BROADENING THE APPRENTICESHIP MODEL: THE EFFICIENCY OF HORIZONTAL INTEGRATION
Mr Brett Kagan 1, Dr Graham Emblen 1, Dr Scott Preston 1, Dr Mieke Van Driel 2, Dr Nancy Sturman 2
1 Central and Southern Queensland Training Consortium, 2 University of Queensland

Background:
The growing number of medical student graduates coupled with the comparatively few supervisors, medical educators and related academics is creating a growing burden for the current system of general practice education. By optimising current interprofessional linkages and creating a mutually supportive structure for learners it should be possible to reduce the workload on supervisors through sharing of the educational responsibility. Similarly this should also improve the interprofessional skills of the GP registrars and lead to holistically better practice.

Aims/objective:
The study aims to determine if non-GP medical professionals can be used to effectively train GP registrars in specific tasks and reduce the educational load on GP supervisors and investigate if further benefits are gained through this type of training.

Methods/approach:
The first phase of the study consists of a single blind between subjects design where profession (GP or non-GP), estimated hours of interprofessional education and type of instruction for interprofessional education (vague or explicit) are the predictor variables. The criterion variable is attitudes towards other health professional and interprofessional teamwork. The second phase of the study comprises of a 2 x 3 x 2 pre-post single blind factorial design, with profession (GP or non-GP), estimated hours of interprofessional education (none vs. low vs. high) and type of instruction for interprofessional education (vague vs. explicit) as the independent variables. The dependent variable is attitudes towards other health professional and interprofessional teamwork.

Results/findings:
First phase results will be available for presentation by the 1 September. These results will compare the current empirical literature against the prevalence of interprofessional education currently occurring in Australian general practice training and the levels of interprofessional confidence found among GP registrars, supervisors and allied health professionals.

Discussion:
Research suggests that effective interprofessional experience requires a suitable learning objective. According to social identity theory, if registrars and other health professionals are brought together in groups in a non-threatening environment, working towards a common goal should dramatically reduce or eliminate these prejudices along with providing essential education and skills.