

“They liven the place up!” Tasmanian rural general practice medical student placements

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Abstract

Tasmanian rural general practice (GP) supervisors value medical student placements because they enjoy the interaction with enthusiastic young people of different backgrounds. GP supervisors also feel that medical student placements increase their own learning. When asked about support for their role as GP supervisors, the most frequent response was that the current program, of academic detailing provided by visiting academics to each rural practice, is working well.

The University of Tasmania (UTas) has a five-year undergraduate medical program. Rural GP placements (in practices outside of Hobart and Launceston) occur during years three to five. As part of a continuing professional development (CPD) activity established for GP supervisors of medical students at UTas, two qualitative questions were asked: “What do you enjoy most about teaching medical students in your practice?” and “How could you be assisted and supported in this activity?”. Fifty GPs from 19 rural practices participated in the CPD activity, which was 70% of UTas rural teaching practices.

Thematic analysis of the qualitative survey responses showed that sixty percent of the rural GP supervisors enjoyed teaching medical students because they enjoyed the interaction. Sixty percent of rural GP supervisors felt that they also learned themselves during medical student placements. GP supervisors also valued teaching as part of their role (10%) and enjoyed seeing their students learn and develop (20%). Thirty percent enjoyed teaching about the role of the rural GP and felt it could encourage young future doctors to work in rural areas.

The most frequent response to the question about assistance and support for rural GP supervisors of medical students, was positive comments about their current role and level of support (36%). Administrative logistical support and individualised collegiate academic support were both highly regarded. The next most frequent comment regarding assistance and support was from 16% of GPs who would like to hear more feedback from students about their placements. UTas provides student feedback to practices as grouped data in de-identified form. There were a small number of rural GPs (5%) who were interested in higher education support such as formal teaching courses and assistance with research activity. Academic detailing will continue as the main form of rural GP supervisor support at UTas. Increasing student feedback to practices and providing flexible access to university learning programs for rural GP supervisors are recommended.

Introduction

The University of Tasmania (UTas) has a five-year undergraduate medical program. Rural general practice (GP) placements (in rural communities outside of Hobart and Launceston) occur in years three to five. Rural general practice placements vary from two-week placements, to six-month longitudinal placements for the students at the rural clinical school campus in Burnie, where the student attends the same general practice for one day every week.

At the end of 2015, the University of Tasmania asked two qualitative questions as part of evaluation of a CPD activity for supervisors. These qualitative questions addressed what the supervisors enjoyed about medical student placements and asked them to identify any additional support that would be helpful.

Previous studies have shown that Australian general practitioners enjoy teaching and that they feel it helps them keep up-to-date (Howe 2000, Thistlethwaite and Storr 2004, Walters *et.al.* 2005). However, research specifically addressing the impact of medical student teaching on GP supervisors is rare, especially in the rural context.

The University of Tasmania undertakes rural GP supervisor support and training by individual practice visits from teaching academics, known as 'academic detailing'. This individual approach appears to give targeted support to GPs and practices and appears to be well received. There is evidence that academic detailing, in the form of practice visits by teaching academics, can significantly improve knowledge and self-rated understanding in training of general practitioners (Markey and Schattner 2001, Broadhurst *et.al.* 2007). There is also evidence that academic detailing can significantly impact general practitioner behaviour, at least in the short term (O'Brian *et al.* 2007, Svein *et al.* 2013), but studies in Australia are limited.

Methods

At the end of 2015, the University of Tasmania undertook an evaluation of GP teaching and supervision for medical students on GP placements, as part of a continuing professional development (CPD) activity for GP supervisors of medical students. As part of this CPD activity, supervisors were asked two qualitative questions: "What do you enjoy most about teaching medical students in your practice?" and "How could you be assisted and supported in this activity?". These qualitative survey responses were analysed thematically.

Participants

Fifty-one GPs from 21 rural practices participated in the CPD activity. In this study rural practices were defined as those outside Launceston and Hobart, and included rural communities 27km or more from Hobart. These 21 practices constitute 78% of the 27 rural teaching general practices for University of Tasmania and 32% (21/65) of all rural practices (outside Launceston and Hobart) in Tasmania (Primary Health Tasmania: www.primaryhealthtas.com.au).

