UNIVERSITY SYMPOSIUM – GENERAL PRACTICE IN MEDICAL SCHOOLS

Lecturers and students from Monash University, Melbourne University and Deakin University
Registrar medical educators represent the future generation of medical educators, general practice supervisors, academic GP’s and teachers. As training numbers continue to increase in an attempt to meet demand for general practitioners, quality and capacity of training need to be secured. RME’s are now more relevant than at any other time in meeting these training and educational demands. At this time, RME’s have limited formal support available to them. In order to nurture and support RME’s, a formal support network would seem to be appropriate to ensure a high quality educational workforce into the future.

This workshop will examine the past, present, and future of the medical educator role in order to support ME’s in delivering best-practice education and training to future GP’s. Via a round-table discussion, the workshop will explore the possibilities of a formal registrar medical educator network. This network would seek to nurture the next generation of medical educators, and embed medical educators into the AGPT program. In doing this we will explore the current ME pathway considering its positives and negatives, and discuss the support RME’s and ME’s require in order to provide best practice support and conditions to both educators, and by extension, the future general practice workforce.
‘TO ERR IS HUMAN’ - MANAGING CRITICAL INCIDENTS IN A TEACHING PRACTICE SETTING

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1 GP Synergy - Sydney, 2 Valley to Coast - Newcastle, 3 Beyond Medical Education - Bendigo, 4 Adelaide to Outback

Rationale

A core tenet of clinical supervision is patient safety and the quality of clinical care that patients’ receive; GP supervisors have a duty of care to equip their registrars with the knowledge and skills to provide this care. A fundamental component of patient safety is to identify and manage actual and potential incidents of medical error.

This includes:

- identifying and reporting medical errors,
- learning from critical incidents,
- Implementing system change to reduce the risk of further errors.
- Assisting GP registrars in dealing with a medical error and facilitating access to appropriate additional supports.

This workshop is one of the new modules being developed as part of the course for GP Supervisors conceived by the ‘Gully Group’. As a new module it is important that the learning and teaching methodology is discussed as part of the workshop delivery to enable medical educators to implement this component as part of their GP supervisor professional development program. It is also important that opportunities for feedback and evaluation are included as part the workshop delivery.

Intended Audience

- GP supervisors.
- Medical Educators, especially those responsible for the development and delivery of GP supervisor professional development.

Learning Objectives

At the end of the session supervisors will be able to:

• Implement a practice based teaching session focusing on identifying and reporting medical errors.
• Debrief a critical incident with a GP registrar in a manner that provides support for the GPR and facilitates learning from critical incidents.
• Reflect on, evaluate and improve their own practice based systems for managing critical incidents that may impact on patient safety & the provision of quality clinical care.

At the end of the session medical educators will be able to;

• Understand the key elements of the workshop delivery and implementation of the learning activities.
• Deliver a similar workshop for the GP supervisors in their RTP.

Workshop Structure

The workshop will be delivered in two phases.

The first phase will be the delivery of the actual workshop of titled ‘to err is human’ - Managing critical incidents in a teaching practice setting.
The second phase will involve a ‘deconstruction’ of the elements of the workshop and a discussion of the rationale for the teaching and learning strategies utilised in the workshop, this phase will also include an evaluation through the seeking of constructive feedback from the participants.

**Workshop Content & Interactive Learning Strategies**

The workshop will consist of the following elements;

- Speaker presentations.
- Case discussion
- Reflective small group activities
- Discussion of structuring practice based learning & teaching activities.
- Introduction to relevant key resources in relation to
  1. The scope of the problem
  2. Frameworks for managing critical incidents and implementing system change.
- Deconstruction of the elements of the workshop to reveal the rationale underpinning the learning activities utilised in the workshop, discussion and evaluation of the effectiveness of these elements in achieving the objectives.
Supervision is a relationship between the person being supervised and the person(s) providing the supervision. As with any relationship, each member has a role and responsibilities attached to being part of that relationship.

This workshop will provide doctors in training with skills to address the following questions:

1. How do I assess the quality of my supervision?
2. How do I know my patients are safe, I am safe and the rest of my team is safe?
3. What do I do if I feel unsafe?

