Teaching and learning of doctors' health in Australian general practice training.

Aim and objectives

Enhancing doctors' health enhances the quality of care provided to patients. General practitioners (GPs) are the largest specialist medical workforce and the key providers of health care to doctors. It is therefore important to ensure that GP registrars (GPRs) are learning about doctors' health. Doctors' health education (DHEd) is a recognized part of the Royal Australian College of General Practitioners' (RACGP) curriculum. This research project aimed to investigate the delivery of DHEd across Australian general practice training. We sought information regarding what, how and when DHEd was taught / learnt. We explored this from a teaching and learning perspective, gathering data from leaders within Regional Training Organisations (RTOs), medical educators (MEs), GP supervisors (GPSs), and those learning (GPRs).

Methods

This project was led by General Practice Training Queensland (GPTQ) in collaboration with GPEx, Northern Territory General Practice Education (NTGPE), and The University of Queensland. After ethics approval, invitations to participate in a cross-sectional survey were emailed to GPSs, MEs and non-hospital based GPRs from the three collaborating RTOs. The surveys were informed by the RACGP doctors' health curriculum and included questions seeking both quantitative and qualitative responses. Semi-structured interviews (SSIs) were arranged with a sample of GPSs, MEs and GPRs. All nine RTOs across Australia were invited to provide an outline of the DHEd they provide to GPRs.
Data were anonymised for analysis. Quantitative data were analysed using descriptive and inferential statistics and qualitative data were analysed using inductive thematic analysis.
Findings were mapped to the current RACGP doctors' health curriculum.
Preliminary study findings were discussed at a focus group with Directors of Training/Education from the RTOs that provided DHEd documentation, to capture the insights of these experts.
The mixed method approach of this study offered the opportunity for triangulation of results.

Results

Forty-one (3%) GPSs, 23 (25.3%) MEs and 55 (6.5%) GPRs completed the survey, with 42 questions focused on how often participants reported teaching / learning about specific components of the doctors' health curriculum.

Self-care messages were generally reported as being taught (by most GPSs and MEs) and learnt (by most GPRs) occasionally, frequently or very frequently. Some of these self-care messages included the importance of doctors having their own GP, maintaining physical health, taking leave, time with family, stress management skills, having interests outside of medicine, and knowledge of workplace health and safety issues.

Apparent curriculum gaps, i.e. topics about which many teachers and registrars completing the survey reported never/rarely teaching/learning, included topics related to caring for doctors as patients, some aspects of doctors' mental health (e.g. the impact of bullying on doctors in training and substance use and addictive behaviours in doctors), accessing health care as a doctor (specifically how to choose an independent GP), and the professional issue regarding the benefits to doctors of income protection, assets protection, and health insurance.
For many topics, teachers reported teaching the topic more often than registrars reported learning about the topic.

Doctors' health teaching was provided using a breadth of methods including formal and informal teaching, peer discussion, mentoring, online learning, and informal conversations. Teaching was delivered by MEs, GPSs, peers, external clinical teaching visitors and practice managers.

Eight GPSs, three MEs and nine GPRs took part in the SSIs, with the findings being generally consistent with the survey findings. A key DHEd issue that emerged from the SSIs was the importance of the "hidden curriculum," which contained both positive and negative messages for the learners (e.g. the role-modelling of GPSs taking, or not taking, lunch breaks). Teachers described 'checking in' and providing ad hoc personal support to registrars. These role-modelled episodes of collegiate support were informal teaching that focused on appropriate professional behaviours that intersect with doctors' health. GPSs reported they were keen to better understand the DH curriculum and to liaise with the RTOs and MEs to maximise training effectiveness.

DHEd documents provided from seven RTOs across Australia supported an emphasis on self-care, with some provision of / access to resources relating to accessing care and being a doctor's doctor.

A focus group discussion (FGD) with experts from five RTOs discussed the study's preliminary findings. They affirmed the importance of DHEd throughout GP training and felt the findings reflected their expectations. Much of the DHEd delivered was seen as embedded across other teaching and learning sessions, rather than being delivered as specific DHEd sessions. The importance of the hidden curriculum, including role-modelling, was highlighted. Concerns were raised that its covert nature meant that some messages were lost. Making DHEd teaching more overt was recommended. Time constraints of the formal teaching program for GPRs were thought to limit the delivery of doctors' health teaching.

Discussion

To our knowledge, this is the first time that the doctors' health curriculum component of GP training has been explored by seeking the experiences of both learners and teachers of DHEd. The study highlights that DHEd was valued by both teachers and registrars. It also provides very useful insights, into which doctors' health messages were often taught / learnt, and which were not (the gaps), as reported by the participating teachers and registrars. The hidden curriculum and the importance of role modeling upon registrars' learning was highlighted across all aspects of the study.

A limitation of this study was the low survey response rate, though this is not uncommon for GP surveys. The potential for volunteer / non-response bias can limit the generalisability of the survey findings. However, this study used mixed methods (including surveys, SSIs, document collation and a FGD) with collection of data from multiple sources (GPSs, MEs, GPRs, RTO and Directors of training / education). Triangulation of the results from the different components of the study demonstrated largely concordant findings.

Implications

These findings are very timely as GP vocational training transitions from being RTO- to college-led over the next 12 months. For DHEd, being aware of the hidden curriculum and ensuring educational messages are made explicit may help reduce any discordance between reported teaching/ learning. Identifying the gaps in the curriculum delivery could facilitate maximising training effectiveness. GPSs were keen to better understand the DH curriculum, and this has broad implications for the training for GPSs and MEs.

Future research

This study demonstrates an innovative approach for the future exploration of the delivery of many aspects of medical vocational training for GPs and other specialties. It also opens up broad opportunities to investigate future specific DHEd initiatives e.g. learning how to be a doctor for a doctor, or workshops designed to enhance GPS and ME training in DHEd.