Nineteen of the fifty-one responding GP supervisors of medical students were female (37%) and thirty-two were male (63%). The majority of practices (17/21 = 81%) had more than one GP supervisor who responded to the survey, some practices (4/21=19%) had 4-5 GP supervisors who responded to the survey, most practices had 2-3 GP supervisors of medical students who completed the survey (11/21 = 52%).

Data analysis

The qualitative answers were coded thematically using an iterative process (Fereday & Muir-Cochrane, 2006). Each survey/supervisor was allocated a unique number. The qualitative answers in each survey were reviewed manually and themes identified. Themes (listed below) were grouped into broad areas that evolved from participant's responses to the two qualitative questions.

- A. What do you enjoy most about teaching medical students in your practice?
 - 1a. I learn myself/I reflect on my own practice
 - 2a. I enjoy the interaction

- 3a. Seeing students learn and develop
 - 4a. Teaching about the role of the (rural) GP
 - 5a. Teaching GP skills
 - 6a. I value teaching as part of my role
- B. How could you be assisted and supported in this activity (teaching medical students)?
- 1b. Feedback about our teaching
 - 2b. Teaching from experienced medical educators
 - 3b. Workload and time demands
 - 4b. Information about the students
 - 5b. Formal university training courses
 - 6b. Financial remuneration
 - 7b. Currently happy with role and support

The list of themed topics was discussed with a second coder and consensus coding for ten of the surveys was carried out. Consensus between the two coders was 95% for the ten surveys. Differences in coding largely related to some overlap in the themes and to themes that had been identified by one coder only. Discrepancies were resolved discussion and by addition of all the themes identified.

Results

What do you enjoy most about teaching medical students in your practice?

When asked about the most enjoyable part of teaching medical students in their practice, nearly sixty percent of rural GP supervisors responded that they learned themselves and that they enjoyed the interaction with the students.

Fifty-nine percent (30/51) of rural GP supervisors completing the survey commented that they enjoyed teaching medical students because they felt that they also learned themselves and reflected on their own practice as part of their supervision of medical students. Typical comments were:

“It is highly beneficial to keeping up to date with knowledge”¹

“They stimulate me to think and justify what I do”²

“Absolutely mutual learning experience”³

Fifty-seven percent (29/51) of rural GP supervisors enjoyed teaching medical students because they enjoyed the interaction. They enjoyed the enthusiasm of the students and meeting young people with different backgrounds. Typical comments were:

“The interaction with intelligent and motivated young people”⁴

“Meeting young people from different parts of the world”⁵

“I like their enthusiasm and fresh approach”⁶

Twenty-four percent (12/51) of rural GP supervisors also commented that they enjoyed seeing medical students learn and develop. Typical comments were:

“Seeing the transformation of final year STUDENTS to pre-junior DOCTORS”⁷

“Watching their confidence progress”⁸

Twenty percent (10/51) of rural GP supervisors responded that they enjoyed teaching medical students about the role of GPs, and rural general practice in particular. They felt that this could encourage young future doctors to work in rural areas. Typical comments were:

“Showing that a GP is part of a community and that we need to consider the whole patient and their family”⁹

“Allowing them to experience some of the diversity and complexity in rural GP”¹

“Share the rewarding career of rural practice”¹⁰

Some GP supervisors commented particularly about teaching GP skills (5/51=10%). Typical comments were:

“Teaching tips of the trade that are not formally taught”¹¹

“Teaching simple practical things, not just theory”¹²

“Teaching how prevention is important and how to co-ordinate care”¹³

Rural GP supervisors also valued teaching as part of their role (5/51 = 10%). Typical comments were:

“Happy to help—one day the student may need to look after me”¹¹

“An opportunity to be useful in the development of a future doctor”¹⁴

“Passing on valuable information that I have been taught”¹⁵

How could you be assisted and supported in this activity?

When asked about how they could be supported in teaching medical students the most frequent response from GP supervisors (37%) was that they felt sufficiently supported. The next most frequent responses (16%) commented about receiving feedback from the medical students and about teaching from experienced medical educators.

