

## DR ZEUS: A VERTICALLY INTEGRATED MODEL FOR NURTURING A FUTURE GENERAL PRACTICE WORKFORCE

Mr Amit Vohra<sup>1</sup>, Ms Margo Field<sup>2,3,4</sup>

<sup>1</sup> MBA (with distinction) Curtin University, <sup>2</sup> Bachelor of Arts and Social Sciences, Victoria University of Wellington New Zealand, <sup>3</sup> Certificate for Workplace Training and Assessment, Swinburne University, <sup>4</sup> Certificate in Marketing and Sponsorship, Australian Institute of Management General Practice Registrars Australia

**Background:** There is a shortage of general practitioners in Australia and 40% of the current GP workforce is aged 50 years or older. The gravity of the situation is heightened by the low uptake of general practice as a vocation by Australian medical students. General Practice Registrars Australia (GPRA) delivers grassroots driven peer-to-peer national programs to attract a future GP workforce. The General Practice Students Network (GPSN) and GP Compass prevocational doctors initiatives are helping to complete the GP streaming continuum from the universities through to fellowship and vocational recognition, and are helping to rejuvenate the Australian primary healthcare workforce.

**Learning objectives:** To highlight the importance of grassroots delivered solutions, peer-to-peer networking and social marketing in engaging Generation Y and Generation Z; and achieving vertical integration in general practice.

**Structure of workshop:** Participants will be provided with an overview of the formation and structure of models, which utilize peer-to-peer networking and social marketing.

**Results:** Participants will gain an understanding of how a national coordinated structure can successfully utilize social marketing and peer-to-peer networking to promote general practice and nurture a future GP workforce.

## CULTURAL IMMERSION

Ms Ada Parry, Dr Hung Nguyen  
Northern Territory General Practice Education

**Context:** There is a need for health professionals in Indigenous health training to experience a remote Aboriginal community setting. There are two aspects of this experience, firstly to better understand Aboriginal cultural educators that they may work with. To learn where they are coming from in their teaching, and how their connection to country and family influences them in their journey of living and working in two cultures. Secondly, for participants to have the opportunity to experience what the everyday living of one family living in a remote community in the Top End is like.

**Objectives:** To give participants an opportunity to experience a small remote community setting, how it functions, what services are delivered and more importantly the community people living in a semi-traditional Aboriginal lifestyle. To also give participants an opportunity to participate in hunting and gathering and to learn how much bush food is available during the dry season, compared to the wet season. The activities also take stories of the country and viewing of ancestral cave paintings.

**Key messages:** To develop understanding, skills, networks and knowledge relevant to working with Aboriginal people in general and those in remote areas in particular.

**Conclusions:** Have better understanding of Aboriginal culture, meaning of 'country', health and other issues for one Aboriginal family living in a remote community.

## THE BOGONG LEARNING TASK (BLT) - "NOT A BACON, LETTUCE AND TOMATO SANDWICH"

Dr Kate Davey  
Bogong Regional Training Network

An integrated approach to developing registrars' skills as teachers.

Bogong Regional Training Network (Bogong) seeks to support each GP registrar so they can develop teaching skills and effectively share knowledge with their patients and peers as they develop in their career.

Our integrated Bogong Learning Task (BLT) process commences with formal training in presentation skills for each registrar who enters GP term 1.

Each registrar is then given a section of a scenario to research with their supervisor and present back to the group as part of Bogong's registrar workshops. Registrar presentations fit together to form a complete scenario that is integrated with the rest of the material presented at the workshop. Presentations may be topic or task-based, and use a variety of teaching methods to develop the knowledge and skills of registrars, including delivery of practical skills training.

Preparation and research with the supervisor, presentation to peers and discussions with other GPs integrates workshop and in-practice training and fosters discussion, collegiate research and development of an ethos of continual teaching and learning. Many BLTs involve inter-professional learning and team development. The objective is that by the end of their training, Bogong's registrars will feel confident and capable in delivering training sessions to their peers, colleagues and team members.

We have enlisted the registrars' and supervisors' knowledge and enthusiasm to augment the delivery of specific curriculum areas within our GP training program. The BLT has enhanced the learning experience for our registrar cohort and embedded the educational process in practice level teaching.

### **“PHYSICIAN HEAL THYSELF”: STORYTELLING IN GENERAL PRACTICE**

Dr Genevieve Yates, Dr. John Buckley  
Central & Southern Queensland Training Consortium

**Structure:** The workshop uses a one act play “Physician Heal Thyself” to trigger discussion around the roles of GPs within their communities and the uses of storytelling. The play will be read aloud by workshop participants (30–35 minutes) and be followed by facilitator led discussion. The 11 participants involved in the reading will remain “in character” for the discussion and other participants will be able to ask questions of them.

