ORGANISATIONAL CHANGE IN BECOMING A MULTI-LEVEL TEACHING PRACTICE
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There is increasing demand for general practices to be involved in education alongside clinical activity, with practices being called upon to host learners across the continuum of general practice. Developing into a *multi-level learner* teaching practice has significant implications in terms of smaller-scale changes to organisational operations and processes, as well as larger-scale changes to the practice culture. These changes also have the capacity to impact upon the educational experience of the learner.

This paper is based upon the preliminary findings of a study in which we investigated the impact of hosting multiple levels of learners (including registrars, interns, and medical students) across six general practices. As part of this study we have explored organisational change issues such as changes experienced as part of developing into a multi-level learner practice and changes that would be required to become a multi-level learner practice. Specifically, we discuss these within the context of challenges associated with making the transition into a multi-level learner practice and highlight the implications for practice staff, supervisors, students and patients. In doing so, we also aim to develop a framework to support general practices that seek to develop a strong education focus as well as identify the issues that need to be addressed to ensure external bodies support practices with a high educational load.
Every year, around the country, experienced Medical Educators ponder the question ‘what will we teach our GP Supervisors this year?’ They consider whether enough time has elapsed to enable them to run that feedback workshop again. They wonder if they are meeting Supervisors’ education needs and if other RTPs are doing something different.

Surely a comprehensive plan for GP Supervisor Education would be a step forward.

In February 2012 Medical Educators from four RTPs (Adelaide to Outback, Beyond Medical Education, GP Synergy and GP Valley to Coast) met at ‘Doctor’s Gully’ in Hepburn Springs, Victoria to commence developing a course for GP Supervisors.

In this presentation the Gully Group will outline the structure of their course, progress so far and their plans for its implementation and evaluation.
The Problem/Issue
At Adelaide to Outback GP Training Program (AOGP) the development of doctors as teachers has been of high priority. Since the inception of training at AOGP, Registrar Supervisors and Medical Educators alike have undergone ongoing training as clinical educators through workplace based professional development and out of practice workshops. However, due to the growth of GP Registrar training both at AOGP and Australia wide, there has been increasing demand on well-trained teachers to educate and train GPs. As a result, AOGP have recognized the need for the establishment of a framework that describes and represents the current roles and functions under which teacher development occurs. This will also be instrumental in assisting with the future planning and implementation of training opportunities within this and other RTPs.

The approach
Training of supervisors, registrars, interns, medical educators, staff and students has continually been on the agenda at AOGP. “Skilled teacher” workshops have been running for more than 6 years, and been made available for Supervisors, Medical Educators and interested Registrars. Facilitation of peer out-of-practice training is a standard component of registrar training, as is case discussion, group presentations, reflective practice, constructing learning plans and patient education. Current education activities, providers and recipients were mapped to develop the framework, keeping in mind the RACGP curriculum statement.

The Outcomes
A teacher development framework has been established that enables RTPs such as AOGP to better plan, develop and action the training of GP Registrars, Supervisors and Medical Educators as teachers in their workplaces.

How it compares to other solutions and lessons
To date, there has been a paucity of formal recognition and structure around the development of a teacher training framework. It is envisaged that this will fill this gap. Implications for others (RTPs, MEs, supervisors etc...)

We propose this framework will be critical in the ongoing implementation of current teacher training as well as providing a structure to identify deficits and fill the gaps for further teacher development strategies.
DOES GENERAL PRACTICE HAVE THE CAPACITY TO TEACH THE WIDER PRIMARY HEALTHCARE TEAM?

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One of the aspirations of health reform and the formation of Medicare Locals is to improve the patient journey by enhancing the connectivity of primary healthcare workforce. There is no doubt that general practice placements for nursing and allied health students are a powerful learning experience and also foster mutual respect and greater understanding between the professions.

