

GPs integrate teaching into delivery of patient care

Gippsland: GP Training Practices

Aim: Contribute to the development of the rural medical workforce by integrating teaching and training into the delivery of quality patient care in general practice.

Context: Heyfield Medical Centre and Trafalgar Medical are group general practices located in small population centres in the Gippsland region, which runs from the eastern outskirts of Melbourne to the border of NSW.

- Heyfield Medical Centre is co-located with Heyfield Hospital and serves a population of about 3,000.
- Trafalgar Medical is situated opposite the community health centre in Trafalgar (population about 4,500).

Putting training at the centre of medical practice

The two practices make their educational mission very visible to both patients and staff.

- Trafalgar has “Excellence in supervision, training, education and research” as the first on its list of ethos and values.

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- Signage in the Heyfield waiting rooms says, “this young doctor might be seeing you or your family in a hospital very soon – they need supervised experience now! Watching a skilled GP is a great experience that cannot be obtained elsewhere. In addition, the more enjoyable a student finds his or her rural general practice attachment, the more likely they will choose a doctor’s life in the country for themselves in the future”.

“Medical students and interns... recognise it as a privilege to be present during your consultation.”

Heyfield Medical Centre website

The practices stress that patient safety and the quality of care will not be compromised by having a supervised clinical learner as the primary clinician. They also emphasise the patient’s right to opt out of seeing a medical student or intern under supervision, however, this rarely happens, and many patients relish playing their part in training future rural GPs who they hope will stay in the region.

The positive benefit for the communities is that the two practices are now fully staffed by specialist GPs, most of whom did their training within these clinics. For the GPs, the passion for teaching has energised their clinical work, with the challenge of questions from learners at different levels helping them to remain engaged and curious about their work.



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Photo: Staff at Heyfield who have moved through the centre's vertical training pathway.

Approach to teaching and training

Staff at Trafalgar and Heyfield recognise that they are working in a vertical structure of learners, beginning with medical students and progressing through the prevocational years to vocational registrars in general practice and rural generalism, and professional development for the GPs.

Vertically integrated teaching and supervision:

Staff distinguish teaching from supervision, while acknowledging that elements of the two can be combined in one interaction.

- Vertical integration of teaching tends to occur through the different learners coming together to share one teaching activity with their GP supervisors, either in the designated teaching sessions mandated for GP registrars or in group meetings involving the whole practice, where clinical tips are shared along with lunch. While the early learners benefit from registrar training funded by the Australian General Practice Training program, this is balanced by the benefits of having additional inquiring minds exploring the topic, and the registrar having their own opportunity to teach the students within that shared session, gaining a deeper understanding of the topic and some much-needed teaching skills in return.
- Vertical integration of supervision between students and registrars tends to occur through 'corridor consultations', relieving the GP supervisor of the need to answer a student's quick need-to-know question. Horizontal integration involves students being supervised by the practice nurse (e.g. for an immunisation procedure), while the GP remains responsible for the student's actions.



Photo: Growing the rural workforce in Gippsland

Wave consulting: Both clinics practise 'wave consulting' – a form of parallel consulting where medical students see a patient for 30 minutes (while their supervisor sees two of their own patients), followed by the supervisor reviewing the student's patient for 15 minutes. The student then has 15 minutes to implement the management tasks agreed upon (while the supervisor sees another patient), and the hourly cycle then repeats.

Patients who agree to parallel consultation are offered earlier access to their usual GPs, who may otherwise be booked for weeks in advance.

Open door supervision: Common to both clinics and vital to the success of their vertically integrated supervision model is embracing 'open door supervision', where GP supervisors always welcome interruptions by learners. Students on placement at the clinics have noted a culture of tolerance and learning that is different to their experience during large hospital placements.

Modelling the breadth of rural general practice: Having at least some of the GP supervisors active in hospital-based medicine sends important messages to the students about the breadth of the GP career. Heyfield hospital's emergency, acute and aged care services are provided by the clinic's GPs, and one supervisor from Trafalgar practices as an obstetrician at Warragul Hospital (supervising students, prevocational trainees and registrars in this hospital role).

Supernumerary supervisor: Both clinics have embraced the notion of the supernumerary supervisor, or the GP whose role is educational consulting rather than clinical. GPs report enjoying this change of pace during the week and being stimulated by the different type of cognitive and emotional input required. Heyfield has recruited a recently retired, very experienced GP supervisor to travel from a nearby large town once a week to act as the supervisor for all learners in the clinic that day.

Challenges

The two major challenges to the model are shortage of space for parallel consulting, and reduced remuneration due to longer consultation times.

Shortage of space:

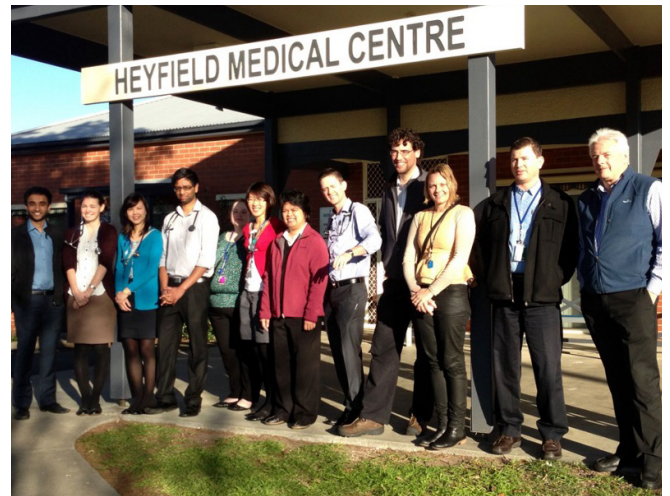
- The Heyfield Medical Centre is at capacity, although its co-location with the hospital allows some consulting rooms for visiting specialists to be used at times. More consulting rooms for students are required, however, funding is not available.
- Trafalgar Medical has a consulting room dedicated to student use, which was refurbished with funding from Monash University through an earlier government grant program. It also has a subsidiary allied health clinic across the road to use as overflow consulting rooms if available when needed.

Both clinics acknowledge that it is difficult to justify allocating a consulting room to a medical student when a registrar or GP needs it, in which case the student's consulting role necessarily became observational rather than parallel – generally disappointing for the students, even if they conduct elements of the consultation.

Poor remuneration: Another challenge is that teaching and supervision are not well-remunerated activities compared to clinical consulting, and that early-stage learners can reduce the practice's income as longer appointments are needed for the consultations.

Trafalgar starts early learners in observational mode to begin with, followed by wave consulting and then 45, 30 and then 20-minute appointments, with progression occurring at a rate suitable for the individual learner. A supernumerary supervisor is available for the first two weeks of placement, even if no medical students are in the clinic.

Both practices use a simple spreadsheet to track which GPs are performing which supervisory and teaching activities throughout the month, with funding from the Practice Incentive Program and Australian GP Training program being allocated accordingly to those clinicians who had done the work.



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