**Content:** The play is the fictional “day in the life of” Dr Emma Roberts, a rural GP, who is faced with a multitude of personal, patient and staff challenges during a particularly stressful working day. The facilitator will use the play's plot, characters and themes to generate discussion on the following: How can GPs balance the sometimes conflicting roles of clinician, educator, business owner and human being? How and why do doctors tend to put their own health last? Can storytelling be used not only as a way to debrief and reflect, but to promote, teach and understand general practice?

#### **Key learning objectives:**

- To showcase a particular teaching method and resource, especially in the challenging areas of attitude teaching and learning and doctor's self-care. This has already been run successfully in a cross-RTP medical educator meeting
- To reflect on the intricate connection between doctor and community through patient interactions and through the doctor as a part of the community.
- To explore one doctor's (fictional) story with a resonance for all GPs within it as a way to stimulate personal reflection.

### **THE BUSINESS OF GENERAL PRACTICE: AN IN-PRACTICE TEACHING MODULE**

Ms Roberta Morris, Mr Danny Haydon, Ms Deborah Docking, Dr Sarah Meertens  
Adelaide to Outback GP Training Program

**Background:** Registrars at various stages in their training have expressed a desire to learn and understand the business of general practice to assist their transition to independent GP and determine the type of environment they plan to work in.

In response to this, a set of teaching modules, delivered in-practice by the supervisor and/or practice manager, has been developed. *The Business of General Practice* modules cover important principles and concepts of business management, and were built with comprehensive stakeholder engagement.

**Structure of 'Education Unplugged' workshop:** Come and experience *The Business of General Practice* at this interactive workshop! The aim of the workshop is to provide GP supervisors, practice managers and registrars with an opportunity to engage with this resource and customize it to their own teaching environment. Participants will simulate an in-practice teaching session on business management using one of the module's units to guide and enhance the teaching and learning experience. Whole group feedback will be sought.

**Learning objectives:**

- Develop increased awareness of a framework for teaching business management to registrars that can be customized.
- Explore ways to effectively use modules as a resource in an in-practice teaching session
- Develop increased confidence in teaching business management to registrars.

**Content:** *The Business of General Practice*

Module 1: *Practice Management Basics* (for GPT2 registrars)

- General Practice Business Structures
- Finance 1
- Negotiating Contracts.

Module 2: *Sustainable General Practice* (for GPT3/4 Registrars)

- Finance 2
- Managing People
- Business Planning
- Quality and Risk management.

## **STRUGGLING REGISTRARS – WHAT ARE WE DOING TO ASSIST THEM?**

Dr Reginald Michael Crampton, Dr Margaret Ginger  
WentWest

Various assessments and measures throughout the AGPT program at practice and RTP level identify registrars who are “struggling” with aspects of the program. Many barriers cause registrars problems, including the exam, professional knowledge and skills, consultation skills, language skills and cultural issues. The GPET PAMI process requires identification and intervention for registrars with “deficiencies in their knowledge, their rate of acquisition of knowledge, or their professional and clinical competence, and performance”. GPET requires that RTPs deliver interventions which deliver personal support and/or educational interventions.

Since 2009, WentWest has conducted a formal Skills Reinforcement program for registrars who have been assessed as requiring further support, on the basis of practice-based performance issues, exam failure and other identified problems.

This workshop is designed to briefly present WentWest's Skills Reinforcement program as an introduction to a broader discussion where participants from various RTPs will share, compare and contrast local solutions for identifying and supporting struggling registrars.

This workshop will involve brief informal presentations from each participating RTP and then a facilitated discussion to workshop the ideas and solutions presented.

Specifically, the workshop will aim to identify, share and further develop local solutions implemented by RTPs to:

- Define and identify struggling registrars
- Support those identified
- Deliver educational interventions for struggling registrars.

## **SHOWCASING A WORKSHOP IN WHICH GP SUPERVISORS WORK TOGETHER TO PRODUCE ACTIVE LEARNING MODULES WHICH THEY CAN THEN USE IN TEACHING THEIR REGISTRARS, INTERNS AND STUDENTS**

Dr Eldon Lyon  
Greater Green Triangle General Practice Education and Training

In 2009, Greater Green Triangle General Practice Education and Training (GGT GPET) planned and executed a two-day workshop for GP supervisors, which utilised the RACGP's Active Learning Module (ALM). This module is recognised by RACGP and ACCRM for QA&CPD points. Each group of supervisors, using lap-tops, produced a carefully planned topic to teach to their registrars/students, e.g. pain management. In all, five topics were produced which could then be shared electronically.

An ALM is a structured activity which includes one hour of predisposing activity, six hours planning the activity and one hour of reinforcing the activity.

