Urban general practice and longitudinal integrated learning for medical students: a GP perspective

Sarah Mahoney, Helen Parry, Danny Byrne, Frank Maldari

GP15
Outline of presentation

Sarah Mahoney:
• Brief outline of Onkaparinga Clinical Education Program
• Role of GPs in the program

Helen Parry
• Outline of GP Preceptor Feedback
• Response to the feedback- current and proposed

Danny Byrne (and Frank Maldari via video)
• GP perspectives on supervision of medical students in longitudinal integrated clinical learning programs
• Medical students’ comments (Jess Lowe and Andy Irwin, Year 3 Flinders MD students at OCEP)

Discussion

What is OCEP about?

A year-long 3rd year MD program focusing on clinical immersion

Longitudinal integrated medical education

Based in urban community setting (GP and specialist) not tertiary hospital

Social accountability and community engaged medical education in a suburban environment

Medical workforce building in relatively underserved areas

Workforce retention and quality through association with University and culture of excellence and research
Why longitudinal integrated clerkships (LICs)?

Clinical immersion
- Learn and consolidate clinical history, examination, reasoning etc through in-depth work with patients and clinical supervisors

Continuity
- Benefits from seeing patients more than once over time
- Benefits to students from same supervisor for longer period
- Benefits to supervisors from improved teacher-student relationship
- Less disruption to learning through decreased or removed need to understand environment of new rotations

All disciplines integrated and studied longitudinally
- Reflects patient experience, treats patient as whole rather than as specific condition
- ‘…illness is a human experience, not only an abstraction’ (Pauli et al)
- Students contribute to team through knowledge of specific patients


Core philosophy

- Early clinical learning requires time to develop patient-centred approach based on understanding and competency in basic principles of medical practice: history, examination, reasoning

- Students need to develop these skills before focusing on specialties and student intern roles

BUT: current course structure requires students to do barrier exam in all specialties
Role of GP

- Principal clinical supervisor
- Provide access to clinical world: patients, clinicians, clinical reasoning
- All disciplines, not just ‘GP’
- Supervisor and mentor
- Not responsible for academic program
- Not expected to ‘cover’ everything, role of OCEP to ensure that through other placements

Evolution of OCEP

- Pilot full year LIC in 2009-2010
- ‘Hybrid’ program 2011-2015
  - LIC 20 weeks, local hospital rotations with continuing LI academic program 20 weeks
  - To accommodate increase from 6 students in 2010 to 24 students in 2011
- Return to year-long LIC in 2016
OCEP 2016 –back to full LIC

Year-long:
- GP 2-3 sessions per week
- ED 1 session per week
- Tutorials 2 sessions per week

Short specialty immersions 1-2 weeks full time:
- Obstetric ward, neonates and inpatient paediatrics
- Intro to surgery and anaesthesia (early in year)

Surgery, medicine, psychiatry, gynae, ambulatory paeds longitudinally
- 1 session per week each all year (eg theatre, ambulatory clinics)
- Following patients whenever possible

OCEP 2016: Why change?

• Clear message from most GPs and students at end of 20 weeks CBME that longer would be better, students just starting to become more competent

• Maturation of program for GPs – comfortable and confident to take students for extended LIC learning

• Less reliance on public health services, decrease impact of unilateral changes if they occur

• Opportunity to return to original LIC concept
OCEP Program Advantages

Hands-on learning working closely with senior clinicians in a wide variety of settings

Longitudinal, community-based program

Specialty attachments

Excellent results

Caring and supportive learning environment with clinical educators, support staff and peers

OCEP assessment results

Total end of year 3 results OCEP vs non-OCEP
OCEP students class ranking

OCEP students average class rank improved from 59 to 48 (p=0.03) (lower value = improved class ranking)
Outline of GP Preceptor Feedback

