they don't see the point ...we say...we want you not to just learn the medical model, there's a social model of health and people have welfare needs (Administrator)*
- *The practice as a whole has a greater sense of ownership of students...a greater sense that we actually shape them (GP supervisor)*
- *Its about ...showing students how good General Practice can be, how rewarding (Administrator)*

Discussion

- Our study challenges narrow definitions of learning and teaching in general practice settings
- A diversity of informal and formal educational contributions that shape student learning and sustain clinical placement activities
- Active guidance and mediation of student learning in the workplace comes from many sources
- Not to displace the pivotal role of GP teaching – learning with and among others in the workplace

Conclusion

- Administrative staff contributions to clinical learning and teaching in GP settings are not well articulated in the literature:
 - part of the infrastructure and resources needed to support clinical placements (Larson & Perkins, 2006)
 - ‘support staff’ (Docking, Haydon & Cheah, 2012)
 - a necessary part of a positive learning environment and learning culture (Pearson & Lucas, 2011)
 - a practical resource
- Our study highlights a richer, group view of the educational roles and contributions of practice staff

References

1. Ash, J., Walters, L., Prideaux, D., & Wilson, I., (2012). The context of clinical teaching and learning in Australia. *MJA*, 196 (7), pp.1-4.
2. Docking, D., Haydon, D., & Cheah, C. (2012). Trainees in the practice. *Australian Family Physician*, 41 (1), pp. 14-17.
3. Larsons, K. & Perkins, D. (2006): Training doctors in general practice: A review of the literature. *Australian Journal of Rural Health*.14, pp.173-177.
4. Lawrence, C., Black, L., Karnon, J & Briggs, N. (2010). To teach or not to teach? A cost benefit analysis of teaching in private general practices. *MJA*, 193, 10, pp. 608- 613.
5. Pearson, D. & Lucas, . (2011). What are the key elements of a primary care teaching practice, *Education for Primary Care*, 22, pp.159-165.
6. Walters, L., & Worley, P. (2006). Training in rural practice: Time for integration? *Australian Journal of Rural Health*.14, pp.171-172.
7. Stocks N., Frank, O., Linn, Anderson, K., & Meertens, S. (2011). *MJA*, 194, 11, S75-S78.