10H1 (20319)
Pilot of a matrix module to engage GP registrars in managing multimorbidity in practice

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Background: Managing increasing multimorbidity in patients is of concern in the medical literature and for health systems. Little has been written regarding teaching these skills to General Practice (GP) registrars. GP training relies on clinical exposure and GP registrars tend to manage fewer patients with multimorbidities than do established GPs. Registrars anecdotally express concerns that they find these patients too difficult and are therefore less likely to engage with them.

Summary of Work: This project, in an Australian Regional Training Provider, pilots a different approach to conceptualising and teaching this topic which aims to increase registrars’ engagement with patients. A brief online electronic educational module was developed in the form of an interactive matrix with a specifically patient-centred focus to be viewed prior to a workshop session for each Term 1 group. Registrars are being surveyed pre and post intervention. Feedback from a Term 3 focus group will also be utilised to inform future registrar education on this topic.

Summary of Results: Results will be presented on the evaluation to date of this approach including its utility, acceptability and feasibility.

Discussion and Conclusions: The literature highlights the difficulties of managing multimorbidity in practice (time and continuity issues, use of multiple guidelines). If general practitioners are to manage these patients effectively then the conceptual framework should be considered in addition to systems of care. This complex topic can be introduced in a constructive way during training.

Take-home messages: Training needs to respond to learners’ needs and to the context of clinical practice in this emerging area of multimorbidity.
10H3 (18488)
Increasing family medicine residents' preparedness for procedural skills using an iPad application

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Background: Surgical skills are one of the many competencies required for Family Medicine residency. The current gold standard is “See one, do one, teach one”. However, most residents feel they need more exposure to procedures to increase their confidence. We looked for a way to enhance their educational experience without increasing the amount of direct exposure. To that end, we developed a mobile educational app for procedures to enhance our residents' exposure.

Summary of Work: A pilot study of 14 residents using a randomized prospective design allocated them to either intervention or control. The intervention was the use of the app; which demonstrates animated procedures combined with written instructions for indications, step-by-step guide, equipment and risks of procedure. The control group received standard teaching from the staff. Residents completed pre and post questionnaires regarding perceived level of skill and preparedness to perform the procedure.

Summary of Results: Prior to using the app, residents rated their level of preparedness at an average of 4.9/10, and 100% indicated they believed technology could improve their skills. Post clinic experience, 100% of the intervention group indicated the app improved their preparedness for performing a medical procedure. Please note almost all residents (13/14) felt that simply being able to perform the procedure made them feel more confident. As well, all participants asked for more procedural skills training during their residency.

Discussion and Conclusions: Point of care animation videos of common procedures in family medicine increase resident preparedness to perform the given procedure.

Take-home messages: Using current technologies to improve the educational experience for residents in family medicine will increase their confidence and hopefully their competency to perform common surgical skills.

10H4 (21675)
Assessment of Teaching Performance in a Family Medicine Residency Program at UNAM in Mexico

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Background: The teacher has a key role in the training of family medicine residents with high clinical standards, that attend most of the health problems in Mexico. In our country the evaluation of teaching in residency programs is scarce. The objective was to assess teaching performance by residents' ratings at different hospitals in Mexico.

Summary of Work: The study population were 78 UNAM family medicine residency program professors at different hospitals. The anonymous questionnaire to assess teaching performance by residents' ratings has evidence of validity and reliability and is composed of 5 dimensions using a Likert scale. It was applied at the end of the academic year.

Summary of Results: 78 Family Medicine Teachers were evaluated by 734 residents, who stated that teaching performance is acceptable, with an average of 4.25±0.93 for medical courses. The best valued dimension was “Methodology” with an average of 4.34±1 in contrast to the “Assessment” dimension with 4.16±1.1

Discussion and Conclusions: Teaching performance by residents' ratings was acceptable. Different degrees of teaching performance were found that ranged from sufficient to excellent. Teachers with sufficient degree of competence need to take faculty development courses, particularly about assessment. The assessment of teaching competencies can show different degrees of performance that need to be identified in order to enhance the educational process and the residency programs.

Take-home messages: Teachers’ assessment is an important aspect of quality assurance and improvement in medical education.
Teaching population health in primary care

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Background: Tomorrow’s primary care doctors need to understand how to look after populations of patients as well as individuals. Whilst this learning need is reflected in some postgraduate curricula [such as the UK Royal College of General Practitioners MRCGP curriculum] there is little published work on its implementation.

Summary of Work: We took a group of 60 4th year postgraduate GP trainees [where the 4th year is an innovative development to a more usual 3 year programme] and offered a course in Population Health Care starting in August 2012. This included project work, regular interactive sessions, literature examination amongst other interventions.

Summary of Results: We demonstrated that this group of learners can add to the skills of diagnosis and treatment a set of population health skills, loosely described in a population health paradigm. Results will be presented of content, assessment and evaluation.

Discussion and Conclusions: Both trainees and trainers who took part in the programme reported increased skills and confidence in thinking about the needs of a population and developing interventions for improvement. There were reported benefits for patients and practices too, with improved rates of disease screening, better patient information materials and enhanced processes and efficiency in record keeping. We conclude that Population Health can be taught in a primary care setting effectively to GP trainees.

Take-home messages: It is vitally important to seek improved population health outcomes and supporting GP trainees in learning how to do this work can be achieved, given the appropriate learning environments and teaching skills.