With the increasing awareness of the prevalence of medical errors, patient safety has become a central concern in clinical training. The supervisor's immediate responsibility for patient safety has a central role in vocational training, particularly in helping the doctor in training learn personal responsibility and accountability for patient safety and quality of care.

This workshop will enable doctors in training to understand what is involved in being supervised and how this relates to both patient and clinician safety. It will also assist experienced doctors, who are involved in education and training, to understand how the models of supervision sit within a safety and quality framework. In particular the workshop will explore issues within the supervisory relationship which can compromise patient safety and quality of care through the use of illustrative case studies of 'when things go wrong'.

Patients deserve the most experienced care possible and this means that experienced doctors are required to be available for both the patients and doctors in training. Doctors in training need to be prepared to accept responsibility for the patient’s care but only in the context of a community of expertise, never in isolation.
QUALITY DESCRIPTORS FOR GENERAL PRACTICE TEACHING INTERACTIONS – NO TRIVIAL PURSUIT!

Dr Lawrie McArthur, Ms Roberta Morris, Dr Michael Notley, Dr Anna Schettini

AOGP

Rationale
A vital component of post graduate General Practice training is experienced in the General Practice and occurs through a variety of teaching interactions between the GP Supervisor and Registrar. Various methods include case discussions, direct observation, videotaped consultation reflections, clinical audits, tutorials, and procedural skills training. Little is known about the quality of these in-practice teaching interactions, and any measure of the teaching effectiveness is years distant to the event (eg passing FRACGP exam) and remote, often unknown to the GP Supervisor.

Through encouraging workshop delegates’ contributions and sharing of peer skills and experiences, we will explore pivotal questions

- What constitutes quality teaching?
- What is observed in a quality-teaching interaction?
- What are the objective descriptors used to describe the interaction?
- How do we apply the principles of using Quality Descriptors?
- How can Supervisors benefit from using Quality Descriptors in their teaching?

Through a facilitated discussion, we will identify the structured teaching interactions that maximize learning and describe the observable activities and behaviours undertaken by the Supervisor. Preparatory work, understandings of applying Quality Descriptors and discussions at AOGP Supervisor workshops have contributed to the development of an Objective Structured Teaching Interaction tool. Participants will be invited to use the tool in an in-practice teaching interaction. Utilising the wisdom and experience of GP Supervisors, applying the same objective quality principles for a learner and their teacher, fosters a positive relationship, models life long learning, and builds quality improvement into General Practice training.

Learning Objectives
At the end of the session participants will be able to:

- Implement a practice based teaching session mindful of the Quality Descriptors
- Utilise an Objective Structured Teaching Interaction tool to give support and feedback to other participants
- Reflect on, evaluate and improve their General Practice based clinical teaching
- Understand the use of Quality Descriptors
- Foster professional development in clinical teaching in their RTP

Workshop Structure
The workshop will be delivered in two phases
The first phase will involve facilitation, gaining insight and understanding of Quality Descriptors, and applying these to the unique General Practice training setting
The second phase will involve observing and utilising the newly developed Objective Structured Teaching Interaction tool in simulated GP in-practice teaching activities. This will also include an evaluation through the seeking of constructive feedback from the participants.

Workshop Content & Interactive Learning Strategies
The workshop will consist of the following elements
- Speaker presentations
- Delegate participation and feedback
- Use of an Objective Structured Teaching Interaction tool
- Direct Observation and Videotaped reflections
- Reflective small group activities
- Discussion of structuring practice based learning & teaching activities
- Deconstruction of the elements of quality teaching in General Practice, with a constructive and developmental intent to improve in-practice teaching
TAKING THE FAR OUT OF THE FARGP - REFLECTIONS OF FOUR FARGP CANDIDATES
Dr Elisabeth Wearne, Dr Kelly Seach, Dr Christine Shih
Southern General Practice Training (SGPT)

In late 2011, four female GP/Registrars from across eastern Victoria met in Lakes Entrance in a last-gasp attempt to revive their ailing FARGPs.

Facilitated by an experienced GP/Medical Educator, this approach to the FARGP yielded more than simple completion of modules and projects – it became a place to share common ground, and to thrash out the challenges and delights of our lives as rural GPs.

In this paper presentation we ask:
- What do we want as young rural GPs?
- Why do we do it?
- How long can we last?