An examination and evaluation of mental health teaching in “multi-level learner” general practices.

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Introduction
General practitioners (GPs) are often the first contact for patients with mental health conditions and are involved in their management. Due to the increasing incidence of mental health in the population, there is a need to improving the diagnostic and management skills of GPs.

One approach is aiming mental health education at general practices that have multi-level learners and the vertically integrated practice is ideally situated to promote this.

This study aims to identify the benefits and challenges associated with education of mental health in a multi-level, general practice, learning environment.

Methods
Individual semi-structured interviews of practice personnel (GPs, learners and staff) were conducted at five rural practices to address the study aims (n=56). Interviews were transcribed and analysed thematically. Ethics approval was obtained.

Results
Fifty six semi-structured interviews were conducted. Participants included 21 males and 35 females aged between 18 – 65 years. Interviews lasted between 15 – 45 minutes.

Results show that whilst vertically integrated learning is well accepted, there is sometimes difficulty attaining the most suitable learning level. Problems include those typically encountered in small group teaching. Evidence suggests that whilst mental health education is occurring, it isn’t sufficient in respect to the amount of mental health patients encountered in practices. Highlighted is the underutilisation of local mental health professionals as teachers. Also shown is the wide variability of practice accessibility to mental health services.

Conclusion:
The multi-level learner environment, in general practice, is ideal for mental health teaching due to the presence of multiple methods of teaching most appropriate for group learning.
Background
All senior medical students at the University of Wollongong undertake a longitudinal integrated community-based clerkship in a regional or rural community. In addition to continuity of patient care and curriculum, the clerkship offers each student individualised professional development by experienced general practitioners (GPs). These practitioners predicted outcomes from their relationship with the long-term students, including a more scholarly approach to clinical practice (1). In 1990, Boyer outlined the concept of four domains of scholarship: discovery, integration, application and teaching (2). More recently, a working definition of clinical scholarship in academic medicine has been proposed (3).

Aims/objectives
To investigate the development of a culture of academic scholarship amongst GP preceptors who supervise learners, including GP registrars and medical students on long-term placement.

Methods
After the first student cohort had completed their 12-month clerkship, we interviewed 26 GP preceptors to investigate the impact of the student placement on aspects of scholarship relating to their clinical practice. Quantitative and qualitative analysis of the interview transcripts were undertaken.

Results
Two-thirds of GPs interviewed indicated that the presence of the medical student improved quality of care in their practice, citing updated knowledge, research, and reflective practice. Qualitative analysis of transcripts provided direct support for the development of academic scholarship in clinical medicine in this environment with evidence of discovery, application and translation of knowledge, and creating an environment for shared knowledge and collaborative partnerships.

Discussion
The supervision of medical students on long-term placement can directly influence the development of a culture of scholarship in general practice.
Background
There are rising numbers of learners in the Australian health care system (including medical students, interns, registrars). Though additional learners will be required to bolster the future health workforce, there is also a need to ensure that students and trainees continue to access adequate and appropriate clinical learning experiences. Further, to address areas of need in primary care services, it is imperative that learners have the opportunity to access high quality education immersions in general practice settings. Herein, it is important to understand the capacity of the system to manage potential growth in teaching.

Aims
This study has been designed to provide insight into education across the learning continuum in general practices throughout the north Queensland region, particularly: (a) current teaching volume; (b) unused teaching capacity; (c) supports required to utilise unused teaching capacity; (d) attitudes towards teaching; and (e) teaching models within general practices.

Method
This is a multi-stage project.

Stage 1: Collation of demographic data of practices.
Stage 2: Literature review.
Stage 3: Questionnaires sent to north Queensland practice managers and general practitioners (GPs) at both teaching and non-teaching practices.
Stage 4: Exploration of teaching models in selected practices.

Results
This abstract addresses Stage 3 of the methodology namely preliminary findings of questionnaires returned from general practice managers (n=21) and GPs (n=62) regarding teaching loads, future teaching capacity, as well as attitudes, barriers to, and advantages of teaching.

Conclusion
Will the future teaching capacity in general practice be sufficient? What strategies are there for overcoming some of the identified barriers to teaching engagement?
Aim
To compare the organisation of teaching between single level learner (SLL) and multiple level learner (MLL) urban general practices.

