

What do GP supervisors want to teach?

Paper 1033



Dimity Pond (presenter), Cathy Regan, Ayesha Siriwardena, Jessica Fitch, Katie Fisher, Kathleen Wild, Gabriella Penna, Miriam Grotowski, Jennifer May, Natasha Walker, Joseph Fletcher, William Gunning, Jeremy Bramston, Michelle Guppy, Nicole Ryan, Brian Jolly

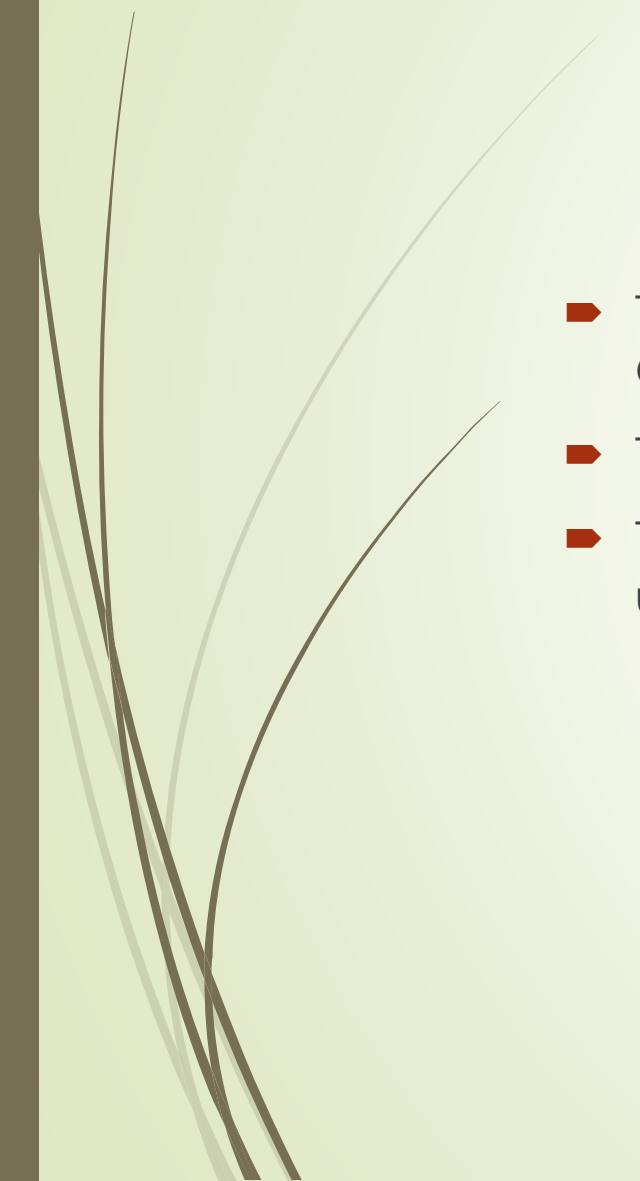


Declaration of interests

- I am an honorary academic at the University of Newcastle, and until recently was employed there. Part of my job was to teach medical students.
- I am a practising GP and this may affect my interpretation of the results
- I teach GPs and GP registrars regularly – particularly about aspects of elderly care including dementia. I am sometimes paid for this work by Dementia Training Australia.
- This study was funded by the Valley to Coast Charitable Trust. This trust was set up by a postgraduate GP training organisation.



Objectives of the study

- To gain an understanding of what GP supervisors (of medical students and GP registrars) think is important for students to learn whilst on GP placement.
 - To explore how these findings can be incorporated into our curriculum
 - To explore how the skills taught in our existing teaching modules can be used to teach these new topics
- 



Background

- The University of Newcastle has over 450 GP supervisors across urban and rural areas.
- Most of the supervisors work in small private GP practices in the community. They take students for up to 5 weeks at a time in their practices. They do not have patient lists but take patients who choose them on the day
- Students usually spend much of the time “sitting in” with the GP while they either see patients or telehealth with patients due to covid restrictions
- Sometimes students “sit in” with members of the primary care team including the GP practice nurse, allied health professionals at the GP practice, the pharmacist or the staff at the front desk, to learn aspects of these tasks



