

**Message from the Head of Discipline
Professor Michael Kidd**

Hard to believe it is April already. I know that many of you have already supervised some of our Medical students in your practices this year, while others are just about to greet some of our new students. General practice can be, and should be, an exciting career option for our students and I thank you for the opportunities that you are providing for our students to see high quality general practitioners in action.

We have had a name change. The Department of General Practice at The University of Sydney is now called the Discipline of General Practice. This brings us in line with all the other clinical medicine disciplines, each of which has a focus in each of our five clinical schools : in Canberra, Central Sydney, Northern Sydney, Western Sydney, and our new Rural Clinical School with our general practice staff based in Dubbo, Bathurst and Lismore.

*Best wishes
Michael Kidd*

**Western Sydney Clinical Teachers Workshop:
Sharon Reid, Melissa Kang, Tim Usherwood**

On Thursday 27 March 2003, a number of GP Teachers from Western Sydney came along to a workshop to learn more about effective teaching in the clinical setting. The night was a great success with the GPs sharing their various approaches to teaching in the busy clinical setting.

As a result of all the great ideas generated by the GP Teachers a new concept for GP Teacher News has been developed: the "GP Teachers Tip". In each edition of GP Teacher News we'll aim to publish at least one teaching tip suggested by our GP Teachers. If you have a 'tip' that you think would benefit other teachers please send an email to Sharon Reid: sharonr@med.usyd.edu.au. Thanks.

Picture 1: Western Sydney GPs at the Clinical Teachers Workshop**Picture 2: Melissa Kang and Tim Usherwood, The Discipline of General Practice, Western Clinical School**

GP Teacher's Tip

Dr Hani Bittar, Glendenning NSW

"On busy days, when I have less time to teach during the consultations, I ask the student to take a piece of paper, and for each patient write 'Why the patient came today'. The student and I then use the list at the end of the session as a trigger for discussion about 'The patient's agenda'".



Building and Maintaining a GP Teaching network : Kirsty Douglas, Academic Unit of General Practice and Community Care, Canberra Clinical School

The Canberra Clinical School (CCS) of University of Sydney Medical Program (USydMP) currently places 30 students each year in the Community Term (run four times a year). Each student completes a 3 week urban and 4 week rural term. We currently have 24 practices in the Canberra region who take students for urban placements.

It has been the practice of the AUGPCC in Canberra to send one of our teaching staff to visit each student and practice while they are on each placement (urban & rural). The teaching staff talks to the student and supervisor individually and then together. Time is spent with the students on clarifying their individual learning goals in the practice, checking understanding of and progress with assessment tasks and identifying any issues or difficulties with the placement. Time with the GP supervisor is spent gaining general feedback on the students learning and contribution to the practice and if necessary on clarification of GP Supervisors questions re the USydMP Community term. It is a valuable opportunity to discover difficulties or concerns about either their student or their involvement in teaching. On rare occasions the academic staff have acted as mediators when there has been difficulties or conflicts between students and supervisors.

This practice of routine placement visits is obviously very demanding of academic staff time but we have found it a highly valuable and rewarding. The students seem to appreciate the extension of our interest in their learning beyond the clinical school environment. The supervisors generally appear to view the chance to talk with academic staff as a form of recognition of their teaching commitment and an opportunity to have more direct influence or feedback about the teaching program. Staff members have been able to put many more faces to names and have developed a greater awareness of the rich teaching environments our GP supervisors provide.

As many of you will be aware the Australian National University Medical School will have its first intake of students in 2004. The Canberra Clinical School will (via a process of seamless transition between 2004 and 2007) be absorbed into the new ANU Medical School and will relinquish its place in the University of Sydney Medical Program by the end of 2006.

A local medical School is an exciting and long awaited opportunity for the Canberra Region but

holds real challenges for the AUGPCC. In three short years we need to more than triple the number of general practices involved in teaching. We will be placing at least 60 students in the ANU equivalent of the Community Term by 2007. Because of this challenge we have been building on our methods to try to develop and maintain a much larger network of GP teachers.

