IMPROVING THE CLINICAL TEACHING SKILLS OF GENERAL PRACTITIONERS AND REGISTRARS WHO TEACH MEDICAL STUDENTS

Dr Andra Dabson 1, Ms Carmel Northwood 2, Dr Nerida Paterson 1, Dr Parker Magin 1, 2, Dr Graeme Horton 1

1 School of Medicine And Population Health, University Of Newcastle, 2 General Practice Training Valley to Coast

Workshop structure:

- Short presentations
- Student feedback on effective teaching strategies and cultural perspectives (live or DVD)
- Interactive discussion on patient and student safety and effective teaching techniques.

Workshop content: This RACGP and ACCRM accredited ALM covers:

- Cross-cultural teaching
- Time efficient and effective teaching
- Patient and student safety.

Workshop objectives: To improve:

- Cultural awareness and sensitivity
- The integration of effective and time-efficient teaching with an increasingly demanding clinical load.
- Constructive student participation
- Patient and student safety.

Abstract:

GP supervisors and registrars are being asked to be involved in the clinical teaching of larger numbers of medical students. GPs and registrars are generally willing to assist students on placements but are time poor, feel a need for training to improve their clinical teaching skills and are sometimes concerned about making mistakes with students who come from increasingly diverse cultural backgrounds.

The sustainability of undergraduate teaching in general practice is dependent on addressing these concerns and providing GP supervisors with practical solutions. The Discipline of General Practice at the University of Newcastle, in conjunction with Valley to Coast General Practice Training, has developed an accredited active learning module (ALM) for GPs who teach students, which addresses the GPs’ requests for training.

The ALM has been delivered at a number of locations across the University of Newcastle’s “footprint” and has been evaluated and adapted to be delivered in more distant locations.

Workshop objectives:

- To increase the cultural awareness and sensitivity of general practitioners and registrars supervising medical students, and to increase their confidence in teaching students from diverse cultures.
- To demonstrate and discuss techniques for the integration of effective and time-efficient teaching with an increasingly demanding clinical load.
- To demonstrate and discuss techniques to increase student participation in general practice clinical sessions and improve the educational outcome.
- To improve awareness of the need to address patient and student safety in the context of GP/student/patient consultations.

FACILITATING SMALL GROUPS - HOW DO I STAY IN THE DRIVER’S SEAT WITHOUT RUINING THE TRIP?

Dr Gerard Ingham 1, Dr Margaret Garde 2

1 Beyond Medical Education, 2 Greater Green Triangle General Practice Education and Training

Based on the Medical Educator Orientation Manual, the workshop will focus on small group facilitation skills - the use of the “Set, Dialogue, Closure” teaching structure in small groups and dealing with difficult or
disruptive group participants. The workshop will also provide an opportunity for new medical educators to demonstrate these skills and receive feedback from workshop participants.

At the conclusion of the workshops participants will be able to:

- Explain the Medical Educator’s Orientation Manual – what it contains, how to access it and how it might be used
- Apply the “Set, Dialogue, Closure” teaching structure in a small group setting
- Employ improved skills in dealing with difficult or disruptive small group participants.

**ASSESSMENT TOOLS AND SWISS CHEESE: TAKING AN ASSESSMENT TOOL AND IMPLEMENTING IT IN AN RTP: KNOWING THE STEPS TO A SUCCESSFUL IMPLEMENTATION PROCESS**

Dr Graham Emblen ¹, Dr Nick Cooling ²
¹ Central & Southern Queensland Training Consortium ² General Practice Training Tasmania

Assessment tools and Swiss Cheese: Taking an assessment tool and implementing it in an RTP: Knowing the steps to a successful implementation process.

You have the good idea of introducing an assessment process into your training within your RTP. You designed your tool, and set it all up, but nothing seems to have happened. What has gone wrong?

Taking an assessment tool and successfully implementing it into an RTP’s program, both short and long term requires a number of holes in the Swiss cheese to line up. This workshop will identify what are these holes, and how can you create the greatest probability of them lining up the first time round.