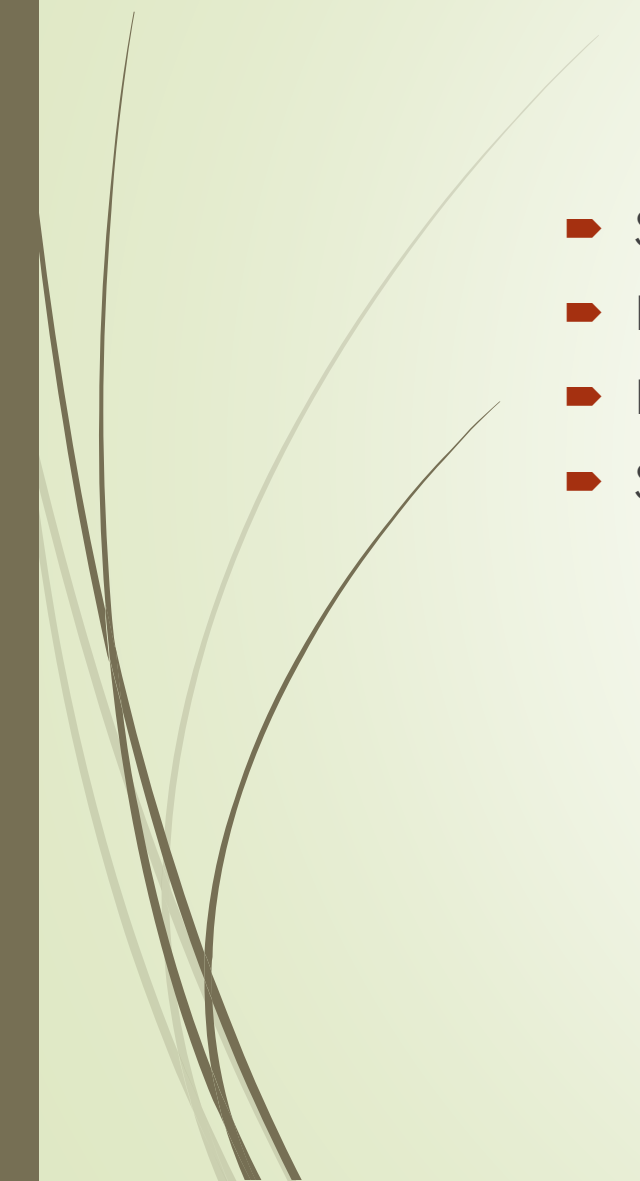
Methods

- A qualitative research study was conducted. This involves interviewing consenting GP supervisors of medical students via Zoom. Fourteen interviews (10 female, 4 male) were completed using an interview schedule and prompts
- Interviews were recorded and automatically transcribed. Transcriptions were checked for accuracy.
- Transcripts were coded by 2 student researchers independently then discussed using a constant comparative method by both students and their supervisor until agreement was reached
- A larger group including GP academics and GP supervisors explored the codes and agreed upon groupings into themes.

- Further exploration of supervisors' views will be conducted via survey when the supervisors are less preoccupied with Covid




Main themes

- Standard Medical school curriculum
 - People and personal skills
 - Practical realities of being a doctor
 - Student centredness
- 



Standard medical school curriculum

- Big picture frameworks
 - Specific theoretical knowledge
 - Common gaps in knowledge
 - Special interest areas
 - The building blocks of the consultation
 - Practical skills
-
- Quotes from interviews on the next slides



Practical GP skills: Well, again, it gets down to some of the process stuff about using time as a diagnostic tool, for instance. So, the diagnostic frameworks are different I think.

Common gaps: Well, I think the whole thing about continuity of care tends to be a gap because placements aren't long enough.

The building blocks of the consultation: So, to some extent history taking is more important in general practice than probably anywhere else in medicine because you have to rely upon your wits and eliciting the right sort of information.


Big picture frameworks: that gives an "ah" moment, that allows the student to suddenly make sense of what was previously chaos. Or to be able to articulate explicitly something which is there and felt, but not necessarily, explicitly, understood because you guys, for example, haven't tripped over that thing enough times to have really been able to shell it out or focus on it.



