



General Practice Teachers

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Fluctuation in student motivation may underlie these findings through its effect on beliefs about learning and perception of learning environment. Motivation has been found to decline over the course of one academic year of profession-oriented education (Braten & Olaussen 2005).

We found that DREEM scores for identical attachments can vary to a statistically significant level over time in the course of a single academic year. This has not been reported elsewhere. We suggest that colleagues consider this, as it may be of importance when interpreting and comparing DREEM studies.

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Handover education in UK medical schools: Current practices and implications for educators

Dear Sir

Much evidence exists to demonstrate that poor handover can directly impact patient safety, leading to calls for formal education on this issue. Evidence to guide interventional design is limited, although examination of this evidence suggests a model for handover education consisting of awareness of handover systems, team working and harbouring of professional responsibility (Gordon 2011). It is unclear to what extent handover is currently being addressed in undergraduate medical education.

Recently, we carried out a qualitative study to determine current teaching and assessment methods, as well as attitudes towards handover within UK medical schools. Sixteen (50%) schools took part in the study. All schools reported ward-based exposure to handover, although no other education took place in 44% of schools. Thematic analysis of free text responses yielded a number of key themes. There was universal agreement that Handover is an important education issue. There was also agreement that limitations in handover research are delaying teaching innovations and there was recognition of a lack of validated assessment tools. There was disagreement on when such education should occur. Some respondents felt it should indeed be embedded in the undergraduate curricula, recognising the multi-faceted complexity of handover as a skill and its importance as a patient

safety issue. Conversely, the majority of respondents felt that handover should be taught when 'relevant to trainees' within postgraduate training.

Whilst the majority of schools felt that handover is a skill to be learnt 'on the job' in postgraduate training, this author feels that this is a flawed viewpoint. Handover cannot be viewed as a distinct free standing skill. Effective handover is built on a portfolio of generic professional skills and this skill set is acquired from the very start of undergraduate training. Considering the previously discussed theoretically grounded model, a systems approach to improving handover may indeed be appropriate to address in the postgraduate setting. However, the issues of professional responsibility and team-working are key areas that can and should be addressed in undergraduate training. The use of observation as a sole method of tuition is at odds with these theoretically sound elements of handover education.

A consensus must be reached on the extent of handover education in undergraduate medical training. Future research is also needed to describe and assess the efficacy of teaching and assessment innovations. This will offer guidance to medical educators hoping to incorporate training on this key patient safety issue.

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General Practice Teachers

Dear Sir

Increasing medical student numbers and a teacher workforce shortage, makes it important to understand general practitioners' current thoughts about teaching medical students in their practices.

Ninety-five teaching general practitioners (urban and rural) from the Notre Dame School of Medicine, Western Australia received a questionnaire concerning medical student attachments. Replies were anonymous. The Human Ethics Committee of the University of Notre Dame gave approval. Responses to open questions were categorised after consensus.

The response rate was 61% which limits extrapolation. Thirty-six (62%) of the respondents reported that a positive

aspect of the attachment was that it helped them as a teacher to reflect and analyse their own clinical practising. Thirty-six (62%) felt that they had gained fresh ideas and knowledge from the student – a finding reported elsewhere. This was reported more frequently in teachers who graduated in medicine outside Australia than those who graduated from Australian medical schools 23 (85%) vs. 13 (41.9%) χ^2 9.7, $p=0.001$.

Fifty-six (97%) reported that taking a medical student created time pressure/slowing down the practice and 26 (45%) felt there was a loss of income/poor remuneration for teaching. These known problems constitute a world-wide barrier to expanding the ambulatory teaching of medical undergraduates. More financial support for this teaching is essential.

Altruism seemed to drive 27 (47%) of the respondents but only 17 (29%) indicated teaching as an opportunity to advocate General Practice as a career.

Forty-four (81%) wanted individual (not group) feedback from the medical student and this could aid future teacher

professional development. None possessed formal education qualifications, yet only 14 (24%) reported a need from the medical school for courses or teaching workshops. These findings and those of other studies, (Baker et al. 2003; Malik et al. 2007) mean that if we are to maintain general practice interest in teaching it may be useful to tailor educational support through an appropriately trained academic general practitioner frequently visiting teaching practices.

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