

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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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'.¹

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', 'preccettore', '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 trainersrelated to your teaching?

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

Reference:

- Langlois JP. *The preceptor in the 21st century*. *Fam Med* 2003;35(5):314-5.
- McEvoy P. *Educating the Future GP*. 2nd edition. Oxford: Radcliffe Medical Press; 1998.

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:

- *EURACT 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:

- *Baldor RA, Brooks WB, Warfield ME, O'Shea K. A survey of primary care physicians' perceptions and needs regarding the precepting of medical students in their offices. Med Educ 2001;35(8):789-95.*

- 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:

- *Hoban JD, Carroll JG, Agna MA. A training program for community physicians serving as preceptors in family medicine. J Fam Pract 1979;8(5):1063-5.*

- 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:

- *Cantillon P. Teaching large groups. BMJ 2003;326:437-440.*
- *Jaques D. Teaching small groups. BMJ 2003;326:492-4.*
- *Gordon J. One to one teaching and feedback. BMJ 2003;326:543-5.*
- *Spencer J. Learning and teaching in the clinical environment. BMJ 2003;326:591-4.*
- *Wood DF. Problem based learning. BMJ 2003;326:328-30.*

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:

- *Irby DM. Teaching and learning in ambulatory care settings: a thematic review of the literature. Acad Med 1995;70:898-931.*
- *Wolpaw TM, Wolpaw DR, Papp KK. SNAPPS: a learner-centred model for outpatient education. Acad Med 2003;78:893-8.*

- 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:

- *Mc Grae Mc Dermott M, Curry RH, Stille FC, Martin GJ. Use of learning contracts in an office-based primary care clerkship. Med Educ 1999;33:374-81.*
- *Hesketh EA, Laidlaw JM. Developing the teaching instinct 6: learning contracts. Medical Teacher 2003;25(2):116-9.*
- *Lipsky MS, Taylor CA, Schnuth R. Microskills for students: twelve tips for improving learning in the ambulatory setting. Medical Teacher 1999;21(5):469-72.*
- *Fernald DH, Staudenmaier AC, Tressler CJ, Main DS, O'Brian-Gonzales A, Barley GE. Students' perspectives on primary care preceptorship: enhancing the medical student preceptorship learning environment. Teach Learn 2001;13:13-20.*
- *Martens FMJG, op 't Root JMH. Practical medical education in general practice. Med Educ 1992;26:213-7.*
- *Langlois J, Thach S. Teaching and learning styles in the clinical setting. Fam Med 2001;33(5):344-6.*

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:

- *Boendermaker PM, Schuling J, Meyboom-de Jong BM, Zwierstra RP, Metz JC. What are the characteristics of the competent general practitioner trainer? Fam Pract 2000;17(6):547-53.*
- *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?
- How often?
- 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:

- *Riesenberg LA, Biddle WB, Erney SL. Medical student and faculty perceptions of desirable primary care teaching site characteristics. Med Educ 2001;35:660-5.*
- *James PA, Osborne JW. A measure of medical instructional quality in ambulatory settings: the MedIQ. Fam Med 1999;31(4):263-9.*
- *Kilminster SM, Jolly BC. Effective supervision in clinical practice settings: a literature review. Med Educ 2000; 34:827-40.*

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:

- McAleer S, Hesketh EA. *Developing the teaching instinct 10: assessment. Medical Teacher* 2003;25(6):585-8.
- Schuwirth LWT, van der Vleuten CPM. *Written assessment. BMJ* 2003;326:643-5.
- Smee S. *Skill based assessment. BMJ* 2003;326:703-6.
- Friedman Ben David M, Davis MH, Harden RM, Howie PW, Ker J, Pippard MJ. *AMEE Medical Education Guide No24: Portfolios as a method of student assessment. Medical Teacher* 2001;23(6).
- Mennin SP, Richter DM. *Teaching for learning: Learning for health. Quick reference guides for planning, implementing, and assessing learning experiences. University of New Mexico School of Medicine.*
www.network.unimaas.nl/miscellaneous/files/Go%20Far%20Quick%20Ref%20Guide.pdf

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:

- Vroeijenstijn AI. *Quality assurance in medical education. Acad Med* 1995;70(Suppl):S59-S67.
- Bowen J, Irby D. *Assessing quality and costs of education in the ambulatory setting: a review of the literature. Acad Med* 2002;77:621-80.

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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