EURACT Checklist for Attachment Program Organisers

EURACT Checklist
for Attachment Program Organisers:
Teaching general practice in the practice setting
in basic medical education

Document prepared by
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*To be referenced
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EURACT is the education network organisation of the European Society of General Practice/Family Medicine. This document has been produced by a working party of EURACT Council.

General practice/family medicine in basic (undergraduate) medical education is best taught in the practice, preferably as one to one teaching.

In this paper we use the term 'attachment' for a longer period (usually at least more than one week) of guided activities in a general practice setting; other terms in this context are 'preceptorship' or 'clerkship'.

This list does not deal with the questions of whether and how to decide on an attachment program; readers will not find arguments to do so. Instead, it is meant for use after taking the decision for such a program.

The checklist may help organisers of attachment programs to think of all aspects and difficulties an attachment in general practice in the practice setting may have before starting the program, or it may as an organisational help improve an existing program.

Many questions and aspects in this reminder list will be answered different by different readers, depending on the educational culture, the setting and the needs of their teaching. Therefore only few recommendations are given by the authors, of which most are experience based. The aim is to help the reader to become aware of the complexity of such an attachment, not to pretend the only possible solution.

Additional literature references may help users of this list to get more ideas, experiences and information on certain aspects; they are usually restricted to easily accessible sources (www, library).

1In other languages terms like 'Hausarztpraktikum', 'Famulatur', 'Ordinationspraktikum', 'tutoraggio', 'precettore', 'co-schap', 'huisartsstage' or 'klinikophold i almen medicin for medicin-studerende' are used.

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Mission and goals of the attachment program

What should be the educational level of the attachment program?
What is the students knowledge/experience with general practice?
What are the learning needs of the students (depending on the school year they are in)?
What will be the number of students in your attachment program?
What should be the duration of the attachment to the practice?

What are the educational aims of the attachment program?
Do you have a written concept about this?
Is this concept agreed as a part of the curriculum of your Medical School?
Where will the attachment fit with other formal learning activities of the students during that time?

Who could help in planning the attachment program?
  - Who could form a taskgroup with you?
  - Are there any experts around?
  - Are there any colleagues running similar attachments in other subjects having expertise?
  - Are there experts on the national or international level you could ask?

In which way will the attachment program be financed?

What are the needs of
  - the individual patient, the community and the society
  - the Department
  - the students
  - the trainers related to your teaching?

What are the general roles of
  - teachers
  - students
  - additional staff (Department, practice)
  - patients
  - in the teaching process?

Reference:
Teachers and teaching practices

Where are GP teachers and teaching practices available?
- Single handed and group practices
- Health centres

How can you recruit new teachers and new teaching practices?
- Sending letters to all GPs in the region
- Making a protocol with the regional health authority
- Recommendations from students, teaching colleagues or others
- Offering training courses for new teachers
- During research activities in general practice

Reference:
- EUACT statement on selection of trainers and teaching practices for specific training in general practice (Tartu 2002) (www.euract.org)

What may be the motivation/interest of new GP teachers?
- Desire to teach/desire to learn
- Rewards
- Money
- Status/respectability
- Career
- Academic appointments
- Diploma
- Own learning needs/CME credits
- Higher professional education/CPD
- Keeping one's own knowledge up-to-date
- Socialisation
- 'Best teacher' award
- Part time/full time work
- Hobby
- Practice prestige
- Job satisfaction; enhanced enjoyment of practice
- Wish to develop a better curriculum

What may be the motivation of teaching practices/practice teams?

Reference:

Will the teachers and teaching practices be paid for their teaching?

How much?

Who is financing this?
Do you need written contracts with teachers and/or teaching practices?
Who will be the contracting party?
- Department
- Medical School
- Health Authority
- Community
What will be the content of these contracts?
- Tasks and rights of both sides
- Responsibilities
- Finances
- Administrative issues
- Duration
- Assessment
How long will it take to get these contracts?
How can you continuously teach the teachers?
- Making training of trainers an integrated part of the educational program
- Periodical recertification of teachers
- Regular meetings
- Regular courses
- Practice visits
- Assessment by students
Should taking part in initial training courses for GP trainers be a prerequisite to start teaching?

Reference:

How can you support new teachers?
- Fees and protected time for medical conferences
- Written teaching materials and educational guides
- Faculty development
- Access to news in medicine
- Medical library access
- Access to modern IT, e.g. computer linkages for clinical information
- Supporting their professional role
Teaching in the practice

- What are the concrete roles of
  - GP teachers/preceptors
  - Other doctors
  - Trainees
  - Practice staff
  - Patients
  - Relatives
  - Students

in the teaching process in the teaching practice?

- Are there cultural issues/sensitivities/taboos you have to respect?

- Do you plan accompanying small group teaching or lectures?
- Do you plan short courses (e.g. one-day courses) on common problems in general practice?
- What should be the number of students per teaching practice? Do you plan one to one teaching?
- Do students have to join two different teaching practices, e.g. a rural and an urban one or a single-handed and a group practice?
- How does all this fit into the curriculum of your Medical School?
- What will then be the number of teachers and practices needed?

References:

- Should students have the possibility to change the practice?
- Do they need an ombudsman?

- Did you solve legal questions?
- Depending on their educational level, are students allowed
  - To examine?
  - To treat?
  - Do give injections?
  - To do minor surgery?
- Do students need an extra insurance?
- Do students need a vaccination against hepatitis B?

