



Flexible teaching and learning in general practice



BACKGROUND Changing general practice workforce characteristics, with fewer people prepared to work excessive hours, mean that both teachers and learners need greater flexibility in their approach.

OBJECTIVE This article describes the strategies one practice has used in aiming for optimum and stimulating medical education. Issues such as finding the right match between learner and teacher, and enriching the learning environment are discussed. Personal, professional and workforce boundaries are examined, as is the maintenance of identity and integrity.

DISCUSSION Flexible teaching and learning needs to involve vertical and horizontal integration. Mentors who are thriving personally should lead by example. A nonclinical agenda is paramount. Appropriate accreditation within the training program and acknowledgment of the differences between rural and metropolitan general practice training needs further work.

In order to teach and learn effectively, an appropriate environment to support and stimulate educational experiences is required. This includes looking after all participants in a holistic way. Medical, social, emotional and political aspects need to be addressed. We describe the experiences of a teaching practice striving to achieve optimal teaching and learning.

Practice profile

Our practice is in an agricultural region (population 35 000), 3 hours drive from Adelaide in South Australia. Barmera is the smallest of five towns in the region that has its own hospital. The practice does their own after hours work including trauma and care of critically ill patients with limited specialist support. Full time doctors do a one in 3 on-call roster.

We are a diverse group of two full time and two part time general practitioners, and one part time general practice registrar. We have two full time senior medical students attached to the practice for 1 year.

Everyone in our practice is interested in, and committed to, flexible teaching and learning. We each require a medical career that is compatible with our personal commitments. Thus, our teaching and learning aims are to foster both horizontal and vertical integration of open minded education, and to cater for the different requirements of all participants.

Who teaches and who learns?

Teachers and learners are different people at different times.¹ This depends on their knowledge and aptitude for the material under discussion. Registrars and students typically benefit from a GP's higher level of medical experience. On the other hand, GPs can, at times, find themselves brought up-to-date by a registrar or student's expertise that they gained from recent specialist tutorials or hospital placements. The advent of graduate entry medical courses means that students often have a broader background than that of traditional school leavers. Their perspective can be challenging and refreshing. In our practice, we each bring special skills such as research and report writing, indigenous health care, and epidemiology.

Vertical and horizontal integration is an integral compo-



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ment of effective teaching and learning. Integration allows an individual to learn from seniors, colleagues, juniors, patients, other health professionals and support staff. Learning situations can be formal or informal. Validation and acknowledgment of the appropriateness of any given learning experience can generate enthusiasm and encourage achievement.¹

Basic clinical knowledge and skills

An early priority is to teach the diagnosis and management of common and serious problems. Skills such as how to treat a myocardial infarction or the management of severe trauma are essential. Appropriate basic teaching also highlights region specific management of various conditions, and the tyranny of distance.

Another priority is to teach registrars effective time management skills, particularly running to time with 15 minute consultations. This involves educating the community of the expected duration of a visit, and the likely number of problems that will be dealt with. Learning early on to utilise locally available resources is invaluable in a rural area.

How to survive and thrive

In rural communities, a doctor's private life is open. Patients often express their delight at meeting such a valued member of the community by showing interest in them as a person. This enthusiasm has the potential to merge into gossip. Doctors need to take pride in their lives, but be aware that privacy can be hard to maintain. Dealing with the feeling of invasion of personal space, the lack of anonymity, and the need to conform, can lead to a pervasive and constant pressure. However, it is crucial not to lose one's individuality and integrity. Having enough self esteem to shock occasionally, and to be different often, allows a refreshing release from conventionality.

Finding the right match

The practice perspective

A practice learns about potential employees or associates through interview, written communication, previous contact or networking. For a practice to run smoothly as a business, it is important that a shared philosophy is held. This is particularly so with respect to financial issues and ensuring adequate remuneration. In our practice, the style of consultation is flexible, restricted only by legal requirements.

Registrar/student perspective

Registrars and students coming to learn in general practice need accurate, up-to-date and easily available information. The practice must address their personal learning needs.

The after hours commitment (on-call and hospital work) should be manageable for the registrar and a strong support network and multiple backup plans are vital for those with a family. Due to the intensity of teaching contact, personal compatibility is essential.

Additionally, it is important for the community to fulfil hobby, sporting, family, cultural and accommodation requirements.