People and personal skills

- The doctor patient relationship
- Soft skills eg difficult consultations
- Patient centredness
- Personal attributes of the doctor

- Quotes from interviews on the next slides



The doctor patient relationship: In a hospital setting you can kind of steamroller them, right? They're yours, the meeting is on your terms and you may completely fail to acknowledge what the patient's problem is or concerns are, you're too wrapped up in your diagnostic process.

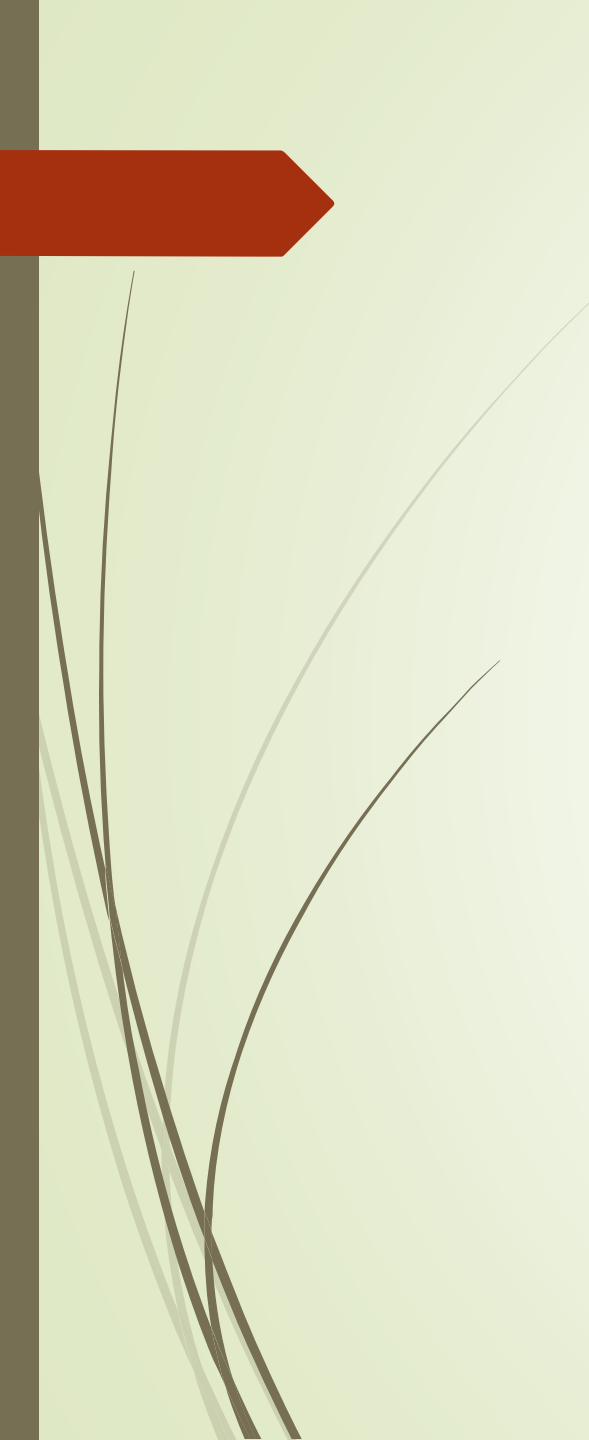
Patient centredness: In general practice, your patients do go away. So, you have to almost start with a human relationship that then incorporates the medicine, you can't go straight to the medicine.

Personal attributes of the doctor: moving beyond the idea that as a doctor I have to know everything and actually being comfortable with your limits



Practical realities of being a doctor

- Teamwork in general practice/people to learn from
- How the health system works
- Medico legal issues
- Ethical issues
- GP as a business
- Understanding the context in which you are practising
- Quotes from interviews on the next slides



GP as a business: *There is, potentially, how to be a manager of people, running a business, regulatory stuff that you're constrained by, and so on. Because in hospitals you won't get a lot of exposure to that because there's a management hierarchy for all of that, whereas as a GP you're wearing all of those hats, you're all of those things*

