Final Report: Community based training for community-based care

Aim and objectives

Located in an outer metropolitan area (OMA), this project had two aims; firstly, to create a sustainable teaching workload model for GP supervisors; and secondly, to promote medical students' interest in GP as a career. Ultimately, this was envisaged to potentially impact the ongoing shortage of general practitioners (GPs) and GP trainees in OMAs. To achieve these aims, the objectives were firstly, to conduct a literature review to inform the development of a longitudinal integrated clerkship (LIC) model for OMAs; and secondly, to commence a LIC pilot for penultimate Curtin Medical School (CMS) students in Year 4 placed in an OMA. The Year 4 students were simultaneously immersed in a single longitudinal GP placement for two days per week over 24 weeks of medicine and surgery placements at the local OMA hospital. The students were also placed in four-week block rotations of psychiatry, obstetrics and gynaecology, and paediatrics, which included attachments to community primary care.

Method

A critical literature review guided by PRISMA informed the development of the LIC model. The software tool Covidence facilitated data extraction. Data were thematically analysed.

The LIC implementation was designed as an action research qualitative case study. Ethics approval was obtained from Curtin University (HRE2024-0122) for the students, their GP supervisors and the GP's staff. South Metropolitan Health Service granted ethics approval (RGS7196) for the OMA hospital supervisors. The research is currently pending site approval prior to inviting their hospital supervisors' participation.

Quantitative data were collected from the three students through pre- and post-LIC questionnaires and from two GP supervisors and four Practice managers through one post-LIC questionnaire. Qualitative data were collected from the students through one focus group discussion; from six GP supervisors through two focus group discussions; and 11 of the Practice staff through interviews. In addition, the research team conducted three field observation "check-ins" at the beginning, middle and end of each student's GP placement. These involved semi-structured interviews with each student, their respective GP supervisors, all practice managers and some staff.

Qualitative data were thematically analysed to identify recurring patterns of meaning using an inductive approach. The broad patterns were aggregated into defined themes. The quantitative data were used to interrogate and triangulate the themes identified.

Results

Six databases yielded 2297 citations which were screened resulting in the review of 52 studies. Content analysis identified primary and secondary themes for the key affordances of effective learning in LICs. These were used to create thick descriptions for 'curriculum',

‘supervision/teaching’, ‘student characteristics’, ‘community of practice’, and ‘faculty support’. The thick descriptions highlighted the interrelationships between LIC stakeholders and their impacts on learning processes.

Regarding the pilot implementation, the triangulated data yielded themes in common and specific to participants. The common themes included *LIC benefits*, *LIC challenges* and *continuous improvement*. The student specific themes included *LIC learning*, *pilot-specific hindrances*, *student attributes* and *GP as a career*. The GP supervisor specific themes included *motivation to teach*, *roles*, *patient-driven region specifics*, *teaching and learning activities*, and *student benefits*. The GP staff specific themes included *workplace culture*, *patient impact*, *integration* and *teaching opportunities*.

Discussion

The literature review informed the conceptualisation of LICs as Complex Adaptive Systems, which underscores the importance of maintaining strong relationships and partnerships among all stakeholders. In addition, the review highlighted effective strategies for authentic learning such as wave consulting and patient panels.

Granted the small sample size, the evaluation findings for this first year of implementing a LIC in an OMA were informative. Notably, the GP check-ins provided opportunity for feedback in real time for driving the action research. The LIC experience positively influenced most students’ interest in GP or rural generalism as a future career. Across all practices, the LIC was a positive experience for GP supervisors, practice managers and staff. It was considered less burdensome than block placements and perceived as a more sustainable teaching workload model, and one which they wanted to continue.

The literature and evaluation have informed the second year of implementing the LIC pilot. In addition, conceptualising the LIC as a Complex Adaptive System explained the impacts of numerous challenges experienced by the stakeholders in the first year of implementation.

Implications

Given the LIC model’s appeal as a more sustainable model to engage and motivate GP Supervisors (and potentially GP registrars), CMS is continuing the pilot and plans to expand into other OMAs in Western Australia. The wider impact of this research is that, after further refinements, the LIC model may be taken up by other medical schools to be usefully applied in OMAs. Further, the model offers the possibility of ultimately increasing medical students’ interest in GP and thus the uptake of GP specialty training in the future.

Future research

The perspectives and recommendations for further refinement of the LIC model from the local hospital supervisors will complete this research. Piloting of the LIC model continues as a research project at CMS. The plan for a further refined LIC model being piloted in other OMAs also opens new avenues for research.