General Practice footprint in the new MD

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General Practice & Primary Health Care Academic Centre
GP & PHC Academic Centre

Department of General Practice

- @ Parkville
- @ Sunshine

Primary Care Research Unit

Primary Care Teaching Network (clinical placements)

- 252 practices (88 rural; 164 urban)
- 56 community base teaching sites (North West)
Overview of GP in the new MD

• Vision & aims
• 1\textsuperscript{st} year & 2\textsuperscript{nd} year placement
• 3\textsuperscript{rd} year GP block term
• 4\textsuperscript{th} year scholarly selective/ transition to practice
• Extended Rural Cohort (MU+UoM in rural N Vic)
• Primary Care Community Base
• Student led clinic - REACH
General Practice is provision of:

Primary, continuing, comprehensive, whole patient medical care TO individuals, families and their communities

http://www.racgp.org.au/curriculum
GP term - generalist skills for all disciplines

Knowledge & skill synthesis across disciplines

Medical specialist competencies

- Psychiatrist skills
- Surgeon skills
- Any other discipline skills, e.g., paediatrician, geriatrician, radiologist

Generalist skills

General practitioner skills

http://www.racgp.org.au/curriculum
University of Melbourne Graduate Attributes

- Self
- Knowledge
- Patient
- Medical profession
- Systems of Health care
- Society

Student

DEPARTMENT OF GENERAL PRACTICE
Star of General Practice - RACGP
Building a new curriculum

Curriculum advisory group
Curriculum working group
GP-led research informing teaching
What has worked well before
RACGP curriculum
National Health Priorities
BEACH data
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Continuum of GP exposure in the MD

Year 1
- Foundations of Biomedical Science (½ day)
- Principles of Clinical Practice 1

Year 2
- Principles of Clinical Practice 2 (4 days)

Year 3
- Principles of Clinical Practice 3 (6 weeks)
- Scholarly Selective 1

Year 4
- Scholarly Selective 2
- Transition to Practice

Potential
- Phase 1
- Phase 2
- Phase 3
- Phase 4
Continuum of GP exposure in the MD

Year 2 - 4 days during Ambulatory care term
Year 3 – 6 weeks speciality rotation
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CRESCENT region – outer NW Melbourne

Northern clinical school

Western clinical school
Workshop Results – 10 workshops, 101 Participants
Gain the communities views on:

- CRESCENT vision and overview
- Balancing community and hospital based training
- Issues and barriers to the CRESCENT model
Learning Context: hospital & community base
Potential benefit for students & community

Students

• Breadth of training in community care alongside acute
• Become integral member of primary care team
• Interdisciplinary education

Community

• Future workforce trained to meet their needs
• Return of cohort to work in community
• Linkage between teaching sites
Requirements for it to work

• Space for students to clerk patients
• Supervision and feedback to student
• Access to a range & number of patients
• Professionally appropriate mentorship
• Active integration of student into health care team
• Opportunities for multidisciplinary work
• Continuity of student attendance over time
• Supervisor training & ongoing monitoring
PCCB pilot

Aim:
Test feasibility of the model and come up with an implementation handbook

Method:
Participatory action research
clinical schools, practices, students, patients

3 clinical sites – case studies

5 student pairs over 6 weeks
Results - implications for implementation

Foster authentic relationships

- reward;
- equal value on hospital & PCCB;
- coordination role PM, DGP, Clinical school;
- communication;
- whole of clinic approach

Ensure a quality learning experience

- curriculum alignment
- placement structure
- briefing
- training
- individualise student learning
- QA
Second year (first clinical year)

1 day per week- 36 weeks in ‘home practice’ = primary care base

Third year (second clinical year)

• 6 week GP term
• 1 day per week in home practice during all other terms
• Enhanced general practice selective

Fourth Year (optional)

Alumni of the practice
Community Base

Primary care Community Base (CHCs, GP clinics)

Mentor for each student

High quality

Innovative education opportunities

Hospital clinical school (Northern or Western)

Rich, in-depth cohort experience
Indicators of quality

Teaching and clinical practice accreditation

GP supervisor qualifications: FRACGP, FACRRM

Commitment to inter-professional education

Participation in supervisor training and quality assurance

Multidisciplinary setting or focus
Community Consultation Workshops Phase

10 Key informant interviews
(October 2009 – December 2009)

CRESCENT C & GP Linkages Strategy Working Group
Meet monthly

28 Stakeholder Groups Identified

Community Consultation Workshops x 10
(January 2010 – April 2010)

Workshops:
Taped, Transcribed, Analysed

Feasibility Report
(Completion by end of May 2010)
Community Based Education – Program Logic

- **Quality graduates**
- **‘+’ve student experience**
- **Quality learning settings**
- **Resourced & supported**

Diagram:
- High quality medical graduates that meet workforce needs (well trained to understand and respond to the community they serve and are equipped to work in the health system of the future).
- Positive student experience.
- Settings provide appropriate learning experience.
- Resourced and supported to deliver agreed curriculum (D & E).
- Community setting engaged (C).
- Eligibility criteria agreed for community setting (C).
- Coherent and shared understanding of community based education (A).
- Curriculum Development (B).

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Kolb Learning Styles in curriculum design

Q4. Synthesis & extension

Q1. Personal meaning

Q2. Acquisition new Knowledge

Q3. Practical application

Armstrong et al Academic Med 2005