During the first 6 months of 2003 academic staff members (2.5 full time equivalents) of the AUGPCC have been attempting to visit every practice in the ACT to discuss teaching opportunities and interest. We have coordinated this with the PHCRED programme and have taken the opportunity to discuss GP research with the participating surgeries.

We have conducted these as a lunchtime detailing visits (lunch provided by us). Basic background information about the AUGPCC, the current USydMP and the new ANU MS are provided. Each practitioner is asked to fill out a questionnaire on their interest (or lack of interest) in being involved. A brief discussion around research in general practice is then audiotaped.

It is hoped these visits will increase the GP's sense of ownership of and involvement in the ANU MS and current Canberra Clinical School. Through the systematic and semi-structured approach we hope to dramatically increase the awareness of the teaching, mentoring and curriculum development opportunities available for GPs.

By early March, the unit had visited 22 practices and 60 GPs, of the total of 125 practices and some 320 GPs in the ACT. Of these 22 practices, 17 indicated a strong or potential interest in being a teaching practice. Only one of these 17 practices is an existing teaching practice. Eleven have been accredited as RACGP training practices although few have had registrars in recent years. Only 15 practices are accredited for Practice Incentive Payments, and the other 7 practices are prepared to teach without payment. Space is a premium for most practices, and only 13 feel they have an adequate physical space. Often this is a room available only when not used by a part time doctor.

About 40 GPs were interested in further training in order to teach students, with EBM, tutoring and problem based learning being the most popular. Few doctors had any training in research.

The programme of visits is continuing over the next three months and final results will be published. The consensus amongst participating staff is already that it has been time consuming but worthwhile in terms of establishing links and engaging our local GP community.



Video Workshops – watching and learning in theory and in practice: Meredith Makeham, Central Clinical School

One of the community term sessions that students seem to both love and hate the most amongst their GP teaching requirements is most definitely the 'Video Workshop'. In this highly interactive session, actors play out about eight different case scenarios, and each student has the opportunity to be the GP in a difficult situation for five minutes.

The student is confronted with problems such as drug seeking behaviour, domestic violence and breaking bad news, and their mock consultations are videoed. Their performances are then reviewed and appraised by the actors, the other students and a GP lecturer.

Being the focus of such attention is highly confronting for some, but almost all students find this type of assessment to be highly constructive in developing their doctor-patient communication skills.

And to enhance these skills even further, one of the most valuable experiences described by students during their clinical attachments, is when their GP supervisor replaces the video recorder and watches them carrying out a patient consultation.

Your expert feedback will be highly valued by your students if you are able to offer this as one of your teaching strategies, so please consider adding this to the way you supervise your students if you are not doing so already, and help enhance their communication skills.

What's happening at Northern Clinical School: Narelle Shadbolt, Simon Willcock, Tracey Bayliss and Vanessa Van Alderen

We have had a great year in 2002 at Hornsby with students from all years of the GMP program. The GP supervisors in the area have provided our students with invaluable teaching and insights into primary care medicine in the community. The feedback we have had from the students has been universally enthusiastic.

In 2003 we are continuing to increase the involvement of the GP teachers in the program at all levels - in communication skills, practical procedures, video workshops and others and this has been well received by the students.

Our clinical coordinator Vanessa Van Alderen is back from maternity leave and has a beautiful baby boy - Brock. Tracey Bayliss will continue to coordinate the Community Rotation while Vanessa concentrates on the Year 1 program.

What's happening at Western Clinical School: Melissa Kang

The Department of General Practice at the Western Clinical School has kicked off the year well. We welcomed Dr Animesh Mishra, a GP Registrar doing his special skills post in academic general practice. Animesh is researching a brief intervention for overweight and obesity, and will also play a key role in the 'Registrars are Teachers, Too' project. This project is being undertaken by our local regional training provider, WentWest, with support from the University Department. It aims to provide general practice registrars with clinical teaching skills, in preparation for their future careers. We hope that some of them will want to become GP supervisors once they are established in their practices.

