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Reflection, resolutions and renewal

A new year – an opportunity for reflection, resolutions and looking forward, a time of change and renewal.

Media over the holiday period suggested many resolutions involving lifestyle change: exercising more, having a healthier diet, weight loss, stopping smoking or drinking less alcohol – all every day clinical practice discussions. Other popular resolutions included work-life balance, learning more or improving financial situations.

For many, 2012 represents a significant professional step, such as for those starting a medical degree, the newly qualified doctors starting an internship, the doctors starting general practice training or those completing training and attaining specialist general practice qualifications. For these people, the practices that participate in training are vital.

'Why general practice?' was a question I was asked for the first time in a long time recently. My customary answer when working in hospitals was that I enjoyed everything and this would allow me to practise the most diverse medicine. Considering it now, this is actually a poor description of only part of the reason. The student placements I had were integral to demonstrating that general practice is a distinct specialty, with the advantage of variety. The relationships and understanding of their patients, the ability to make a diagnosis or explain when there was no single label to be applied, the balancing of many conditions and considerations, the decision making involving the patient, the love of their work and their enthusiasm for sharing their profession with me. The patients, the practice staff and the other general practitioners who all helped create an environment for learning that I experienced but did not fully appreciate at that time.

There are many reasons that practices may want to participate in teaching – it may be altruism, it may be part of a resolution to diversify

the work day or learn something new, it may be to help train in the hope of future workforce gains – for every GP or practice it will be a different.

BEACH data shows an increase in teaching practices (to 62% in 2010–2011) and that teaching practices tended to be larger practices and a greater proportion were in regional areas. There were more old patients and indigenous patients seen.¹ All promising in providing exposure to some areas of current and future health needs.

In this issue of *Australian Family Physician*, Laurence et al² remind us of these benefits, but also how it can be used to provide established teaching practices with new approaches to common issues. While financial reward may not be paramount, financial viability is a precondition to sustainability.

Agreeing and planning for trainees in the practice is one thing . . . realising it is about to become a reality may provoke a little anxiety! James Best, who was awarded The Royal Australian College of General Practitioners General Practice Supervisor of the Year award in 2010, provides ideas for those just starting out in training.³

Clinical reasoning, like consulting, is something that, in most situations, GPs are expert in and just happens. When asked by a trainee why you did something, you may need to unravel what you did without consciously realising. Linn et al⁴ provide some clinical reasoning background and a skills based teaching framework. If the plan for the year was to learn a new skill or to learn more about an area of practice, you may find some transferable concepts.

Most patient interaction occurs behind closed doors with an individual clinician. For more senior trainees, they may be the only doctor the patient sees in the visit. Is no news good news? Possibly, but it may also be a symptom of 'unconscious incompetence'. The article by Byrnes et al⁵ describes some practical techniques to provide

feedback and identify concerns. Many of the options can be utilised by any level of practitioner wanting to review and improve their own performance.

Australian Family Physician also sees some changes this year. A new 'access' series offers readers a view into providing general practice services to communities who have difficulty accessing primary healthcare. Susan Hookey⁶ starts the series with her article about 'StreetHealth', a mobile street-based after hours primary healthcare service operating in the western suburbs of Melbourne. As the training year ends, all at *AFP* would like to thank and farewell our 2011 Publications Fellow, Dr Nyoli Valentine and welcome our 2012 Publications Fellows, Dr Sarah Metcalfe and Dr Sophia Samuel.

We hope that you find this issue of *AFP* useful and that it provides some ideas that are transferable to your practice. If you are a new year resolution-type person, I hope you are triumphing!

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