The predisposing activity chosen was a presentation by a medical educator on preparing and writing learning objectives.

### **The structured learning activity consisted of:**

- Selecting the topic utilising the RACGP and/or ACCRM curricula statements
- Creating a learner profile
- A needs assessment for the topic identifying what evidence exists that this activity is needed by you, your learners and the wider community
- Learning objectives written to reflect the learners abilities after the activity
- A teacher profile determining what role you wish to play e.g. clinician, mentor, assessor etc
- Structuring the activity, deciding on the where, how and when
- Identifying teaching methods to be used
- Evaluation and feedback having carried out the activity

At a future time one hour of reinforcing the activity should be undertaken.

At the GPET Convention the process will be workshopped but not the topics. It is envisaged that this workshop will appeal to medical educators and GP supervisors.

Small groups will each deal with one facet of the ALM design before coming together to compile the facets into a whole.

## **THE DOCTOR AS EDUCATOR PROGRAM**

Dr Kaye Atkinson, Dr Judith Culliver, Dr Steve Wilkinson  
Victorian Metropolitan Alliance

The Bridging Project was a project funded by AGPT to develop a framework within which to define generic competencies common to all medical disciplines in Australia and to identify which generic competencies should be addressed at each stage in the continuum of medical education and training.

The 'Doctor as Educator' was chosen as the first project goal and utilizes material developed from the 'Teaching on the Run' clinical teaching series.

Seven educational roles have been identified across a continuum of learning from medical student through to independent practitioner. The program includes a literature review of competencies, multimedia resources and a series of interactive workshops. These workshops have been utilized by the Victorian Metropolitan Alliance in training of new supervisors and will continue to be rolled out as part of our teaching training program in 2010.

## AN INDIGENOUS LEARNING CONCEPT - LAURA DANCE FESTIVAL SURVIVOR CHALLENGE

Ms Meg Middleton, Ms Priscilla Page  
Tropical Medical Training

Beginning 30 years ago, the Laura Dance Festival is one of the largest and most varied displays of Indigenous culture in the world. Traditional segments of the festival include dance, song, and other aspects of culture such as displays of hunting implements and weaving. Non traditional components include lifestyle choice programs, employment and recreational workshops, short film festival and night-time contemporary Aboriginal performers.

Tropical Medical Training (TMT) invites GP registrars to make the bi-annual pilgrimage to the Laura Festival. The event is a unique opportunity to combine classroom cultural awareness activities with traditional Indigenous ceremonies, customs and beliefs. The “Survivor” challenge was conceived to assist registrars to integrate their knowledge and understanding of Indigenous health concepts into their daily work when dealing with Indigenous clients. Teams of registrars undertake a series of challenges which highlight important aspects of the Indigenous health curriculum such as Indigenous history, social networks, view of health and well being and the impact of government policies. Registrars are encouraged to look beyond their normal cross-cultural education sessions to see how customs and beliefs are actually put into practice.

Participants in this workshop will learn about TMT’s approach to Indigenous health training and experience the “Survivor” concept for themselves as they undertake a series of challenges.

## CONNECTING TO THE CURRICULA – A WORKSHOP ACTIVITY FOR SUPERVISORS OF GP REGISTRARS

Dr Jean Anne Wood, B.Tech.(Hons.), Grad.Cert.Ed., M.D.Ed., Ph.D, Dr Elizabeth Bulling, MBBS, BA, PostGrad Dip Women's Health, FRACGP, Dr Jenny Warboys, MBBS, FRACGP, MPH  
Gippsland Education and Training for General Practice

In this demonstration workshop participants will first be given an overview of the Gippsland Education and Training for General Practice (getGP) project, which is connecting supervisors of GP registrars with the curriculum statements of the colleges; and which is actively engaging them, as teachers of registrars, in the development of in-practice learning activities and resources. They also contribute their ideas for learning activities that registrars can undertake independently whilst working in-practice and participating in health-related community activities.

The first professional development workshop following the proposed format was presented to getGP supervisors in December 2008, since then four more have been conducted. Only three curriculum topic areas remain to be considered – occupational health and safety, integrative medicine, and multicultural health.

Participants are given a take-home workbook which presents a distillation of the curriculum statements of each topic area in the form of checklists loosely modelled on Miller’s hierarchy of medical competencies (1990)\*. There follows an initial written activity to capture individual supervisor input, after which participants breakout into groups to collectively consider and record the individual suggestions for each topic. Group facilitators then present summaries of the activity. After the workshop a compilation of the suggestions for teaching and learning activities collected at the workshop is circulated to participants and uploaded to the STARS online database of curriculum-connected checklists and resources.

**Reference:** Miller GE. The assessment of clinical skills/competence/performance. *Acad Med.* 1990;65:563–567