One medical school's experience of sustaining general practice teaching in the time of COVID-19

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THE COVID-19 PANDEMIC is affecting health and education systems internationally.1 Maintaining health workforce capacity, including continuity of medical student training, has been a focus of efforts in Australia and globally.2 This brief article documents challenges encountered in maintaining the Western Sydney University (WSU) general practice program and strategies adopted to address these challenges.

The WSU School of Medicine runs an undergraduate medical program aiming to equip graduates to work in areas of need. Our students are engaged with such communities from their earliest years, including in general practice placements across all five years of the program.

As the pandemic unfolded in Australia, general practice increasingly moved towards online modalities of care provision. Medical student training was affected by concerns about exposure to COVID-19 and challenges of adapting to new models of practice with reduced doctor-patient face-to-face interactions. Students, especially those at risk or living with others at risk, were concerned about safety in a setting they perceived to be less well controlled than the hospital setting. General practitioner (GP) supervisors also expressed concern about student exposure, and this was initially compounded by poor access

to personal protective equipment. GP supervisors sought clarity about vicarious responsibility for students. Some supervisors were concerned about the safety of practice teams and patients at a time when potentially infectious younger Australians were not engaging with required isolation practices.3 Others were unconvinced about the value of education with reduced patient contact, or were too busy with changes they were making in their practices.

Other GP supervisors enthusiastically embraced an active learning role for students who could assist them to transform their practices, including, for some, incorporating respiratory clinics.4

We prioritised rapid, personal responses to communications from students and GP supervisors, seeking to address the specific circumstances for each while reinforcing student learning requirements and our appreciation for the long-term commitment of GP supervisors and willingness to adapt learning approaches. In rural clinical schools, the individualised approach included supporting students living away from family and friendship networks.

We notified students about current community prevalence of COVID-19 and directed them to websites providing information about staying safe in clinical settings.5 In consultation with GP academics and GP supervisors, we proposed alternatives to face-to-face learning. These included activities considered useful in the current context and relevant to WSU student learning outcomes, which map to the

Royal Australian College of General Practitioners' (RACGP's) five domains of general practice (Table 1).

As available GP placements reduced, we prioritised placements for students in later years who would have less opportunity to make up learning. Year 1 and 2 student placements were suspended, and supervisors were offered Year 3 and Year 5 students. Year 5 placements were adjusted so students could attend additional training in preparation for early pre-graduation release to assist in hospitals. These placements were later moved to after-hours sessions for the many students taking up hospital positions.

New learning activities and assessment approaches were carefully mapped to pre-existing learning outcomes, and the mapping was demonstrated to learners and teachers.6 These changes included:

- modified requirements for direct patient contact
- some placement sessions replaced with online learning including from RACGP publications
- · alternative assessment approaches such as written reflections on a universityprovided patient story or videotaped consultation, instead of a patient observed by the student
- a shift to pre-recorded or livestreamed lectures and tutorials.

These strategies have been informed by discussions with other Australian general practice academics and supported by information technology not available in previous pandemics.

While formal evaluation is underway, currently Year 3 and Year 5 placements

Learning activities	The RACGP's five domains of general practice				
	Communication skills	Applied professional knowledge and skills	Population health and the context of general practice	Professional and ethical roles	Organisational and legal dimensions
Year 3 students					
With appropriate guidelines/script, assist reception staff to field patient phone calls and enquiries	Х	Х			Х
Audit practice files to identify and contact patients deemed to be at risk		Х	X		Х
Contact eligible patients to advise they can have a telephone/video consultation	Х			X	Х
Help GP set up for video consultations	Х			X	X
Conduct telephone checks of isolated or elderly patients	Х	X	X		X
'Chase up' patient results		Х			X
Triage patients – either by telephone or face to face with the recommended protections in place	X	Х			Х
Conduct non-face-to-face elements of routine health checks and/or appropriate examinations as required	X	Х	X	Х	
Prepare rooms with appropriate personal protective equipment					Х
Research current COVID-19 information including from the RACGP, Federal and NSW Health, local PHN, HealthPathways, etc.		Х	Х	Х	Х
Review the practice's pandemic response plan			X	Х	X
Review practice website/Google presence	Х				Х
Assist the GP and staff with non-COVID-19-related activities/tasks in the practice	Х	Х			Х
Year 5 students					
Assist with telehealth consultations with GP supervisor supervision and sign off	Х	Х		Х	Х
Conduct stocktake of supplies for treatment and consultation rooms					Х
Review an assigned patient file and discuss the relevant principles of management with the GP supervisor	Х	Х			
Review and update patient health summaries ready for upload to My Health Record					X

continue, including for hospital-based Assistants in Medicine. Most GP supervisors enthusiastically support the placement changes, and students continue to value their general practice learning and appreciate the role of general practice in this pandemic.

This collaborative, collegial response to safeguarding evidence-based general practice learning in the current crisis provides lessons for managing similar challenges in the future. With support from committed GP supervisors and the wider School of Medicine, general practice learning can be supported and enhanced in these difficult circumstances.

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