GP Registrar experiences of teaching medical students in General Practice in the Northern Territory

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Research question

• “What are NT GPR perceived advantages & disadvantages of teaching medical students in a rural, vertically integrated clinic?”

– Personal experience
  • Reflecting on my medical school teaching
  • Academic Post with Flinders University
  • Supervising students at Super Clinic
Background

• GP more frequent setting for medical students
  – BEACH data in 2011 (956 GPs)
    • 65% worked in clinic with students, JDs or GPRs (48% 2004)
    • Greater proportion in regional areas
  – In 2013 intake commonwealth supported medical school places 3200 students (+)
  – For rural clinical school (RCS) funding requires at least 25% of students in a rural clinical placement for at least 1 yr
  – GPRs make up 10% of the rural GP workforce

• GPRs encouraged to teach
  – Teaching “core component” for RACGP & ACRRM
  – “Registrar Medical Educators”
Background cont...

- Literature review 2010; “General Practice Registrars as teachers: a review of the literature”.
  - Ovid Medline 1996 – Nov 2009, EMBASE and ERIC. 533 results

- Dick et al, MJA 2007
  - 3 focus groups (8 GPRs, 11 GPS)
  - Themes
    - working conditions & remunerations main barriers, teaching skills, voluntary

- Dodd, et al AFP 2009
  - 273 GPs, 84 GPRs surveyed (after 16 interviews)
  - Barriers identified by GPs; funding, patient load, time, teacher training, physical space, individual capability of GPR

- Literature review concluded little research into views of GPRs taking on teaching roles.
Aims

• Better understand GPRs perceptions about teaching medical students
  – exploring perceived advantages & disadvantages
• Identify barriers that could be reduced, or enablers that could be enhanced
• Encourage more GPRs to be involved with teaching, improving workforce capacity
Methods

• Ethics approved from Flinders University
• Sample were NTGPE GPRs
• Letter of introduction sent by NTGPE
  – Option of contacting me (email/mobile)
• Interviewed via semi-structured interviews
  – 9 GPRs, 2 GPS (for triangulation)
• Interviews audio-taped and transcribed
• NVivo used to code & develop themes
Themes: Being more thorough

• GPRs altered their consultation with a student to be “more thorough”.

“I do feel I have to make sure what I do is right, so I do double check with the other doctors more often” (GPR5)

“…making sure the way you manage is nationally accepted guidelines or gold standard stuff”. (GPR7)

“You don’t want to give someone else bad information…they make you work harder to look things up and get the most current information.” (GPR6)
Thoroughness: Why?

“It’s a pride thing. You think “I’m more senior” and “I have to show them that what I do is right”. (GPR5)

“…you don’t want to look like a turkey!” (GPR6)

“I don’t make things up, but I do have an educated guess and I think I probably do that less when I have someone else that’s sitting there who has some knowledge.” (GPR4)
Themes: Advantages

• Motivations to teach
  – Giving back
  – Medicine not all from text books
    – “apprenticeship”.
  – Mentoring
Themes: Advantages

- Facilitating GPR learning
  "When you’re teaching somebody, you’re re-going again through your knowledge, so you are actually learning more and revising at the same time" (GPR3)
- Helps with exam preparation
- Helping the Doctor
Themes: Advantages

• Enjoying the company

“I definitely enjoy the company … sometimes GP land can be quite isolating and so actually having someone that you can have a chat to, bounce things off and challenge you a bit… is kind of nice”. (GPR8)
Themes: Disadvant./Barriers

• Slows them down
“your income is based on how many people you see and the practice is kind of based on how many people you see. Nobody wants you to spend an extra 10 minutes of your consult teaching, or being slowed down by a medical student” (GPR4)
  – Not planned into their day

• No financial incentive
  • None receiving PIPs

• Not feeling skilled
  – Clinical mastery
    – Most difficult early in training (cognitive load theory)
  – Maximizing use of student
Themes: Disadvant./Barriers

• Personal attributes

“You need students who can be independent and proactive, not students who sit in the corner waiting for something to happen to them. Students who really get out, get excited, show their enthusiasm and are willing to do things that might be considered outside of what doctors might do, those students do very well”. (GPS2)

“If they’re really eager then of course you’re going to want to do more for them.” (GPR7)
Discussion

• Lots of enthusiasm, but barriers…
• Funding/Time
  – ↓ patients but not income (eg. PIPs, salaried)
• Teacher training
  – Start training early (RTP)
    • But teaching once > 6/12 experience (clinic)
• Organization
  • Ensuring space (clinic/GPS)
  • Ensuring professional behavior (Uni)