Community-based medical education – findings from the Primary Care Community Base Pilot 2011

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Acknowledgements

CRESCENT Community and GP Linkages team

• Jane Gunn, Lena Sanci, Ruth McNair
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• Caroline Johnson, Jo-Anne Manski-Nankervis

Community based education advisory committee 2010-11

Clinical Deans / SubDeans

• Hamish Ewing / Leonie Griffiths (Northern) and Stephen Lew / Sandy Petty (Western)
Medical Course – MD 4 years

Graduate Student
(Completed Bachelor of Science or Biomedical Science)

Pre-clinical
Year 1
Foundations of Biomedical Science

Year 2
Fundamental Principles of Clinical Practice 1

Year 3
Fundamental Principles of Clinical Practice 2

Clinical
Year 4
Scholarly Selective
Transition to Practice
Community Responsiveness and Engagement through Streamed Clinical Education and Training

- Western and Northern Clinical school establishment
- Community and General Practice linkage strategy – consultations and development of the community-based education component
- Indigenous Health – engagement with NW communities
- Physio, nursing and social work placements
CRESCENT region – outer NW Melbourne

Northern clinical school

Western clinical school
The primary care community base concept

Western Health

Northern Health

One day per week
Learning objectives - community base placement

1. To learn the community context of medicine
2. To understand patients’ journeys through the healthcare system
3. To learn about continuity and breadth of primary care
4. To participate in inter-professional practice
5. To become part of the practice team
6. To contribute to the health of the local community
Community-based medical education

Definition:

Students placed in community locations that are not large academic hospitals

“Everyone seems to believe that it is an essential component of contemporary medical education” Richard Hays, 2010, p.286
Evidence for outcomes of community-based education

- Medical graduate clinical competence
  - Equal (Sturmberg 2003, Norris 2009) or better (Hays 2007)
- High levels of humanism and patient-centredness (Tamblyn 2005)
- Better preventive care and continuity of care (Tamblyn 2005)
- Better at shared decision-making (Thistlthwaite 2007)
- More likely to enter primary care careers (Norris 2009)
Evidence of rewards for community base clinicians

- Improved morale and professional skills (Thistlethwaite 2005)
- Improved job satisfaction (Hays 2007)
- Altruistic reward of shaping future doctors (Boyle 2002)
- Developed links through teaching with universities, and other healthcare organisations (Boyle 2002)
- Encouraged reflective practice (Pearce 2007)
Challenges for clinics

- Workload
- Funding model – practice managers and allied health staff
- Physical space
- Flexibility – day of week
- Patient consent
- Student perceptions and fit
Pilot objectives

- field test the proposed model structure, logic and implementation
- document quality, feasibility and acceptability
- document barriers or enablers encountered and solutions undertaken
- examine how students can usefully integrate into community health care teams while attaining core learning objectives
- achieve expert input from staff in community base sites
- document costs
- test feasibility of an inter-professional education activity in the community base with students of medicine, nursing, social work and physiotherapy
Participatory Action Research

- Plan
- Do
- Study
- Act

- Students
- Practices
- Patients
- University
Case studies
Attitudes

medical student

- Perpetual expression of pleasant expectation
- Reflex hammer
- Short white coat
- Altruistic vibes emanating from core of being
- Neatly dressed
- Notecards (with actual notes on them)
- Pockets stuffed with medical reference material
Meeting students’ learning needs

• ‘Need to know’
• Versus
• ‘Nice to know’
Key Findings

• A. The need to foster authentic relationships to create sustainability

• B. The need to ensure a quality learning experience that aligns with both curriculum learning outcomes and assessment.
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<thead>
<tr>
<th>A1. REWARD</th>
<th>Establishment funds, teacher awards</th>
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<tr>
<td>A2. VALUE</td>
<td>timetabling, social gatherings</td>
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<td>A3. COORDINATE</td>
<td>Clear role definition, handbooks (including Practice Manager)</td>
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<td>A4. COMMUNICATE</td>
<td>GP teacher network website, bulletins</td>
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<td>A5. WHOLE OF CLINIC APPROACH</td>
<td>Recruit whole clinic, share the load</td>
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<td>B1. CURRICULUM ALIGNMENT</td>
<td>➢ Assessment, handbooks, tutorials. GP supervisor access to curriculum</td>
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<tr>
<td>B2. PRACTICE STRUCTURE</td>
<td>➢ Practice manager role in timetabling, lists of proposed activities</td>
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<td>B3. BRIEFING</td>
<td>➢ Lectures, pre-placement tutorial</td>
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<td>B4. TRAINING</td>
<td>➢ For GPs, nurses, managers and tutors, using F2F and online</td>
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<td>B5. INDIVIDUALISE STUDENT LEARNING</td>
<td>➢ 15 minute meetings/week, learning planner tasks, practice activities</td>
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<td>B6. QUALITY ASSURANCE</td>
<td>➢ QA policy and process, evaluation forms</td>
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In 2012, PCCB now involves 57 practices and 93 students

- One day/week
- Part of the team
- Good patient contact
- Access to experienced mentor
- Exam focus