OCEP 2015
Dr Sarah Mahoney, Dr Helen Parry,
Dr Danny Byrne, (Dr Frank Maldari)
Jessica Lowe, Andy Irwin
Aims
Assess GP preceptors opinions:
• Benefits, and
• Disadvantages
of longitudinal clinical learning opportunities
in urban general practice

Main Themes
• Longitudinal Program
• Student Learning in GP longitudinal placements
• Impact on GPs, staff and patients
• Benefits to community
• Challenges:
  – Funding, Time, Space, Competing Activities
  – Student issues
• University Support
Longitudinal Program

- Students have time to build confidence and competence
- Students review patients over time and see impact of health on people’s lives
- GPs able to see the students evolve over time
- Apprentice type model

“It is very rewarding to see the student become more and more competent as the term goes on.”

Dr Danny Byrne    Dr Frank Maldari
Benefits Student Learning

**Supportive environment:**
- Friendly and supportive learning environment
- Students grow in confidence and skills over the year
- One on one teaching from a GP/ Mentorship role
- Parallel consulting widely available

**Student- patient:**
- Students experience the depth and breadth of medicine
- Students get to know patients well:
  - patients don’t lose their identity
  - less students per patient

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Benefits Student Learning

**Teaching and Learning:**
- Wide variety of conditions, broad view of health
- Undifferentiated health conditions
- Able to do procedures
  - longitudinal nature- increased confidence and competence
- "Real life" community based experiences
- Teaching is complemented with academic teaching sessions at Flinders University OCEP
  - GP can focus on clinical ‘on the job’ teaching

*View patients as people with health problems rather than a collection of diseases*
Benefits to GPs

• **GPs enjoy teaching**
• Enjoy seeing students develop skills and knowledge over time
• Preferred longitudinal attachment
• Refreshing having enthusiastic and motivated students in the practice

“I have enjoyed being part of medical student learning, especially with the enthusiasm and motivation shown by the OCEP students”

“Teaching students is a two way process, they learn from the GP but the GP also learns from them.”
Benefits staff and practice

GPs said the nurses and practice staff enjoy their involvement in training future doctors

“It has made the practice more vibrant with young, enthusiastic and knowledgeable students with a thirst to learn more being here most days of the week. Their interactions with doctors, staff and patients have been respectful…”

Patients and Community

Patients
• Most patients are happy most of the time to have students involvement

“Our patients welcome the students and are proud to be able to assist in their learning.”

• Occasionally difficult to balance needs of the patient and student: eg. If a patient is having counselling, then the student is often observing the consultation: may not be beneficial to student or patient

Community
• Future workforce, interest in working outer metropolitan/ lower SES environment
• Students obtain skills in health delivery outside hospital
• Future hospital/ specialist doctors will be better at discharge planning and communicating with GPs
Benefits to GPs, staff, patients and the community

Challenges

**Funding, Space, Time, Competing Activities**
- A dedicated room for students to do parallel consulting
- Time and remuneration for training GPs to be supervisors
- Time to organise
- Compensation if seeing less patients
  - Increase of PIP payments from $100 to $200/session was welcome

**The Underperforming or Difficult Student**
Challenges: Funding, Space, Time and Student Issues

University Support

Organisation and Support
• They appreciate support, organisation, communication from university
• Supervisor events, medical centre visits, journal club
• Networking of GP supervisors
• Emails, correspondence with practice managers
• Frustrating if students don’t turn up

University Academic Program
• GPs can concentrate on clinical teaching because academic program in ongoing at OCEP
• Some GPs interested in
  up-skilling,
  having access to Flinders resources
University Support

Formal Student Assessments
• Mixed response to assessments
• Some found valuable, good time to give feedback to students
• Some wanted more training in doing assessments
• Some thought the paperwork involved was too time consuming

CONCLUSIONS
The perceptions of GPs involved in the OCEP Longitudinal program
• Enjoy longitudinal clinical teaching
• Benefits the students
• Benefits for patients and the community
• Feel supported by the university
• Increase GP funding for infrastructure, space and time to support teaching
Thank you

GPs and their staff

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