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GP 'grand round'

A hospital tradition modified for general practice

Background

The hospital 'grand round' concept was applied to a general practice continuing professional development activity. Interactive learning sessions were developed to deliver evidence based medicine clinical education for general practitioners and general practice learners (registrars/medical students). The acceptability of the GP grand round format was examined through analysis of participant responses to learning objectives.

Objective

The article explores some of the issues associated with delivery of small group case based discussion.

Discussion

Evaluations demonstrated that participants in the grand round valued the opportunity to interact with other participants in a small group format, exchanged and shared knowledge and had their learning needs met. The overall quality of the learning experience for the majority of participants was either good or excellent. The application of vertically integrated continuing professional development through a grand round format appears acceptable and effective.

Keywords: education, medical, graduate; education, medical, continuing

The 'grand round' concept, generally associated with hospital based medical education, was adapted to support vertical integration in a continuing professional development (CPD) activity for general practice. Vertical integration in this context refers to encouraging all levels of general practice learners (general practitioners, general practice registrars and medical students) to participate in the activity. The GP grand round was modified from the traditional hospital based lecture model to a community based, small group, case oriented interactive learning activity.

Format

In order to attract the range of GP/learners we formed a GP stakeholder collaboration incorporating two university medical schools, a regional training provider, The Royal Australian College of General Practitioners (RACGP), and local divisions of general practice. This collaboration assisted with marketing and combined financial and physical resources. The case based material for each session was produced by a GP/senior lecturer in medical education and the series was administered by the RACGP. Each session comprised an evening session in a range of venues to encourage participation. The first 30 minutes were used for networking and refreshments. Following a 30 minute presentation of the topic by a clinical specialist, participants were then allocated to small groups (6–8 people) for case based discussion for about 45 minutes. Both facilitated and self directed small group discussions were trialled. A final 30 minute plenary session allowed group feedback and discussion.

Results

Data was extracted from anonymous evaluations completed by a total of 159 participants attending GP grand round sessions held in 2007 (61 participants over three sessions) and 2008 (98 participants over four sessions). The breakdown of participants showed that, on average, 5% were students, 24% were registrars, and 71% were established GPs. Participant responses to positive and negative aspects of small group work were transcribed into combined lists and sorted using key word/phrase association into common thematic groups for analysis. The broad themes were: discussion (with subgroups of sharing, interaction and opinions/limitations); peer learning; expertise; group composition; participation; and facilitation. Contrasting views were sometimes present both within individual session comments and across the thematic

groups indicating the range of learner responses to the same educational activity. *Table 1* provides examples of participant responses across the thematic groups.

In the final analysis, three key outcomes of small group work in the grand round format were noted: as a forum for knowledge exchange; acknowledging the value of different perspectives; and the challenges of small group work.

Forum for knowledge exchange

The format of the GP grand round creates the circumstances for the exchange of knowledge across different levels of practitioner experience. This includes exposure to different and broad ranging opinions, finding out how other GPs practise and their experiences. Participants noted that small group discussion provides more time to tease out different opinions and why these are apparent, promoting detailed discussion of the clinical topic.

Participants responded positively to encountering a range of opinions and different areas of expertise and experience, using these as a basis to work through the case presentation. The varying levels of experience of group participants encouraged a broad range of management approaches, which contributes to improved practitioner understanding of treatment alternatives. The small group format seems to provide an effective structure for communication with the exchange of ideas, perceptions and reasoning prompting participants to more easily recall the information due to the interactive nature of the activity.

Value of different perspectives

The value of small group work was evident in the opportunity for sharing and discussing the range of perspectives within a group, with opportunity to contribute and discuss. It was acknowledged that while some participants may be reluctant to talk and that students may at times be talked over, for the most part the small group work was a supportive, level playing field that worked well to encourage discussion. The group composition was considered a good mix of students, registrars and GPs, although it was noted there is a need to ensure that all groups are of similar size and experience mix. Learning in a peer group was thought to provide the chance to hear more experienced doctors' points of view for students and less experienced GPs. For more experienced participants, if offered opportunities to exchange information and discuss their different approaches to similar types of patients.

