USE OF TELEDERMATOLOGY TO FACILITATE REMOTE TEACHING IN SKIN CANCER MEDICINE AND DERMATOLOGY IN RURAL GENERAL PRACTICES
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1 QRME, 2 QRME

Issue
Queenslanders have the highest rates of skin cancer in Australia1,2, and Australians among the highest in the world3. The clinical course and survival outcome of skin cancers, particularly melanoma, are altered by early detection and intervention4. Rural GP registrars need to acquire extended skills in skin cancer medicine because of the tyranny of distance with respect to both specialist support services and their training. Telemedicine may facilitate remote teaching in skin cancer medicine and dermatology.

Approach
QRME provided rural GP teaching practices with equipment for taking dermoscopic and macroscopic clinical images so that patient cases could be submitted to an online teledermatology service. A QRME subgroup was created within Tele-derm National, a store-and-forward teledermatology service provided by ACRRM via RRMEO. Resources were designed to complement in-practice training and existing teaching sessions in skin cancer medicine for rural GP registrars in their first year of training. Registrars were introduced to the Three-point checklist, a validated tool for dermoscopic assessment of pigmented skin lesions1,5. They were asked to submit cases to QRME Tele-derm over a 6-month period for advice from a dermatology registrar and consultant. The program was evaluated using serial questionnaires, workshop evaluations, short quizzes, and by monitoring use of Tele-derm and case submissions.

Outcome/Results
17/29 registrars posted a total of 132 cases. 24/29 registrars completed a pre and post-program questionnaire. Registrars reported improved confidence in performing a thorough skin check and identifying skin cancers. There was greater use of dermoscopy and increased confidence in its application. Registrars demonstrated marked improvement in interpretation of the Three-point checklist scores. 9/24 registrars reported diagnosing a total of 14 melanomas in their first 12 months of GP training. 22/24 registrars were either “satisfied” or “very satisfied” with their teaching in skin cancer medicine.

Summary
Telemedicine is a useful and effective way to facilitate remote teaching and specialist support in skin cancer medicine and dermatology, predominantly visual specialty areas.

References
Using web based cameras for remote education and supervision. Managing the tyranny of distance and maximising the supervisor resource.

On site supervision, clinical teaching visits and workshop attendance is often problematic in rural and remote regions. Web based video link offers a possible solution.

We have recently completed a project investigating and piloting the use of web based cameras for remote supervision and education. There have been issues of variable bandwidths, security of transmitted data, different IT infrastructure in practices, and IT naivety by users. Patients, registrars, supervisors and educators have been interviewed regarding the use of this technology.

We have uncovered practical and educational implications in replacing face to face contact with remote contact by camera. While there clearly is a place for web based cameras for supervision and education, its use needs to be tailored to the situation and there needs to be a recognition that some features of face to face on site interactions are not replaceable by the use of web cameras.

Our findings have relevance to all RTPs, educators and supervisors as there are many valuable and important training sites where onsite supervision and/or education is not possible.
GP supervisors are being expected to take on increased teaching loads in their practices while they continue to carry their own patient load. It can be very tiring to manage multiple learners during a consulting day, see your own patients and get home on time. GP supervisors are wearing multiple hats and meeting the many needs of Regional Training Providers, Universities and local hospitals in the current climate of increased learner numbers. Teaching generally is not seen as a viable income stream to a private practice and so it is considered by most supervisors to be something you add on to your already busy day.

In the SE NSW and ACT region a number of supervisors have developed their own super nummary models for managing the increasing teaching work load particularly since the introduction of the Prevocational General Practice Placement Program over the last five years. We will discuss how three different teaching practices, rural and urban, have developed differing models of super nummary supervision and how these are implemented in their practice. There will be a focus on the sustainability of the model both financially and professionally. Our experience so far is that these models are a potential way to prevent burnout and improve supervisor job satisfaction.
HOW USEFUL ARE CLINICAL TEACHING VISITS TO REGISTRARS AND SUPERVISORS?

Dr Christopher Starling, Dr Cathy Regan, Mr Curtis Lee, Dr Simon Morgan, Dr Parker Magin

Valley to Coast

The problem/issue
Clinical Teaching visits (CTVs) are an integral part of the General Practice training program. There have been only a small number of published evaluations of CTVs. Registrars often comment that teaching visits were one of the most useful experiences they have during their training program and we have looked at specific elements of this process.

The aim of this survey was to evaluate registrar and supervisor satisfaction of Clinical Teaching Visits and reports at General Practice Training – Valley to Coast.

Approach
A survey was developed in consultation with both new and experienced medical educators and our education evaluation coordinator. Survey monkey was chosen as the platform to deliver the survey. A survey link and explanation was emailed to the registrar and supervisor after receipt of the teaching visit report. This was done as close as possible to the visit to reduce recall bias.

Registrars were asked to comment on the:

- Organisation of the visit
- Comfort with the process
- Feedback
- Encouragement to improve consultation skills and clinical knowledge
- Teaching visit report
- Usefulness to training
- The accuracy of the report
- The most valuable thing they have learnt and how they plan to apply it

Areas where the teaching visit or report could be improved

Supervisors were also asked to comment on the;

- Organisation of the visit
- Usefulness of information regarding their registrars,
- Whether the registrar had applied any new knowledge and skills
- Areas to modify in terms of practice teaching
- How the teaching visit or report could be improved

Outcome/s
At the time of writing this submission we have had 19 responses returned with informative free text comments. Further results are expected to be received in the next few months and will be analysed and presented.

Discussion
This research sought feedback on both the visit itself and the report. CTVs at Valley to Coast are multi-purpose but this research has focussed on their effectiveness as formative assessment for the registrar and communication channel and information provision for the supervisor. We aim to improve on our current CTV program through direct feedback from both the registrars and supervisors. Our results will be a useful guide to other Regional Training Providers (RTP’s) interested in improving their current CTV program.
Most registrars spend the vast majority of their training based within private general practices. While education release days are vital to a registrar’s professional development, the most formative educational experiences are practice based. Both the RACGP and ACRRM standards clearly mandate formal protected teaching time for registrars to support the more informal experiential education that occurs minute-to-minute, ‘on the job’. Concerningly registrars are reporting – via the Registrar Liaison Officers – that this education is often not occurring and some registrars are being pressured into reporting that it has. In response to this GPRA has formed an in-practice teaching subcommittee. This group has sought both to quantify this problem more accurately and explore the barriers and solutions to this situation. The work of this subcommittee will be presented.
PRACTICE MANAGERS CAN BE TEACHERS TOO ... CAN'T THEY?
Linda Beaver, Rashmi Sharma

The Australian National University

Practice managers and staff play a very important role in the operation of a general practice. A General Medical Practice is a small business. Practice managers and practice staff are integral to the successful management of the business and the efficiency of the day to day operation.

Registrars have the opportunity to learn about the day to day running of a practice as part of their educational experience during their training terms. To support this aspect of teaching, scheduled sessions with the practice manager and practice staff enable registrars to learn a little more about the work involved in keeping the practice functional and cost effective.

To facilitate this aspect of ‘in practice’ teaching, a number of modules have been developed to enable practice managers to have defined content on which to draw as a resource, to support registrar teaching.

The development of these modules was the result of a collaborative effort between practice managers who expressed interest in being a part of this project and GP supervisors who recognised the benefit of integrating this education into the registrar teaching program.

This presentation will outline the process involved in the development of these educational modules and discuss the outcomes of this initial stage of the project.