We have also welcomed two new associate lecturers, Dr Ross White and Dr Aileen Liu. Ross and Aileen have positions at WentWest as Hospital Liaison Officer and Medical Educator respectively. Both are conjoint appointments with the University.

Tim and Melissa have spent most of February (which seemed like a year) working on a couple of NHMRC applications. Melissa's proposal addresses the prevalence of, and risk factors for, genital Chlamydia trachomatis infection among high-risk young people. This is an exciting collaboration being led by the STI Research Centre. Tim has been working with a number of colleagues on a project to address the quality of care of type 2 diabetes.

Fifi has been her efficient self getting us all geared up for the next group of students and generally organising some of the other activities being planned. An evening workshop for our GP teachers was held at the end of March, and we're thrilled to have Sharon Reid coming down especially to facilitate this. The workshop will focus on practical strategies for supervising students on placement with GP supervisors.

At the recent Community Rotation Committee meeting, it was decided that we should hold a major curriculum review of the community term - this will take place in May; a report will appear in a future edition of GP Teacher News.



The Community Rotation and the Dubbo Clinical School:

Geof Marshall, Dubbo Clinical School

The Dubbo Clinical School (DCS) is in preparation stage to run the Community Rotation wholly within the DCS region. Currently this 9-week term is managed by the University's Discipline of General Practice units based in Sydney and is structured as 4-weeks urban placement, 4-weeks rural placement and one final week of university-based teaching and assessment. In the DCS the rotation will be restructured to deliver the entire curriculum rurally. An initial cohort of 10 students will undertake the rotation starting in July.

While the DCS is based in Dubbo it also extends eastward to Lithgow with major centres in Bathurst and Orange. In the DCS Community Rotation, the major towns in the region (Dubbo, Orange and Bathurst) will provide practices for 'larger rural/regional centre' placements (and will replace the 4-week urban placement experience). Other practices in these towns and the surrounding smaller towns (in the RRMA 4-7 areas) which are more procedural will be utilized as 'more remote/procedural rural' placements (and will replace the 4-week rural placement experience). The final week of rotation will be in both Dubbo and Bathurst.

An exciting component of the Community Rotation in the DCS will be the adaption of the current curriculum to the difficulties of distance and communication which are evident in a rural setting. Technology is likely to be very prominent. The role of the teachers is being discussed and in addition to the tangible rewards for teaching, such as PIP payments, the concept of academic titles for GPs is being promoted. This will give pride to be recognised as a teacher and will give access to university facilities such as the library.

Dr Geof Marshall has recently been appointed to the DCS to look after the Eastern segment. Geof has been practicing in a rural environment for 21 years. Initially this was in a procedural partnership and more lately in Bathurst Emergency Dept. He is a teacher for the College of Surgeons, Society of Emergency Medicine and ACRRM. He has represented the RACGP on the Australian Resuscitation Council. He has had close affiliation with the University of Sydney for the last 7 years including student teaching and examining. An appointment in Dubbo (for the Western segment) is currently being arranged and in the interim Dr Suzanne Smallbane is assisting with the placements.

How do I get A USMP website password?

Go to <http://www.gmp.usyd.edu.au>

Click on 'password' and enter your details.

At the same time email Mr Drew Barr drew@gp.med.usyd.edu.au and tell him you have applied for a password. The University Helpdesk should then email back to you to confirm your password.

How do I get access to the University Library online?

Go to <http://www.library.usyd.edu.au/Home.html>

Click on "borrowing", then click on "library cards", on this page choose in the drop down menu "staff member at USYD, at the bottom of the page indicating borrowing privileges for Academic staff you will find a link to "Library card application form", interested people need to print this form and follow the instructions.

Send the application along with a passport size photo to Mr Drew Barr, The Department of General Practice, The University of Sydney, 37A Booth St Balmain NSW 2041. Drew will then forward these, along with a letter from the Department verifying your teaching status, to the University Library Lending Department.

We welcome your feedback

Please do not hesitate to let the Dept/Discipline know how things went with your student on clinical placement – we would like to know what went well and how we can improve things. Send you emails to the Editor sharonr@med.usyd.edu.au

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