



Rationale

Doctors have a long-held tradition of teaching. The Hippocratic oath refers to the importance of teaching and mentoring.¹ The origins of the word 'doctor' come from the Old French for 'teacher', based on the Latin *docere*.² The Royal Australian College of General Practitioners (RACGP) core skills for general practice (CS16) include many skills focused on the important roles of teaching, mentoring and leadership, which are essential tools in high-quality general practice.

General practitioners (GPs) have the potential to have a significant influence on the health of the broader community through education, policy development and advocacy. Frequent opportunities also arise in clinical practice to foster the development of skills and knowledge of students and less experienced doctors, and to encourage and support colleagues to improve the quality of care provided to patients. Some may refer to this as teaching and mentoring on the art of general practice.

Skills in education are an integral part of the professional repertoire of GPs, and the role of GP as educator of patients is an important aspect of this. Effective GPs use their capacity as teachers to empower patients regarding their own health – this is an important way to optimise individual health outcomes.

Teaching is said to occur when the teacher has greater knowledge than the student, and mentoring when they have greater perspective. GPs possess many teaching, leadership and mentoring skills that are often not recognised. All GPs educate and mentor their patients, and these teaching skills can be transferred to education and mentoring of medical students, general practice registrars, peers and other health professionals. The skills for high-quality mentoring and teaching can be acquired throughout professional life, beginning in medical school, and are based on an essential foundation of leadership.^{3,4}

GPs are ideally placed to provide leadership in the community. Leadership is an essential component of education and can be demonstrated through identifying opportunities for improvements in the quality of care and health, collaborating in creation of an attainable vision for people, and inspiring and setting organisational values and strategic direction.⁴ This means opportunities for demonstrating leadership are not limited to experienced GPs, but are present throughout the career lifespan.

Leadership needs to be distinguished from management, which involves directing people and resources to achieve organisational goals set in place by leaders. While distinct, both leadership and management are critical to achieving organisational success.⁵

Professional codes of ethics highlight the obligation and tradition of passing on knowledge and skills to colleagues and students. Teaching, mentoring and leadership roles are becoming more common in general practice in the following ways:

- Universities are directing learning away from the more traditional wards and lecture theatres of metropolitan tertiary hospitals, toward community-based settings, including general practices.
- The advent of university departments of rural health and rural clinical schools in the early 21st century has seen much medical undergraduate education moved out of metropolitan centres to rural centres.
- The infrastructure of Primary Health Networks has mainstreamed local delivery of continuing professional development.
- The decentralisation of general practice education and the rise in numbers of general practice Fellows has resulted in general practice teaching and mentoring becoming a career possibility for any GP, as either a supervisor or a medical educator.
- The increasing complexity of primary healthcare, the rise of quality improvement and innovation, and the move toward multidisciplinary approaches to patient care require increasing levels of leadership skills at all stages of the GP's learning life.
- The GP is well positioned to demonstrate leadership and advocacy in the community, from having a broad perspective on many issues of public and population health importance and a strong knowledge base of the biopsychosocial complexities of general practice, as well as an understanding of individuals who are unable to access the services and resources they need.

Examples of skill requirements that enhance ability to deliver high-quality medical education (especially within a general practice clinical context) include the following:

- Understand the roles of teachers, mentors and leaders – when to teach and when to learn, when to lead and when to follow.
- Apply contemporary theory and practice to the education of adults.
- Employ effective communication skills, including the capacity for code switching – as in addressing different audiences (patient, family members, staff, students, leaders); facilitating learning by catering to individual learning styles at an appropriate level of autonomy; clearly articulating team roles, responsibilities and expectations; recognising the learning needs of peers and junior colleagues; developing rapport with learner/mentee; reflecting on and providing respectful feedback (positive before negative) that challenges individuals to reflect and develop knowledge and skills; providing clear explanations as to reasoning behind use of clinical strategies; and formulating appropriate questions to encourage learners to develop problem-solving skills, such as through reflective practice.
- Demonstrate accountability for teaching – this identifies the important role that a teacher or mentor of junior colleagues carries when assisting in the development of clinical skills and knowledge. Exposure to patients is an important part of this process, but the senior staff member needs to remain accountable for outcomes when this occurs and thus should be mindful of the level of supervision required after assessment of the potential risks that may be present, taking into account the experience and knowledge of the junior colleague.
- Incorporate teaching, mentoring and leadership at all levels of the learning life and within an organisation.
- Adopt strategies to stimulate learning and encourage reflection, which may include use of role plays, observation of consultations through sitting in or recording, case presentations of complex cases at practice meetings, and critical case discussions.
- Employ assessment and evaluation skills.
- Create an effective learning environment, which may include being accessible as a supervisor and mentor physically and through a non-judgemental, non-critical and respectful approach to mentoring and teaching, enabling junior staff to be comfortable in requesting assistance when required; provision of therapeutic and management guidelines to assist junior staff; creating structures to allow time for education opportunities as they arise; creating structures to enable honest provision of feedback on teaching and mentoring to maintain quality improvement; recognising any difficulties that arise for junior staff; and providing support personally or by recommendation of other resources externally if this is appropriate.
- Ethically teach and lead individuals, groups (small and large) and organisations. Often, this will be in complex environments, such as in the context of primary care.
- Employ change management skills.

- Incorporate understanding of sociocultural diversity into teaching, mentoring and leading – for example, identifying the role of gender, cultural and linguistic diversity, and facilitating delivery of education by cultural mentors and educators, this is particularly important in Aboriginal and Torres Strait Islander settings.

All GPs have the capacity to inspire, to be teachers, mentors and leaders in the art of general practice to improve outcomes for their patients and for the broader community.

Related contextual units

This unit is relevant to all of the populations and presentations of general practice.

References

1. Hippocrates. The oath [F. Adams, trans]. Chicago: Encyclopaedia Britannica. Available at www.britannica.com/topic/Hippocratic-oath [Accessed 31 March 2016].
2. Oxford Dictionaries. Doctor. Oxford: Oxford University Press, 2016. Available at www.oxforddictionaries.com/definition/english/doctor [Accessed 31 March 2016].
3. Kidd MR, Beilby JJ, Farmer EA, et al. General practice education and training: past experiences, current issues and future challenges. *Med J Aust* 2011;194(11):S53–4.
4. Blumenthal DM, Bernard K, Bohnen J, Bohmer R. Addressing the leadership gap in medicine: Residents' need for systematic leadership development training. *Academic Medicine* 2012;87(4):513–22. doi: 10.1097/ACM.0b013e31824a0c47.
5. Swanwick T, McKimm J, editors. ABC of clinical leadership. Chichester, West Sussex: BMJ Books, 2011;chapter 1;p1.

Useful general practice teaching resources and tools

General Practice Registrars Association (GPRA), www.gpra.org.au

General Practice Supervisors Australia (GPSA), www.gpsupervisorsaustralia.org.au

Supervising medical students and prevocational doctors in general practice webpage, www.racgp.org.au/education/meandsupervisors/supervision

Glossary

Nil