Based around the story of experiences in two RTPs, both successful and less successful, the group will workshop the principles and processes that are necessary to fully implement an idea, through to the stage of success. Areas such as creating motivation, selling the idea, basic project management and ongoing evaluation will be explored and highlighted as we work through the journey of getting registrars, educators, trainers and RTP staff to do something different.

**MANAGING CHALLENGING LEARNERS**

Dr Nigel Gray
Northern Territory General Practice Education

The increasingly diverse cultural, professional and experiential backgrounds of general practice registrars introduce a variety of new challenges to their Supervisors. These can extend the teacher and mentor roles of supervisors considerably and often lead us into areas, such as assessment, in which we are relatively naive. This in turn can translate into a requirement for performance monitoring of our learners – another subject of traditional discomfort for many supervisors.

This professional development workshop seeks to build upon participants’ experiences of managing their challenging learners and formulate objective and constructive ways to develop the supervisor - learner relationship. A variety of workplace based assessment methods will be discussed and in particular barriers to the direct observation of our learners are explored. In addition issues specific to the international medical graduate in this context are presented to highlight the distinctive needs of this group.

Effective relationship development in this sphere depends to a large extent upon the use of productive bidirectional feedback between Supervisor and Learner; accordingly a number of models designed to facilitate this often difficult process will also be described.

**G: VERY REMOTE GP STORIES**

Dr Hung The Nguyen
Northern Territory General Practice Education
The use of narrative is a powerful tool in health education. The subject for this workshop will be remote GPs who will share their stories under a tree. Participants will be able to interact, ask questions and raise issues of relevant to themselves and other peers. Through story telling participants will empathize with their presenting peers.

The use of the narrative could be used more purposefully and widely in all cultural competence training.

DECONSTRUCTING ETHICAL DILEMMAS - A HANDY TOOL AND A WORKSHOP ON HOW TO USE IT
Dr John Buckley  
Central & Southern Queensland Training Consortium

Ethical dilemmas are a challenge for GPs and for registrars in particular. Teaching in this area can be difficult. In this workshop we will use together a tool developed by Seedhouse and Lovett to analyse ethical dilemmas. Using the Ethical Grid we can look at the various aspects of the dilemma and determine where the conflicts are arising. This helps to better understand the dilemma and to, therefore, aid decision-making. The workshop will be presented as I do it thus will be a workshop to enjoy as well as a teaching session to take away and modify for your own use in this tricky area of medical education. Copies of the Ethical Grid will be provided to use in the workshop and take away.

KINSHIP AND SKINSHIP IN AN INDIGENOUS HEALTH CONTEXT
Mr Kevin Parriman, Mr Richard Fejo  
Northern Territory General Practice Education

Background: Kinship and skinship is a complex system that is never transparent on the surface, yet is comprehensively practiced by thousands of Indigenous Australians in today’s society. It is the essence of self being that highlights the importance of culture and Indigenous Australian social values. It is a core function and reflection of the rules and regulations that govern the standards of Indigenous Australian people.

Aim: The aim of the workshop is provide you with a better/broader understanding of the kinship and skinship systems that will allow you insight to the social practices of Indigenous Australians. You will obtain knowledge critical to improving working relationships between health professionals and Indigenous Australian people.

Structure: Through presentation, discussion and group activity, you will get to analyse the kinship and skinship systems of two different groups of Indigenous Australian people. Further, you will compare and contrast the relationships of these systems and how they function.

Learning Objectives:
• Develop a basic understanding of the kinship and skinship system;
• Identify behavioural indicators of this system;
• Acquire skills to assist development and implementation of health promotions;
• Build better working relationships between health professionals and Indigenous clients;
• Obtaining an insight into the social practices used in Indigenous Australian society today.

