

OUT OF SIGHT BUT NOT OUT OF MIND? A DEBATE ON THE ROLE OF REMOTE SUPERVISION IN GP TRAINING

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Australia faces a medical workforce shortage (1) especially in rural and remote areas (2). More medical student places should improve the number of doctors but it is predicted that the demand for supervision during the training of these doctors will outstrip current supply (3). Alternative models of supervision and workforce development are needed which will increase supply and efficiency, without reducing the quality of care to patients or training provision (2, 4).

Remote supervision of GP registrars has been trialled successfully and has contributed significantly to workforce provision in rural and remote areas both during and after training (5).

Could wider application of the remote supervision model create the extra capacity needed to train our future GP workforce?

This workshop will provide an opportunity for registrars, supervisors and medical educators to debate this topic. After an initial summary of the literature on remote supervision, participants will work in groups to construct an argument either for or against remote supervision. Volunteer speakers from each group will present their views and a final vote will be taken.

Discussion from the workshop will be incorporated into the plan for a research project on best practice in remote supervision and the contribution of participants will be acknowledged.

1. Gorman DF, Brooks PM. On solutions to the shortage of doctors in Australia and New Zealand. *Medical Journal of Australia* 2009 Feb 2;190(3):152-6.
2. National Health Workforce Taskforce. *Health Workforce in Australia and Factors for Current Shortages 2009*; Available from: <http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20of%20actors%20influencing%20current%20shortages.pdf>.
3. Pearce R, Laurence CO, Black LE, Stocks N. The challenges of teaching in a general practice setting. *Medical Journal of Australia* 2007;187(2):129-32.
4. Thistlethwaite JE, Kidd MR, Hudson JN. General practice: a leading provider of medical student education in the 21st century? *Medical Journal of Australia* 2007;187:124-8.
5. Wearne SM, Giddings P, McLaren J, Gargan S. Where are they now? The career paths of the Remote Vocational Training Scheme Registrars. *Australian Family Physician* 2010; 39:53-6

COMPLEXITY THEORY IN EDUCATION: A PARADIGM SHIFT FOR REFRAMING ISSUES IN MEDICAL EDUCATION

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We work and teach in an increasingly complex environment. “Evidence-based” is becoming an often repeated phrase in clinical medicine and education. Yet there is literature that suggests GPs don’t often access guidelines, protocols and evidence bases. Is that because GPs implicitly understand that the situation is often more complex than it seems and guidelines may not give the answer? Similarly with teacher/learner interactions, we often do what feels “right” in the moment without thinking of the evidence base. The “input-process-output” or reductionist approach has difficulty explaining complex events.

This workshop session will introduce complexity theory and complex adaptive systems and challenge participants to reframe interactions, knowledge, culture, teaching and learning in a different light.

Complexity theory has been used in many areas of industry for at least 20 years and many authors consider it a valid theoretical basis for broad reaching issues in the teaching and learning environment, social and cultural issues included. It has also been used as a model for change management and managing business systems.

Complexity theory embraces the whole: whether it be the patient and their environment, the learner or a socio-cultural system. The dynamic aspects are key to looking at these; relationships, feedback and interactions are the focus. This approach also makes us consider whether we should be educating not only for competence but also capability where the learner becomes a flexible and adaptive experienced practitioner.

GENERAL PRACTICE TRAINING FOR PRIMARY HEALTH CARE, FROM THE VERY REMOTE INDIGENOUS COMMUNITY VIEWPOINT

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Medical services and roles in very remote communities are different from mainstream, including remote towns. Only 0.8% of Australians, but 46% of NT Aboriginals live in this classification. The medical role is commonly filled by RANs and AHWs through substitution and delegation using standard treatment protocols and with limited medical input. Aboriginal health workers (AHWs) are an essential component of the health team, but an unfamiliar professional group for most doctors. They work as clinicians, translators and interpreters, source of community knowledge, and importantly but infrequently as cultural brokers. Doctors are generally not prepared for such monitoring of standard of care provided by others, clinical supervision, teaching, and medical consultant role needed to build and work in effective teams, nor taking medical and legal responsibility for team performance.

Team care changes the doctor-patient relationship and the principle of universal patient access to a doctor. Communication across language, cultural, and professional barriers is highly problematic so conducting every medical consultation as a case conference with an AHW becomes highly desirable, and this further affects the principles of the GP consultation and the doctor-patient relationship.

For effective culturally competent teams every non-Indigenous health professional must learn to work with AHWs with different but complementary strengths which are essential to the health process, and every AHW needs to be empowered as a cultural broker and principal health care provider.

Is this a radical and difficult change for a small minority of health professionals, or the basis for rethinking Australian primary health care?

This workshop will begin with a presentation of the issues, followed by discussion. The GPET Convention Committee has approved the use of outcomes of the discussion in the presenter's PhD research, which relates to education for health professionals in Katherine Region, NT. Use of outcomes is not assured. Written consent will be obtained from discussion participants. Full information regarding the nature of the research and the confidentiality of data will be provided. Participants will not be identified in transcripts, publications, or thesis unless expressly requested, and written consent given by the participant. Non-participant observers are also welcome.

DESIGNING A QUALITY ASSESSMENT TOOL. HOW DO YOU DO IT? HOW DO YOU KNOW YOU HAVE ONE?

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Competency is an elusive topic within general practice training. Conducting assessment of competency is a requirement of all training providers, both through GPET and through the colleges. Being able to measure competency requires having a range of tools to explore the wide range of components of competency that make a "good general practitioner". There are many "tools" for assessment in the education arena, a number of which are currently used within general practice training to varying degrees. But what goes into a quality tool? This workshop is designed to provide participants with clarity on how to recognise a quality assessment tool, and how to design one.

The workshop will provide participants with answers to the following questions:

- What are the differences between a formative and summative assessment tool?
- What are the components of a quality assessment tool?
- Should we start with a tool and see how it can be applied, or is there a better way?
- Can you take a tool from one application and use it in a different area?
- Are assessment tools only for deciding on competency, or do they play a role in learning?

By answering the above questions, participants will be in a better position to select and apply assessment processes within their RTP.

HARNESSING GEN Y'S STRENGTHS TO ENHANCE TEACHING AND LEARNING

Dr Edmund Poliness
University Of Melbourne

Moving beyond the stereo-types of Gen Y can offer the teacher/learner opportunities to explore difficulties they may have found and come away with some new tools for the future.

In an open forum, this workshop will review some of the literature from Education, Business and Sports Coaching – and explore methods these and other techniques can be utilised across generations to improve teaching and learning from each other.

WRITING FOR PUBLICATION - CONNECTING WITH YOUR INNER AUTHOR

Associate Professor Lyn Clearihan¹, Dr Hilton Koppe²
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Medical writing is an expanding interest area for GPs, but whether we are writing for fact or fiction, the quality of the writing is improved by connecting with our inner author. For many this can be difficult as we struggle to overcome barriers such as feeling there is not enough time, we have nothing important to say or that we don't really know how to write.

This workshop is designed to give participants space and time to explore the 'stories' within and to find their 'voice', irrespective of age or experience. It will explore the place of language when communicating an idea or thought and will compare the impact of the written versus the spoken word when 'storytelling'. While examples of powerful, evocative or inspiring writing will be discussed the emphasis of the workshop is on personal discovery to help build confidence and identify the personal drivers that are stimulating the need to write and the barriers that might be preventing it.

The outcome of the workshop will be to develop a catalogue of thoughts and ideas that are the basis of currently 'untold' stories and to develop networks that might help foster writing projects in the future.