However, it is the practices already committed to education who will often volunteer to host this new cohort of students, as well as continuing their training of medical students, PGPPP doctors and GP registrars. To prevent burn out of these teachers and administrative staff, streamlined and robust processes are required to ensure that the placements deliver quality teaching and do not impinge on the teaching of other longer term learners in the practice.

This presentation will explore the experiences of one practice in hosting regular student nurses as well as continuing to supervising GP registrars, PGPPP and medical students. It will highlight the pitfalls of unsupported placements, strategies developed to prevent these reoccurring and also resources developed to assist the general practices in hosting these new students.

It will also explore the bigger picture of whether this new tsunami of students can be accommodated in a general practice setting whilst maintaining the financial viability and teaching workforce sustainability of the practice. Is there a role for the new kids on the block, like Medicare Locals, to assist in this landscape with their cross sector membership and collaboration brief?
A WHOLE OF PRACTICE APPROACH TO TEACH AND PROMOTE CLINICAL AND CULTURALLY APPROPRIATE CARE FOR ABORIGINAL PATIENTS IN GENERAL PRACTICE

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1 The University of New South Wales, 2 GP Synergy, 3 Gandangara Local Aboriginal Land Council, 4 National Heart Foundation, 5 University of Notre Dame, 6 NSW Health Centre for Aboriginal Health, 7 The University of Melbourne

Problem/issue
Medical Educators and GP Supervisors are in a strategic position to bridge the gap between the theory and practice of clinically and culturally appropriate care.

Approach
A whole of practice re-design approach and implementation toolkit developed in Victoria was adapted for use in NSW through consultations with the general practice and Aboriginal communities. A program to assess its utility and effectiveness in GP teaching practices was developed.

Outcome/s
1. Ongoing consultations to develop trust with community elders to enable self-determination and true community engagement and partnerships to guide implementation;
2. GP Synergy Aboriginal Health Committee to oversee implementation among teaching practices;
3. A scenario involving a Torres Straits Islander patient/family added to the implementation toolkit;
4. The NSW implementation program includes a GP Supervisor workshop and a supporting “care partnership” of GP and Aboriginal controlled organisations;
5. An adapted “cultural intelligence” instrument to measure the ability of GP Supervisors and Registrars to deal with cross-cultural situations in Aboriginal; and
6. Plans for further rollout of the implementation toolkit.

Comparisons
The community elders consulted agreed that the whole-of-practice approach is more likely to improve the “ways of thinking and ways of doing” clinically and culturally appropriate care of participating GP supervisors and registrars than cultural awareness training.

Implications
This program to teach, guide and promote “cultural intelligence” with a whole of practice approach is applicable to other RTPs, MEs, supervisors and registrars.

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IDENTIFYING QUALITY PRACTICES
Dr Denise Findlay

The Issues
The RACGP and ACRRM identify accreditation standards for training posts. These are minimum standards for training. However within all RTPs educators are aware that many training practices deliver training at a higher level than these standards define.

The Education Consultant group embarked on a project to identify a set of quality criteria and to analyse the large amount of existing data on practices to identify predictors of quality practice placements from a registrar and an RTP perspective.

The approach
Following a pilot project conducted in 2010 with 20 pilot practices, GPET funding through the Education Integration Project (EIP) allowed the project to proceed to Phase 2 which included:

- supervisor and registrar focus groups,
- revision of the quality practice criteria
- development of a quality improvement tool for use by practices
- dissemination of the quality criteria and individual practice data to all 105 WAGPET practices for evaluation and feedback
- RTP assessment of practices using the quality criteria
- quantitative analysis of the aggregated practice data (2008-2010) to identify predictors of quality practice placements

Outcomes
One of the outcomes of the project, the quantitative analysis of data, will be presented at the GPET conference. The presentation will focus on the predictors of quality practices as identified by registrars and RTP educators using data provided from 105 practices and over 550 registrar placement feedback surveys over 3 years.

Implications
This project will provide RTPs with comprehensive, objective, evidence based set of quality practice criteria and quality practice predictors.