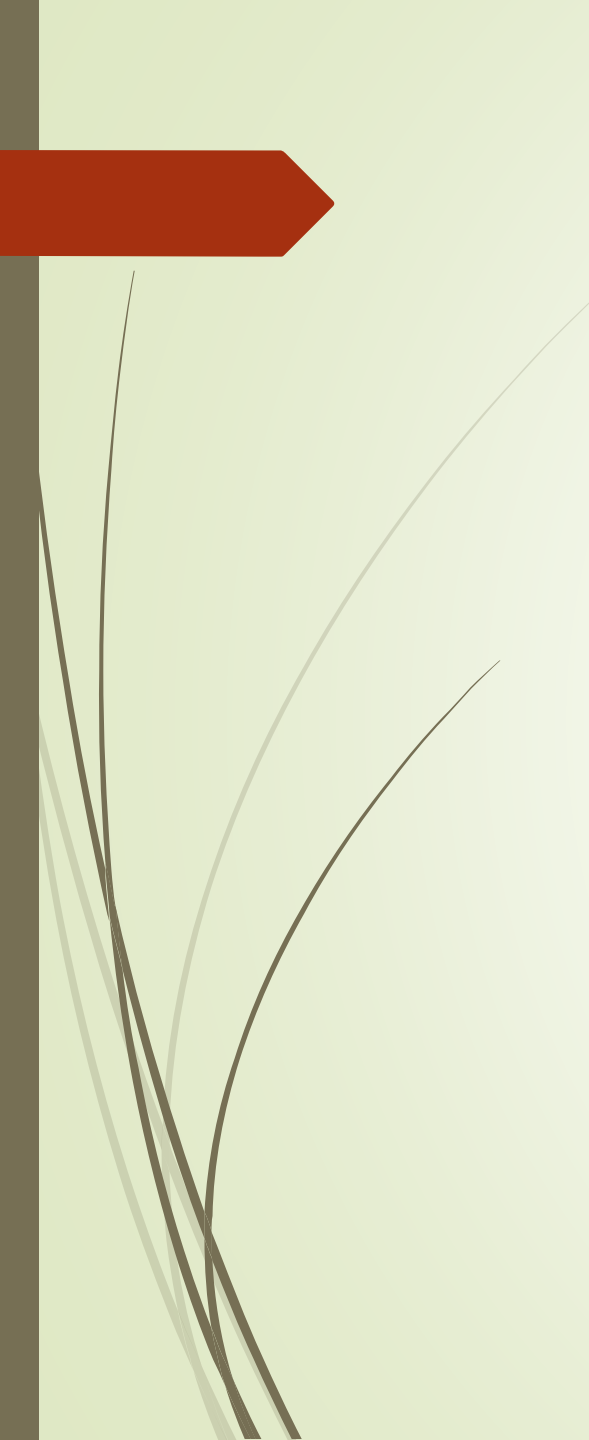
Understanding the context in which you are practising: *..And I think uncertainty is something that's... Uncertainty and safety-netting, those sort of things, in general practice*

The way the team works: *I was able to get [the student] into some allied health to sort of get a sense with how we connect with them... And I kind of like those informal interactions first where after that I'll ask the nurse if they would mind if the student sits in and so on*



Student centredness

- Student attributes/learning styles
 - Topics taught well in GP
 - Mentoring and modelling
 - Teaching methods
-
- Quotes from interviews on the next slides



Mentoring and modelling: GPs are role modelling all the time without realising it. So, you're role modelling good things and you're role modelling bad things. So, your attitude to certain patients and other stuff. ...

Conflicting agendas: because I would have a sense of what the **student thinks** they want, which would be to be able to pass the assessment at the end and any assistance with any coursework or assignments as they're going along. And they want to get their hours in and signed off. There's then what the **university might talk about** in terms of there'd be certain things which are best experienced in general practice... And then there would be **my agenda for it**, which is to actually try and get some insight into what that as a job looks like because almost no third-year medical student will have any interest in the idea of general practice.

Teaching methods: students tend to sit in and observe... as much as you can as a GP you'll involve them and do a little breakout thing, and we'll unpack something before going back to the patient



Conclusion



- Our interviews have uncovered a range of issues that GP supervisors want to teach.
- Many are specific to the GP context.
- Many are not included in the current formal curriculum.
- We are exploring now how best to incorporate these into the explicit curriculum of our discipline and into our teaching training modules