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Clinical teaching and clinical teacher training

GPs' attitudes and involvement

There are no data on the attitudes to, or involvement

in, clinical teaching or clinical teacher training among Australian general practitioners, and little from overseas.¹⁻³ General practitioner undergraduate teaching sessions decreased 5% over 1 year,4 suggesting possible problems in recruiting and retaining GPs as clinical teachers. Accordingly we designed a pilot study to study this and to inform the further development and enhancement of clinical teacher training programs.

Methods

We surveyed GPs with a 26 item self completion questionnaire that required familiarity with basic educational terminology and concepts. The instrument was faxed to 1654 Sydney (New South Wales) GPs. We used 5-point Likert scales supplemented with open questions to gather qualitative data.

Ethics approval was determined through the Human Research Ethics Committee of the University of Sydney.

Results

The survey was returned by 195 GPs (response rate 12%); mostly from women (57%). General practitioners in the 45-54 years age group were over-represented compared to those in NSW. About half (49%) were currently clinical teachers, mostly involved in undergraduate medical education. Some (10%) were additionally involved in vocational training and continuing professional development.

The majority of clinical teachers (97%) recommended clinical teaching, and 46% wanted to teach more. Most (55%) nonteachers would consider teaching.

Most (69%) clinical teachers had attended formal teaching training in the past decade compared to 28% of nonteachers. Both groups (85% and 89% respectively) thought teacher training programs should be offered. The majority thought these should include the understanding of adult learning principles; clinical teacher beliefs on teaching; clinical teacher attributes; importance of the clinical teacher as a role model; knowledge of teaching skills; and knowledge of effective teaching methods.

They also mostly agreed or strongly agreed on the importance of evidence based clinical teaching methods. Responses to open questions about reasons for teaching were: a sense of duty, enjoyable personal aspects of contact and sharing knowledge with students, and the opportunity of learning it afforded learning and keeping up-to-date. Reasons for not teaching were practical: lack of time, competing commitments, and lack of opportunity to teach.

Discussion

Our study has a number of limitations: questions required familiarity with basic educational terminology and concepts, and a poor response rate.

A comparable study³ conducted in the United Kingdom found personal aspects of contact and sharing knowledge with students, and the opportunity of learning/keeping up-todate motivated doctors to teach, but lack of time and other commitments were barriers. However, it did not find any sense of duty, nor GPs' lack of opportunity to teach a problem.

Perhaps we should no longer rely on GPs self selecting as teachers: active recruitment and retention initiatives may be needed.

Conflict of interest: none declared.

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