Background
The literature about increasing teaching capacity in general practice has mainly focused on strategies related to teaching models and financial costs. Little literature exists about the relationship between the organisation of teaching and the number of learners accommodated in the practice. Identification of organisational features in urban MLL practices may generate strategies which facilitate increased teaching capacity.

Methods
A paper survey was sent to 184 GP supervisors at 175 Urban South East Queensland general practices identified as having single level learners (GP registrar or medical student) or multiple level learners (GP registrar plus medical student). Information sought included numbers of learners hosted in the previous 12 months, and organisational and teaching methods used.

Results
111 (60.3%) supervisors (from 108 practices) who had hosted at least one learner in the previous year completed the questionnaire. MLL practices were significantly more likely to involve more practice staff (especially practice managers) in the organization and delivery of teaching, and to have other health professional learners in the practice.

Discussion
These results suggest that the creation of a “teaching culture” in practices, involving multiple levels and types of learners and staff, could facilitate practice teaching capacity. Further research is needed to explore the roles of practice managers and other factors contributing to the teaching culture, to further inform strategies for facilitating more learners in a practice without increasing the workload of the teaching doctors.
GPedia: A RESOURCE RICH DIGITAL HABITAT FOR A VERTICALLY INTEGRATED GP LEARNING COMMUNITY
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The past ten years have witnessed the significant impact of Web 2.0 technologies generally in education and medical education in particular. The social aspect of Web 2.0 tools can greatly contribute to innovation in medical training and clinical practice (Chu, Zamora, Young, & Macario, 2010). Web 2.0 applications enable the integration of social media techniques with existing materials to make them more engaging, for instance, mEducator: Multi-type Content Repurposing and Sharing in Medical Education (mEducator, 2012). A resource rich digital habitat, which is supported by a range of Web 2.0 technologies, has potential to facilitate the communication and collaboration among different learner levels within the General Practice (GP) learning community. This paper reports a one-year innovative study which was funded by the Australian General Practice Education and Training and conducted collaboratively by three Australian medical education institutions. This study investigated the potential and application of Web 2.0 tools by integrating social functionalities with resources from an existing web-based repository: Self-directed Training and Research System (STARS). It used both qualitative and quantitative research methods to collect and analyse data. The project aimed to develop and pilot models for building a multifunctional resource rich digital habitat: GPedia, which can be used to support a vertically integrated community of GP learners and educators. The initial findings of the research indicated that tools providing access to both high quality resources and multiple functionalities are highly desired by the members of GP learning community, while a high level of user-friendliness and pedagogical soundness are the key to a potentially successful digital habitat. The final findings of the study could provide a rationale for the future development of GPedia.
MULTI-LEVEL LEARNERS IN GENERAL PRACTICE
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Introduction
General practices vary widely in their engagement in education. While some practices have training as a major focus with the presence of three groups of learners (medical students, interns and registrars), others host single groups or none at all. This project aims to explore the educational benefits and challenges associated with ‘multi-level learner’ practices.

Methods
We adopted a multiple case study method of six rural general practices. Three practices have ‘multi-level learners’; two practices have one learner group and one has no learners. Qualitative data was collected through individual interviews with staff, learners and patients. Audiotapes were transcribed and analyzed thematically. Ethics approval was obtained.

Results
Forty-four interviews of 20-60 minutes duration were conducted. Preliminary analysis demonstrates significant educational benefits and challenges to learners and senior supervisors in ‘multi-level learner’ practices. These benefits include structured teaching sessions, opportunistic discussions, peer assisted learning and the development of supportive networks. Several learners in one practice motivated supervisors, created a healthy and vibrant culture and enabled more patient consultations. Challenges included time pressures for supervisors and reduced opportunities for some learners due to thinner caseload distribution reducing learning opportunities. These challenges were consistent across the practices.

Patients enjoy their interaction with learners and feel their presence in the practice is important for developing the next generation of general practitioners.

The educational benefits of learners undertaking their training together extend to supervisors, the practice and health service delivery.

Discussion
Our results are consistent with the literature on benefits and challenges of learning and teaching in general practice settings. However, our results offer insight from various stakeholder groups (patients, learners and practice staff) within the same practice.

Time pressure has been frequently documented in other research of training in general practice. The issue of caseload has not been commonly reported in previous studies.

Limitations of the study include the sampling frames for both practices and individuals within the practices.

Conclusion
In general practice there are reciprocal educational benefits for all learners and supervisors when multi-levels of learners are present.