CONNECTGPR: COAST CITY COUNTRY ONLINE NETWORK FOR AN EDUCATIONAL COMMUNITY OF TRAINING FOR GP REGISTRARS.
Background
Community-based medical education is recognized internationally as a critical pathway to producing graduates equipped to meet the needs of the local communities they will serve [1]. Evidence is emerging that medical graduates who are able to follow the patient journey over time and have increased exposure to health care in the community may achieve higher levels of patient-centeredness, humanism, capacity for preventive care and continuity of care, as well as being more likely to enter primary care as a career [2-4]. At the same time, such students have been shown to achieve equivalent or greater clinical competence than those trained in more traditional courses [2, 3, 5-8]. In keeping with this trend, from 2012, all students at the Northern and Western Clinical Schools are attending longitudinal placements in primary care for one day each week throughout the second and third year of their course.

Aims
The Primary Care Community Base (PCCB) Pilot tested the acceptability and feasibility of such an approach to postgraduate medical training.

Methods
The program logic of the longitudinal PCCB placements was tested via two 6 – 10 week pilots in three general practices in the Northern and Western suburbs of Melbourne during 2011. Altogether, eleven volunteer medical students were placed at one of the three clinics for one day per week. Case study method was used within a participatory action research methodology to collect and analyze the findings of this pilot.

Results
Two themes emerged that form the essential elements for successful ongoing placements:

A. The need to foster authentic relationships between the clinics and the University to create sustainability

B. The need to ensure a quality learning experience that aligns with both curriculum learning outcomes and assessment.

For each theme, we have developed a series of recommendations and action points for implementation in 2012 which we will present in this paper.

Discussion
Attracting medical graduates to GP vocational training begins with the quality of their experiences in primary care during their earliest encounters with clinical medicine. The PCCB pilot project illustrates some of the practical aspects of curriculum design that aim to make longitudinal community-based medical education a success.

References


STUDENT EXPERIENCES OF THE INFORMAL ETHICAL CURRICULUM IN AUSTRALIAN GENERAL PRACTICE
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Background
Student experiences of ethics and professionalism during clinical placements have a powerful influence on their future behaviour and values. International literature indicates that student experiences may be confronting, and include dissonant teaching, double standards, and ethical lapses by colleagues. These experiential learning exposures and critical incidents may usefully be divided into the ‘hidden curriculum’ (encompassing organisational infrastructure that influences learning and socialisation) and the ‘informal curriculum’ (referring to an immersion in interpersonal processes).

Aims
There has been limited exploration of the ‘informal curriculum’ in Australia, particularly in the primary care setting. This study aims to explore Australian medical student perceptions of these ethical and professional practice issues in GP placements.

Method
The authors used inductive thematic analysis to identify key themes from an inventory of extensive, focussed notes of ethical and professional practice issues raised by 44 medical students during weekly tutorials in their 8-week GP rotation.

Results
Medical students reported a range of ethical issues in relation to complex consultations in a ‘real world’ context. Emergent themes included the scope of general practice, dissonant teaching across clinical and non-clinical settings, and challenges related to the ‘student predicament’, including issues with student boundaries, emotional responses, and personal health concerns.

Discussion
This study provides a framework for improving teaching and learning in the informal curriculum of ethics and professional practice, by identifying some of the key issues confronting medical students during their GP placements.
Formative assessment when done well is a powerful driver of learning. In the GP Vocational training sector Medical Educators have sought tools for early identification of learners in difficulty, partly because of the expense and effort in resources of registrar remediation. I describe an attempt in a small rural Regional Training Provider to provide a solution- the ROADS- Removing Obstacles and Delivering Solutions- formative OSCE. This is run at or prior to Orientation into the first GP term. Self-identification of patient- doctor communication problems within the registrar cohort is promoted. This paper describes and critiques ROADS as an assessment tool, including remarks from a communication skills teacher working with these doctors. General analysis of the results of the first 4 years of running ROADS is provided, and further study of the detailed results is signposted. ROADS is a rational, reliable and valid tool in the context of GP Vocational training
TO BE OR NOT TO BE .... INFLUENCES ON CHOICE TO UNDERTAKE GP TRAINING
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Background
To prevent predicted GP workforce shortages, GPET’s Strategic Plan includes a goal to attract 35% of Australian medical graduates to apply for the General Practice Training Program by 2013, an increase of 7% from the 2011 . Australian medical schools vary from 8% to over 30% in the proportion of local medical graduates they produce who select general practice training.

Aims/objectives
To investigate influences on medical graduates’ decisions to select or reject general practice training, to inform future marketing strategies.

Methods
Heads of Departments (HODs) of General Practice were briefly interviewed to determine for each medical school selection nature and duration of GP placements in the curriculum

In-depth interviews with 20 GP and non GP registrars explored issues such as: perceptions of general practice/specialty training when a student; expectations of lifestyle, remuneration, social status, and job satisfaction; exposure to appropriate role models in general practice/other specialties; the timing and nature of GP placements in their medical course, Interviews were audio-taped, transcribed, and analysed using NVIVO.

Results
While selection processes for medical students were somewhat similar, exposure to general practice and general practice placements in the medical curriculum differed between universities. HODs from medical schools where exposure to general practice was integrated early and consistently with other aspects of the curriculum believed this to strongly influence students to undertake GP training. Shift work and other pressure demands of the hospital system were reasons for choosing general practice, yet all participants had heard some hospital clinicians denigrate GPs. Reasons to undertake general practice training included: the structure of the training, continuity of care, variety of work, and flexibility Early experiences with their own GP in childhood were very inspiring, as were many GP placements as medical students.

Discussion
There are multiple points along a student’s career trajectory where factors can influence future career choices. Study findings include a number of specific recommendations to encourage medical students to consider general practice. For example, many participants had not known that general practice activities exist beyond the patient consultation and can be both broad and influential, such as work in research/policy/government.
WHY CHOOSE GENERAL PRACTICE?
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Background
A career in general practice has historically been perceived by many as the default career path. The James Cook University School of Medicine opened in Townsville, North Queensland in 2000 with a focus on rural, remote, Indigenous and tropical health and significant exposure to general practice and rural medicine throughout the course 1. In 2001, 18.9% of the first cohort of medical students indicated an intention to pursue careers in general practice 2. In 2011, 44.8% of the first graduates were working in general practice.

Aims
To explore the factors influencing the decision to pursue postgraduate general practice training.

Method
A longitudinal mixed methods study with data collection from the first cohort of graduates from the James Cook University School of Medicine (n=58) was undertaken in 2011. Qualitative information was collected via semi-structured interviews of a subgroup of participants (n=10) pursuing general practice careers. The interviews explored their experiences in more depth. Interviews were transcribed in full and analysed with an iterative thematic analysis.

Results
There are many factors influencing the decision to pursue general practice training. These include positive rural placements during medical school, mentors, family considerations and lifestyle considerations. All interview participants made an active career decision to pursue general practice training.

Conclusion
General practice is a popular career choice for a variety of reasons. Availability and flexibility of regional general practice training improves satisfaction during general practice training.

References
1 Underhill A. In the beginning: an anthology of the life experiences of the first intake of James Cook University School of Medicine students. 2001

2 Veitch C, Underhill A, Hays RB. The career aspirations and location intentions of James Cook University’s first cohort of medical students; a longitudinal study at course entry and graduation. Rural Remote Health 2006:537