- What information should patients get about the teaching?
- Do you need written consent by the patients? Or will be some information on the notice board in the waiting room be sufficient?
Do students need written materials before the attachment starts?
- Educational aims of the attachment
- Content
- Necessary knowledge and experience
- Process and role in the practice
- Necessary equipment
- Appropriate behaviour and limits
- Adequate clothing
- Assessment procedures
- Structured feedback to teachers

Do teachers need written materials before the attachment program starts?
- Educational aims of the attachment program
- Level/knowledge of students
- Curriculum
- Courses finished before; parallel courses
- Assessment procedures and assessment guides
- Structured feedback to students

Do you plan to put these materials on internet?

Do students have to pass a pre-test before entering the attachment?

Do you plan an introductory seminar for the students before the attachment starts in the practices?

What will be the working hours of the students?
- In the practice
- In home visits
- In emergency service
- For free learning time
- For reflective learning
- For preparing for the assessment

Do students get a timetable for the attachment?

How many patients should the students see per day?

How much time should they spend with each patient?

How should students' case presentations be integrated into the daily practice routine?

How can case presentations to the preceptor be learner-centred and collaborative?

References:
What will be the teaching hours of the teacher?

How much extra time should he offer for reflection and discussions with the student?

Do you plan to use logbooks or portfolio in the teaching-learning-process?

Do you plan to do contract learning?

Will there be regular accompanying seminars during the attachment?

- In the practice
- In Medical School

References:

Evaluation of teachers and teaching practices

What are characteristics of good GP teachers?
• Own training
• Clinical competence
• Quality of care
• Professional values
• Years in practice
• CME credits collected
• Ability to communicate
• Teaching skills
• Agreement to being evaluated
• Agreement to take care of ongoing training
• Commitment to teaching
• Time for teaching
• Good health conditions
• Personal qualities and personal characteristics for handling people such as patience, kindness, willingness, respect, educational approach etc.

How can you evaluate the criteria?

References:
- EURACT statement on selection of trainers and teaching practices for specific training in general practice (Tartu 2002) (www.euract.org)

Do you plan regular checks/evaluations of the teachers?
• Self assessment; teachers’ portfolio
• Practice visits (groups of teachers, students, patients)
• Peer review
• Video review of teaching
• Review by students
• Review by the Department

How is your training of trainers connected to assessment?

Do you plan recertification procedures for teachers and/or teaching practices?

Who sets the criteria?
• Department
• Group of teachers
• Ombudsman

How can you give feedback to teachers that is seen as a chance, not a threat?

How can you deal with resistance or a refusal of assessment?
How can you measure development towards better teaching?

What are the characteristics of good teaching practices?
- Number of patients/list size
- Number of doctors/staff
- Relationship between doctors and staff/nurses
- Workload/number of patients per day
- Daily schedules
- Possibility for special appointments for patients seen by the students
- Urban or rural setting
- Comprehensiveness of services
- Medical records
- Epidemiology of diseases/case mix
- Variety of procedures
- Home visits
- Activities
- Medical equipment in the practice; premises
- Teaching equipment in the practice (library, journals, Internet connection, teaching media)
- Extra room/consultation room for the student

How can you evaluate the criteria?

Should teaching practices be allowed to call themselves 'Teaching practice of XY Medical School'?

Should they get any benefit by this?

References:
Assessment of students

Do you plan a summarising seminar for the students after the attachment?
Do students have to compile some final protocol/presentation about some interesting patients?

Will there be an assessment/examination during (formative) and/or after (summative) the attachment for the students?
- By patients
- By practice staff
- On peer level
- In the practice by the teachers
- In the Medical School
- Centralised

Which assessment methods do you plan to choose?
- On-site observation
- Video review of patient contacts
- Personal feedback
- Portfolio
- Oral examination
- Long case
- Multiple choice questions
- Modified essay questions
- OSCE

Who will get notice of the results of the assessment?
- Students
- Teachers
- Practice staff
- Patients
- Community
- Medical School

What will be the consequences of the assessment for the students?

References:
Evaluation of the attachment program: Communication and reflection

- How can teachers and teaching practices report back to your Department?
  - Performance of the student
  - Results of assessment
  - Problems and ideas

- Does your Department have a 5-6 day per week/all year round hotline number?
- Do teachers and teaching practices know this number to get in contact with you?

- How does your Department communicate with teachers and teaching practices?
  - Telephone
  - Emails
  - Letters
  - Regular meetings
  - Yearly meetings (Christmas time, 'Best teacher'-Award)

- Do you plan a formal and regular evaluation of your attachment program?
- Who will perform this evaluation?
  - Students
  - Teachers
  - Department
  - Medical School
  - Community
  - External expert groups
- Who will get notice of the results of the evaluation?

- Do you plan a continuous reflection about your educational aims of the attachment program and your achievements?
  - Did you meet the learning needs of the students?
  - Did you reach the educational aims of the attachment program?

- Do you plan quality management procedures?
- Who could help you in this?
- Who could compile the data?

- How can you report back to your Medical School, to the teaching practices and the community about your attachment program?
  - Conferences/meetings
  - Annual report
  - Yearbook

References:
How can you complete this checklist to cover the characteristics of your setting?

- Focus groups of Department staff
- Focus groups of teachers
- Focus groups of practice staff members
- Focus groups of students
- Focus groups of patients

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