

Featured Speaker Sessions – Wednesday 8 September

IHT throughout Australia

Dr John Boffa

Vertical & Horizontal Integration

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Objectives:

The key objectives of the sessions are;

- To provide an overview of the key issues in registrars adopting teaching roles
- To explore some of the models of registrars as teachers in use around Australia, highlighting the benefits, potential issues and support required to expand and sustain these.
- To provide an opportunity for discussion around these key topics in small groups.
- To feedback key discussion points to the workshop participants and to the larger convention audience.

Workshop Structure:

5 minute introduction that frames the overall topic, outlines the relevance of each of the chosen topics and sets the framework for the session.

5 topics related to registrars as teachers relevant to general practice training

- Registrars as Junior Medical Educators
- Registrars teaching prevocational doctors in the hospital setting
- In practice teaching models: Integrated teaching with registrars / PGPPP/ students
- In practice teaching models: 'Chain' teaching supervisors – registrars- PGPPP- students
- Distinguishing registrar teaching from registrar supervising roles

Each topic will be introduced by a 5 minute structured presentation by a registrar that address some of the points outlined below in more detail. Followed by small group work facilitated by the registrar and a partnering medical educator focussing around a provided list of key questions (based on the topic outlines below). The larger group will break into 5 groups for this discussion that will fill the remainder of the session. A scribe will be assigned to each group and will provide structured feedback to the facilitators. This will be collated for distribution the next day in handout form to all conference attendees.

5 Topics:

- Registrars as Junior Medical Educators
 - Teaching medical education skills to registrars
 - Learning skills beyond small group teaching, ie facilitation, supervising, providing feedback, dealing with struggling registrar
 - What models of teaching work in this context
 - What resources or changes are needed to improve this process and what training is available or expected
 - How RTPs facilitate this – supernumerary positions, mentoring, other
- Registrars teaching prevocational doctors in the hospital setting
 - What can general practice teaching offer
 - Ways of engaging prevocational doctors
 - Which models of teaching work in this context
 - Ways of inspiring and educating doctors about GP through teaching
 - Barriers to overcome
- In practice teaching A
 - Description of model that integrates different levels of learner (registrar, PGPPP, student) with
 - Why this model works
 - Ways this could be improved
 - Resources needed
 - Limitations and issues with this model

- In practice teaching B
 - Description of model that reflects more of a 'chain' approach with learners teaching the next level of learner (registrar – PGPPP – student)
 - Why this model works
 - Ways this could be improved
 - Resources needed
 - Limitations and issues with this model
- Distinguishing registrar teaching from supervisor roles
 - When is teaching needed
 - When is supervision needed
 - How to teach supervising skills to registrars
 - Implications of using registrars in supervisory roles

Learning and Teaching showcase: Listen to Our Story – Cultural training for medical registrars

Dr Marlene Drysdale, Ms Sandra Nielson, Ms Bonnie O'Shannessy, Ms Rose Gilby

The challenge for all medical registrars who intend to work in Australia is to gain an understanding of the cultural, social and political issues that impact on the health and well-being of Aboriginal Australians. Aboriginal Australians are known to suffer the poorest health of any group within Australia and, arguably, within the developed world's First Nations peoples from Canada, New Zealand and the United States of America (Taylor & Guerin 2010:2). As Social Justice Commissioner Tom Calma points out "It is not credible to suggest that one of the wealthiest nations of the world cannot solve a health crisis affecting less than 3% of its citizens" (Calma, 2005: 1). This challenge provides the opportunity to incorporate cultural safety/competence training into the registrar curriculum that will assist them when dealing with Aboriginal patients in their practices and hopefully encourage them to consciously contribute to 'Closing the Gap' in Aboriginal ill-health.

Cultural training for medical registrars must involve the Aboriginal community and more importantly allow community control of cultural training which provides Aboriginal people the opportunity to 'tell their story' from lived experiences. Registrars hear first hand what Aboriginal people expect from their medical practitioner and it also provides opportunities for the registrars to establish networks and contacts that can assist them in the future. Cultural training needs to be innovative, interactive, informative and fun. Let me share our session with you.

Format: Presentation followed by Q&A from a panel

Panel members: Dr Marlene Drysdale (Head, Indigenous Health Unit), Ms Sandra Nielson & Ms Bonnie O'Shannessy (Aboriginal Hospital Liaison Officers) and Ms Rose Gilby, (Lecturer and Nurse).

GPs Within Their Community: Storytelling - Immortality, ambition or sea change?

Dr Sam Heard, Dr Alex Hope, Dr Tamsin Cockayne, Dr Richard Hosking

This is a storytelling session where three extraordinary general practitioners will tell stories to illustrate their lives and work in Aboriginal Health. The three doctors have also collected some photographs to bring life to this world that few Australians experience. The three doctors differ in their career path and involvement with education. Alex trained in the UK and came to Australia in the 1980s and became one of the tight team of doctors who worked with the Alice Springs Aboriginal community to help build Central Australian Aboriginal Congress. He has since taken on the remote doctor role in Santa Teresa. Tamsin came to the NT as a student from Sydney University and undertook her intern year and all post-graduate training in the NT where she became proficient in procedural obstetrics, anaesthetics and retrieval medicine. She has worked in remote communities across the Top End and been Medical Director of the Hospital in Nhulunbuy. Richard has worked in many and varied settings and has come to remote and Aboriginal health later in his career. He is now the doctor at Wadeye, a large community of more than 2500 people on the coast some 30 mins by plane west of Darwin.