Overall, the activity was considered an opportunity to hear other opinions and

Table 1. Examples of participant responses in thematic groups

Themes	Positive aspects of small group work	Negative aspects of small group work
Discussion: sharing	Hearing from other doctors' experiences, practices and knowledge Being able to problem solve with doctors who experience these scenarios on a day-to-day basis	
Peer learning	Learning from others in the group Sharing facts and different aspects of approaches to management and treatment of conditions/cases Able to see how others think and what they do in their practice	
Expertise	Great to have mix of primary and tertiary care perspectives Always great to have input from experts in a field and practising clinicians	
Discussion: interaction	Effective way of communication with each other and as a larger group Enjoyable and more likely to recall the information learnt due to the interactive nature of the exercise. Relevant discussion could ask burning questions Interesting topics broached, discussions were educational	Strong personalities taking control Some people dominate the discussion while some people stay quiet
Discussion: opinions and limitations	Hearing a range of opinions and ideas Diverse opinion and management Finding out other GPs' opinions, practices and experiences More depth of discussion	Points of view presented in an opinionated fashion Some of the experts invited were not in our group and it would have been great to have more time with them
Group composition	Getting different perspectives, having students, GPs, and mix of gender Good size group, active participation	We had a small group, so a more varied input would have been excellent Too big a group Too varied in views
Participation	Comfortable for everyone to have a say in a small group Level playing field	Students tended to be talked over Many people not prepared to adequately discuss topics/cases
Facilitation	Facilitation was helpful Having a facilitator	Needs a moderator/leader Need better group facilitators

perspectives, share ideas, and gain insight through thought provoking discussion which was useful and applicable to clinical practice.

Challenges of small group work

Challenges associated with participation in the small group discussions were noted. For example, the challenge in arriving at a consensus, and differing points of view may be presented in a rigid manner. Lack of knowledge within a group and discussion going off topic were seen as limiting factors, particularly if a group did not have a diverse mix of participants. Closely linked to this were issues relating to group size and makeup with a lack of participant knowledge leading to a potential for misinformation to go unchallenged. Domination of the discussion by one or two individuals was also raised as an issue. This inevitably led to consideration of facilitation and whether small group discussion should be self directed or facilitated by a group leader.

Initially general practice medical educator facilitators were used in the sessions and the specialist speaker circulated around the small groups. We also experimented with group self facilitation and responded to strong feedback that this was not satisfactory for the participants. Overall, while the functionality of the groups was generally considered to be good, although over directed at times, it was broadly acknowledged that there is a need for some level of facilitation to ensure inclusiveness and keep the discussion on track.

The three aspects noted above indicated further adjustments are required to improve the GP grand round concept, with changes incorporated into subsequent rounds. Overall, participant responses were supportive of the concept and 94% stated their learning objectives were met.

Discussion

The GP grand round series responded to a need for quality improvement and professional development relevant to the daily practise of GPs.[1,2] The term 'grand round' was used to capture the 'academic case based branding' of the activity. The small group format was an important factor in the success of the activity as it combined appropriate facilitation in an interactive format; and participant responses demonstrate a strong and positive engagement with this process.

In Australia, general practice is conducted principally within a sole practitioner or small partnership business model, which can lead to professional isolation. In particular, there are limited opportunities in practice to discuss difficult clinical cases with colleagues due, in part, to the current business model. Participants valued an activity that afforded them a 'safe' forum to exchange information, ideas and expertise. Continuing professional development in general practice often consists of the delivery of 'expert' or 'specialist' education to a passive audience. To counter this, the GP grand round incorporated interactive adult learning and a key vertical integration principle of mixing different levels of learners.[3–6] This approach also provided an opportunity to investigate the impact of combining different levels of learners and participant data indicates that this was successful. We also utilised the expertise of specialist presenters who had a demonstrated good understanding of general practice, even though it has been suggested that GPs prefer CPD activities involving short, case based workshops presented or facilitated by peers rather than specialists.[7–9]

While vertical integration as an education model is now embedded in Australian medical schools, its effectiveness in CPD has not been extensively explored. Thematic analysis of participant responses indicates that the GP grand round format is acceptable to different levels of learners, although consideration needs to be given to the makeup of small groups to ensure that all learners are given the opportunity to contribute.

It is our contention that in the Australian environment, as CPD participation is currently voluntary and generally undertaken after normal working hours, novel and relevant educational formats are likely to attract and engage GPs. The numbers of participants over 2007 and 2008 indicates that the GP grand round may address these requirements.

Conclusion

Adapting the grand round approach for general practice creates a much needed forum for knowledge exchange between different general practice learners, in a safe, interactive educational setting. It could be easily applied more widely across Australian general practice CPD activities. The following participant comment summarises the acceptability of the GP grand round: 'The informality made the whole process accessible. Even though my knowledge is limited, my contribution was welcomed. A fantastic platform to learn from others with more experience'.

Authors

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