

Resilience and adaptability of general practice education during the COVID-19 pandemic

Tarun Sen Gupta, Claire Poolman,
Emma McGonigal

UNPRECEDENTED TIMES demand unprecedented measures. The COVID-19 pandemic has taught us that nothing is impossible. While the pandemic has profoundly affected medical services and education, general practitioners (GPs) – yes, the generalists – are uniquely placed to observe, to think and to respond.

GPs embrace uncertainty – it's in our DNA. The pandemic has brought unimaginable uncertainty. All of us – students, registrars, GPs, educators and practice staff – have been the proverbial 'deer in the headlights' eloquently described in this issue of *Australian Journal of General Practice*.¹ We empathise with registrars' 'bumpy' ride and the 'emotional journey from the initial stress to becoming more "comfortable"'. Yet our profession has survived and thrived as we continued to see patients, teach and research in ways we could not have imagined.

GPs adapt to change. COVID-19 has been the ultimate biopsychosocial challenge, demanding resilience and rapid adaptation. GPs, educators and students have daily, repetitive practice at adapting successfully to new challenges, be they clinical, COVID-19-related, or contextual, in a system that is stretched and distorted. Perhaps GPs have some evolutionary advantages in dealing with the challenges and uncertainty of COVID-19 as clinicians, educators and leaders.

The new normal blends new and old – but are the changes planned or unplanned? The old-fashioned consultation remains the cornerstone of general practice, yet

we continue to learn new tricks. Roth and Willems offer fresh insights into the 'art of the consultation', and Willems explores the practicalities of seating arrangements.^{2,3} We are contemplating what this means in a telehealth world.

The rapid telehealth roll-out – 'a decade's worth of work' – has brought challenges and opportunities as we adapted our skillset to consult and teach remotely.⁴ 'Forced innovations' in distance education and tele-assessment raise questions about how and when telehealth should be taught and assessed.

The pandemic experience of students and registrars was not ideal, yet our education systems learned and grew. New models of teaching and assessment emerged, often co-designed with students.⁵ A diversity of educational online events grew organically out of necessity. Online recorded educational offerings allowed greater access and flexible participation – education 'democratised'. Shared adversity enhanced communication, collaboration and partnerships. New roles emerged – students as vaccinators, contact tracers and 'assistants' – providing opportunities to contribute meaningfully on the frontline.

In joining together in adversity, many of us felt closer to our colleagues, students and co-workers despite the tyrannies of distance and isolation. We experienced a renewed sense of collegiality. As we emerge from the shadows of the pandemic, we must take care. Not just care to maintain vigilance, learn the public health lessons and plan for the future. Nor just to embrace innovation and change. We must retain the human elements: celebrate our resilience and adaptability while acknowledging our vulnerabilities

and frailties. As GPs we must look after ourselves and our colleagues while continuing to look after our patients and our families. Can we do this in the face of compassion fatigue, change fatigue and COVID-19 fatigue?

Mandela observed that 'it always seems impossible until it is done'.⁶ It is not done yet. But it is not impossible.

Authors

Tarun Sen Gupta MBBS, FRACGP, FACRRM, PhD, Professor of Health Professional Education, College of Medicine & Dentistry, James Cook University, Qld
Claire Poolman MBBCh, FRACGP, Master Health Studies, Grad Cert HPE, Senior Lecturer, College of Medicine & Dentistry, James Cook University, Qld
Emma McGonigal MBChB, FRACGP, Senior Lecturer, College of Medicine & Dentistry, James Cook University, Qld

References

- Howard D, Bottrell C, Parsons J. 'Feeling like a deer in the headlights': A qualitative study of registrar experience in early general practice training. *Aust J Gen Pract* 2022;51(5):298–303.
- Roth R, Willems J. A new framework for teaching the art of general practice consultation to registrars and supervised doctors. *Aust J Gen Pract* 2022;51(5):310–15.
- Willems J. 'Where do I place my chair?': Considerations of chair placement in consultation observation. *Aust J Gen Pract* 2022;51(5):304–09.
- Hall Dykgraaf S, Desborough J, de Toca L, et al. 'A decade's worth of work in a matter of days': The journey to telehealth for the whole population in Australia. *Int J Med Inform* 2021;151:104483. doi: 10.1016/j.ijmedinf.2021.104483.
- Pecora J, Sen Gupta T, Zou D, et al. Twelve things we have learned from medical students during the pandemic. *MedEdPublish* 2021;10:77. doi: 10.15694/mep.2021.0000771.
- BrainyQuote. Nelson Mandela quotes. Mercer Island, WA: BrainyQuote, 2021. Available at www.brainyquote.com/quotes/nelson_mandela_378967 [Accessed 20 March 2022].

correspondence ajgp@racgp.org.au