Thirty-seven percent (19/51) of GP supervisors reported that they were currently happy with their role supervising medical students and with support from the University of Tasmania. Typical comments were:

“Current processes are working well”¹⁶

“Support from the university makes it run smoothly from a logistics viewpoint”¹⁷

“Happy with current system”¹⁸

“Well supported—26 hours in the day”¹⁹

Some GP supervisors (8/51=16%) were interested in feedback from the medical students about their teaching. Typical comments were:

“I would be interested in any feedback from the students about what value they get from the experience”²⁰

“Would be good to receive feedback as to how the students felt we performed and their wish list for what we could alter”²¹

Some rural GP supervisors (8/51 = 16%) were interested in teaching from experienced medical educators. Typical comments were:

“Most effective ways of teaching when under pressure of consulting”²²

“Some brief (evening) sessions(s) on teaching styles/modern approaches to student learning”²³

A small number of rural GPs (3/51 = 6%) were interested in formal university training courses, and assistance with research activity.

Ten percent (5/51) of rural GP supervisors commented on their workload and time demands when asked how they could be assisted in their teaching of medical students. Typical comments were:

“Problem is time limit!”²⁴

“Workload demands can interfere with teaching commitments”²⁵

Four percent (2/51) of rural GP supervisors who completed the survey commented on increased financial remuneration for teaching medical students.

Conclusions

The 78% participation rate for rural teaching practices in the 2015 University of Tasmania GP Teaching/Supervisor survey allows us to be confident that the themes seen in the qualitative question responses are valid and robust.

Rural GP supervisors enjoy teaching medical students because of the interaction and relationships they build with the medical students. This matches with the concept of the educational alliance between GP supervisors and GP registrars as described by Wearne *et. al.* (2012, 2016), which forms the foundation for learning in general practice. GP supervisors assist GP learners to ‘know how’ in the real and sometimes messy and uncertain world of primary care. Medical students and registrars learn from seeing experienced practitioners at work, they learn safely and well where they have a friendly relationship with an accessible, approachable expert GP (Wearne *et. al.* 2012, 2016).

Rural GP supervisors value the learning they acquire from student placements. Medical students are perceived as having up-to-date knowledge that the supervisor can benefit from. When they have novice learners, supervisors also find themselves consciously deconstructing and articulating skills that have become routine to them (Wearne *et.al.* 2016). Learning in the general practice environment is often mostly based on discussion of cases in a formal or ad hoc format where both learner and supervisor learn from reflection on clinical practice.

There is evidence that after positive rural clinical placements medical students are more likely to report intentions to practice in nonmetropolitan areas (Bunker and Shadbolt 2009, Walters *et.al.* 2016) and that meaningful exposure to rural areas during medical school has a positive impact on rural medical workforce (Ranmuthugala *et.al.* 2007). GP supervisors participating in this survey wanted to show medical students the rewards of rural general practice and felt that it could encourage the students to work in rural areas in the future.

The University of Tasmania provides support to rural GPs through dedicated administrative logistical support and through personalised academic detailing provided by visiting academics to each rural practice. This type of administrative and academic support for GP student placements was very positively perceived by GP supervisors who participated in the survey with 37% (19/51) of GPs providing a comment that they were satisfied with their current level of support when asked what additional support would be helpful.

Some GP supervisors (16%) commented that additional feedback from students about their placements would be helpful. The University of Tasmania provides student feedback to practices as grouped data in de-identified form. It is possible that practices who had hosted fewer students during the year had received less student feedback or feedback in a more general format to preserve student anonymity.

Time pressure in general practice was raised by 10% (5/51) of GP supervisors completing the survey as impacting on student teaching and 4% (2/51) commented that increased financial support would be helpful. Time pressure is identified as a frequent stressor in Australian rural general practice (Harris *et.al.* 2007), for the majority of rural GP supervisors this appears to be balanced by the benefit they feel is derived by themselves and the community from teaching students. GP and practice remuneration for teaching time and resources is a key consideration in medical student general practice placements, so it is pleasing to see only a small number of respondents raising this issue as a concern. Some studies have shown that where students are placed for longer time periods financial impact is neutral (Worley and Kitto, 2001) and that parallel consulting models with medical students are more time effective (Walters *et. al.* 2008).

Academic detailing will continue as the main form of rural GP supervisor support at UTas. This allows GP supervisors and practices with different needs to receive the support and training that is most useful to them. Areas for improvement are increasing student feedback to practices and providing flexible access to university learning programs for interested rural GP supervisors.

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Presenter

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