COVID-19: General practice education in the 'new normal'

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THE RECENT PANDEMIC has disrupted every aspect of modern life. Berwick notes that SARS-CoV-2 is a stern teacher, raising questions that 'may reshape both healthcare and society as a whole'.[1]

COVID-19 has brought learning opportunities for medical students, supervisors and the public. It has expanded waiting room vernacular and possibly health literacy. We have experienced exponential growth in people viewing graphs of exponential growth. The proverbial pub test now includes polymerase chain reactions, personal protective equipment (PPE) and pre-test probability. There is unprecedented use of the word 'unprecedented'.

Medical students have been substantially affected. Many have lost placements; all have lost personal freedoms. Many have assumed some level of personal risk; all have had to assess their own risk. A US report acknowledged these concerns – 'providing care to patients with communicable diseases can be frightening' – while commending their response: 'We signed up for this!'[2] Supporting our students has never been more important.

Students have had unique opportunities to learn – and contribute – on the frontline, assisting with fever clinics and telehealth consultations. Their apprenticeships in PPE use and public health are grimly practical. Students undertaking rural placements have assisted with the design and implementation of local COVID-19 responses. Others have gained invaluable experience in contact tracing, staffing helplines and redeveloping education programs.

The Australian Medical Students' Association's primary consideration is: 'Student safety, patient safety, the general public and the safety of those with whom students live and interact'.[3] Redesigning undergraduate general practice training for James Cook University (JCU) medical students in this new environment was challenging. We were encouraged by the students' resilience as we endeavoured to fulfil our duty to provide education safely while limiting any impact on 'the supply of work-ready and pandemic-cognate graduates for 2021 onwards.'[3]

JCU students have considerable general practice exposure, with twenty weeks of rural placements and a six-week general practice rotation in Year 5, which traditionally includes clinical placement and twice-weekly case-based tutorials. These rotations started 'wobbling' in March, halfway through a term.

While the University 'paused', we had to manage general practice students without placements. A teaching-intensive term was devised by our Committee of Online Virtual Intellectual Developers (COVID). An intensive clinical placement will follow when business as usual (or unusual?) returns.

Providing meaningful online education to prepare general practice students for their intensive placements and end-of-year assessments required ingenuity but brought efficiencies. Rather than running stand-alone programs, we used videoconferencing to link our three clinical school sites. We modified case-based tutorials, supplementing them with simulations using small-group self-directed problem-based learning–style sessions. Case discussions held via Zoom involving real patients allowed students to explore clinical problems as a virtual group. The authors noted that patients found these sessions with 30–35 students less threatening than face-to-face sessions, and they were glad to help. Additional weekly exam practice sessions encouraged students to consolidate learning through formulating exam questions and sharing with peers.

Inspired by the Australian College of Rural and Remote Medicine's Fellowship tele-assessment,[4] we ran a simulated general practice clinic via Zoom. Role-playing patients were beamed into the homes of students and facilitators in an objective structured clinical examination (OSCE)-style format, enabling formative and summative assessment using mini–clinical evaluation exercises.

The clinical world has also changed. We appreciate the unnecessary things we do – the 'waste'. Hippocrates saw patients face to face; this was still the norm pre-COVID-19 despite modern technology.[1] Ongoing Medicare Benefits Schedule funding is unclear, but telehealth is now mainstream – with implications for curricula, teaching and assessment.

This pandemic has revolutionised the delivery of medical education. In meeting our students' needs, we now appreciate 'webinar fatigue'. Working from home

is commonplace, becoming replaced by working from anywhere.[5] If employees can live and work anywhere, then what about students? While formal evaluations are pending, we believe grappling with the questions COVID-19 has raised will improve educational practice as we define a 'new normal'.

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