Identifying appropriate towns to practise in can be made easier by using the RACGP or RRMEQ databases, GPET websites, or tourism websites (see *Resources*). The final step in the search for the 'right' practice is to ensure appropriate remuneration is negotiated.

Creating the optimal environment for teaching and learning

Learning and teaching well centres on respecting boundaries in a variety of roles.

Professional

For many new registrars, it is not so much the actual medicine but the administrative and technical aspects of general practice that can be daunting. Learning how electronic records work, practice policy and billing, useful phone numbers, and which visiting specialists and allied health services are available are all important.

Highlighting the major differences between general practice and hospital medicine is helpful. Reading other doctors' progress notes introduces the learner to available services and specialists, as well as providing good clinical information. Talking about clinical issues in the tea room or hospital nurses' station often provides local solutions.

Registrars are likely to need guidance in balancing opportunistic preventive medicine against time pressures. Many registrars want to solve all of their patient's problems right now – and do a Pap test, blood pressure check and breast exam in the one consultation. Understanding that a shorter consultation may improve retention of information by patients may encourage the adoption of a 'wait and see' approach. Registrars also need plenty of reassurance that some mistakes are inevitable.

Understanding your contract, including leave arrangements (eg. annual, parental and maternity leave) is paramount. Being up front about concerns will usually lead to rapid resolution of problems. General practice attachments are one of the few opportunities to learn practice management.

Personal

Meeting practice and hospital staff before starting work

makes the first day in a new practice a great deal easier. A welcome event before commencing work may help alleviate any fear of the unknown. Early 'get togethers' and attendance at continuing medical education events support the new doctor or student in getting a sense of their colleagues. Community festivals and market days are great events to help develop a sense of belonging to the community.

Appropriate accommodation factoring in children, pets, space and location is a crucial element to settling in, as is locating appropriate child care or schooling well before arrival and developing back up plans for child care emergencies. Finding suitable recreational activities and local information can be facilitated by the local tourist centre. Learning where to shop locally or whether to visit a metropolitan area for shopping and entertainment is another challenge. Discuss the limitations of the environment and turn them into positives.

Members of the community are often the most active in helping new arrivals and their families settle. People want to know their doctor or student as more than just a name. The best way to connect is by taking up those generous invitations to join community events such as the local football match, invitations to the golf club for a meal or a drink, or by playing sports and getting involved in your children's activities.

Workforce

Students and junior doctors entering the workforce tend toward a broad life focus.² This requires flexibility in careers. Most do not want heavy after hours commitments unless it is acknowledged and well remunerated.^{2,3} To embrace sustainable models of health care, practical after hours arrangements need to be developed at both practice and regional levels. Junior doctors are less likely to be attracted to practices with a heavy after hours commitment.

Training requirements need to be adapted to suit full or part time work, and accommodate study. Modular training for release days is highly desirable to increase flexibility for part time registrars.

The differences between rural and metropolitan GPs, especially in terms of hospital and after hours commitments, should be recognised. All of a registrar's work should count toward their training program requirements, not just their sessional consulting work. Accreditation models should cover the full range of practices in which registrar's train.

Identity and integrity

Keeping your identity and integrity intact maintains your self

esteem. Components of self are different for different people, and are even fluid for an individual depending on their circumstances. The beauty of general practice is that it allows an individual to choose their level of work at a given time. Each doctor can decide at each stage of his/her career to 'save the world', work harder for more financial remuneration, or get home to cook dinner that night. Balancing pressures and rewards helps to preserve the core elements of the functional self. A new member of the practice needs to fit into the practice and community without losing personal identity and integrity. Teaching others makes mentors question and re-evaluate the balance in their own lives.

Conclusion

Teaching and learning in general practice must be more than didactic mini-lectures. Good education has many facets. Successful adaptation to the new role in life for a registrar or student joining a practice involves much more than just medicine. Mentors in turn, must address the challenges facing their recruits.

Summary of important points

- Teachers and learners are different people at different times.
- Teaching others makes mentors question and re-evaluate the balance in their own lives.
- Credit must be given to registrars toward their training program for all of their work, not just sessional work.

Resources

RRMEO online education ACRRM. Available at: www.acrrm.org.au/main.asp?NodeID=192.

GPET. Available at: www.gpet.com.au/.

Sturt Fleurieu GPET consortia. Available at: www.sfgpet.com.au/.

RTODB. Available at: www.racgp.org.au/rtodb.

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