WE KEEP OUR EYE ON THE BALL
Dr Lorri Hopkins 1, Dr Louise Baker 2, Dr Pat Giddings 3
1 MBBS, FARGP, FRACGP, DRANZCOG(Adv). DCH, 2 MBBS, FRACGP, FACRRM, DRANZCOG, DCH, Cert. FPA(NSW), 3 MBBS, FACRRM, FRACGP, DRANZCOG, GDip Family Med CEO RVTS

Teaching procedural skills is vital in the training of our future GPs especially our rural and remote doctors. The challenges are to make procedural skills workshops run efficiently, teach the skills required by ACRRM and RACGP and be of interest to registrars and their supervisors. Training remote doctors has the additional predicament of no onsite supervisor to sign off a skill. The Remote Vocational Training Scheme (RVTS) has addressed these last two quandaries with innovative workshops. RVTS runs a series of procedural skills workshops including eye skills which enable isolated doctors to gain skills, be accessed and have their ACRRM
core clinical skills log book or RACGP skills record signed off. The Eye Skills Workshop has been successfully run and evaluated by presenters and participants.

At the GPET Convention a sample of the workshop will provide practical knowledge on both the process and content of a workshop. The eye skills workshop aims to increase knowledge and skills in the use of slit lamps, removal of corneal foreign bodies, chalazion incisions and assessment of the eye. The use of cow’s eyes and pig’s ears enables this to be a hands-on experience for the doctors, allowing them to be more knowledgeable and confident in these skills when they return to their rural and remote communities.

This show case is just a taste of the RVTS workshop which is 2.5 hours long. The complete workshop has a 30-minute overview of eye assessment and the management of eye emergencies then 4 x 30 minute skill stations. This provides experiential learning, assessment and an opportunity for registrars to have their log books signed off in a simulated setting. RVTS has negotiated with ACRRM that this meets their requirements for the log book sign off for remote doctors.

**THE SIX MINUTE MEDIATION: AN AID FOR SURVIVAL AND FOR MAINTAINING COMPASSION FOR THE CLINICIAN AND THE EDUCATOR**

Dr James Brown, Director of Training, GetGP

Meditation can be used as a technique to prepare the clinician to engage in the care of patients or to prepare the educator to deliver an educational session. It can also be used to recover from particularly challenging encounters. Meditation also enables compassion for oneself and for others. This workshop is an interactive workshop where participants will explore the essence of meditation and ways of using meditation for self care and for enabling them to maintain their compassion. Participants will be led in an experience of a range of methods of achieving a meditative state. The facilitators regularly use brief meditation to start the day, to start a clinical session and to find a sense of peace after a clinical session.

**WE DELIVER THE CURRICULUM - DON’TE WE?**

Associate professor Lyn Clearihan, Dr Heather McGarry, Dr Peter Bratuskins, Dr Melanie chen

1 Monash University, 2 Victorian Metropolitan Alliance/Melbourne University, 3 Victorian metropolitan Alliance/Monash University

A curriculum, as an educational plan is meaningless unless it is actionable in such a way that its intention is clear in its delivery. The effectiveness of this may well depend on the transparency of the choice of content and the perceived relevance of it by all its recipients. The other area of concern is that if a curriculum is a static document its relevance is quickly superseded as it educates GPs for yesterday rather than tomorrow. Any program revisions, based on a ‘curriculum-in-evolution’ thus need to be responsive to this.

These issues informed a project by the Victorian Metropolitan Alliance to explore the links between its educational program and the RACGP curriculum. The process that evolved from this project has grounded the curriculum within the regional context and provided the basis for the development of a re-formatted RACGP curriculum that is flexible in its application (whether paper or electronic) is malleable to change and tolerant of individual need. The process has also focused on the need for adaptability to allow for changing curriculum directions or program needs, while embedding the concepts of the progressive learner in an integrated context within the overall program.

The purpose of this interactive workshop is to outline the process used and encourage participants to explore its use within their own regional needs and contexts. It is anticipated that this process will lend itself to application in other regional settings or other curricula frameworks, such as the ACCRM curriculum.

---

1 Best, J. Rural Health Stocktake, DOHA, 1999.