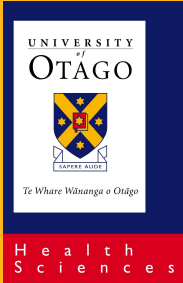


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What part will General Practitioners play in the future of Undergraduate Education?

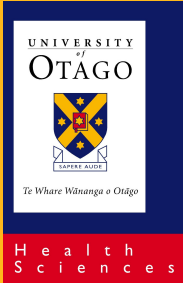
Dr John Adams
Dean
Dunedin School of Medicine



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The Challenge

- General Practice (primary care) has been enormously generous and accommodating.
- The Universities want to increase teaching in general practice.
- There is a professional obligation to teach.



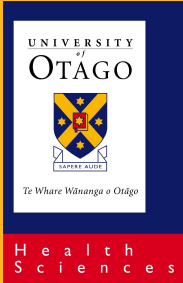
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Ethical Obligation to Teach

Teaching

51. Clinical teaching is the basis on which sound clinical practice is based. It is the duty of doctors to share information and promote education within the profession. Education of colleagues and medical students should be regarded as an ethical responsibility for all doctors.

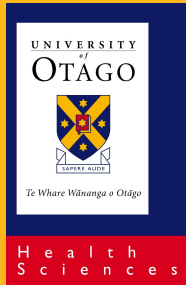
NZMA Code of Ethics



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The Challenge

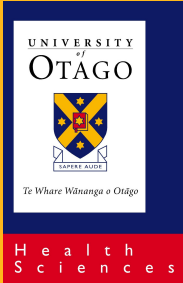
- General Practice (primary care) has been enormously generous and accommodating.
- The Universities want to increase teaching in general practice.
- There is a professional obligation to teach.
- Capacity issues.
- Financial compensations.



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Why teach in general practice? Changing hospital environment

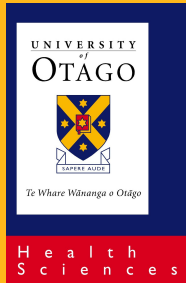
- Sicker patients in hospitals
- Shorter hospital stays
- Restricted number of conditions
- More students
- Less team and patient continuity



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Why teach in general practice? Changing Needs

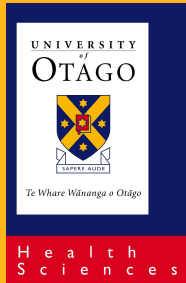
- Workforce
- Greater emphasis and expectation on primary care delivery
- General practice is very good educationally
 - Range of conditions
 - continuity
- Particular clinical skills requirements



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Curriculum Change - AMC Imperatives

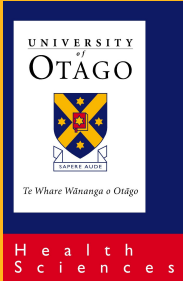
- Early Clinical Contact
- Clinical Skills teaching
- Teaching in community and general practice settings
- Rural Programmes



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Redeveloped Curriculum Structure

- First Year Health Sciences 2007
- Early Learning in Medicine 2008
- Advanced Learning in Medicine 2010



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FYHS

BIOC 192

Foundations of Biochemistry

CELS 191

Cell and Molecular Biology

CHEM 191

The Chemical Basis of Biology and Human Health

HUBS 191

Human Body Systems 1

HUBS 192

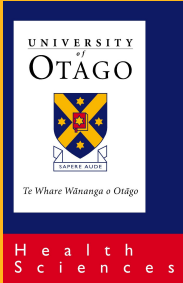
Human Body Systems 2

HEAL 192

Foundations of Epidemiology

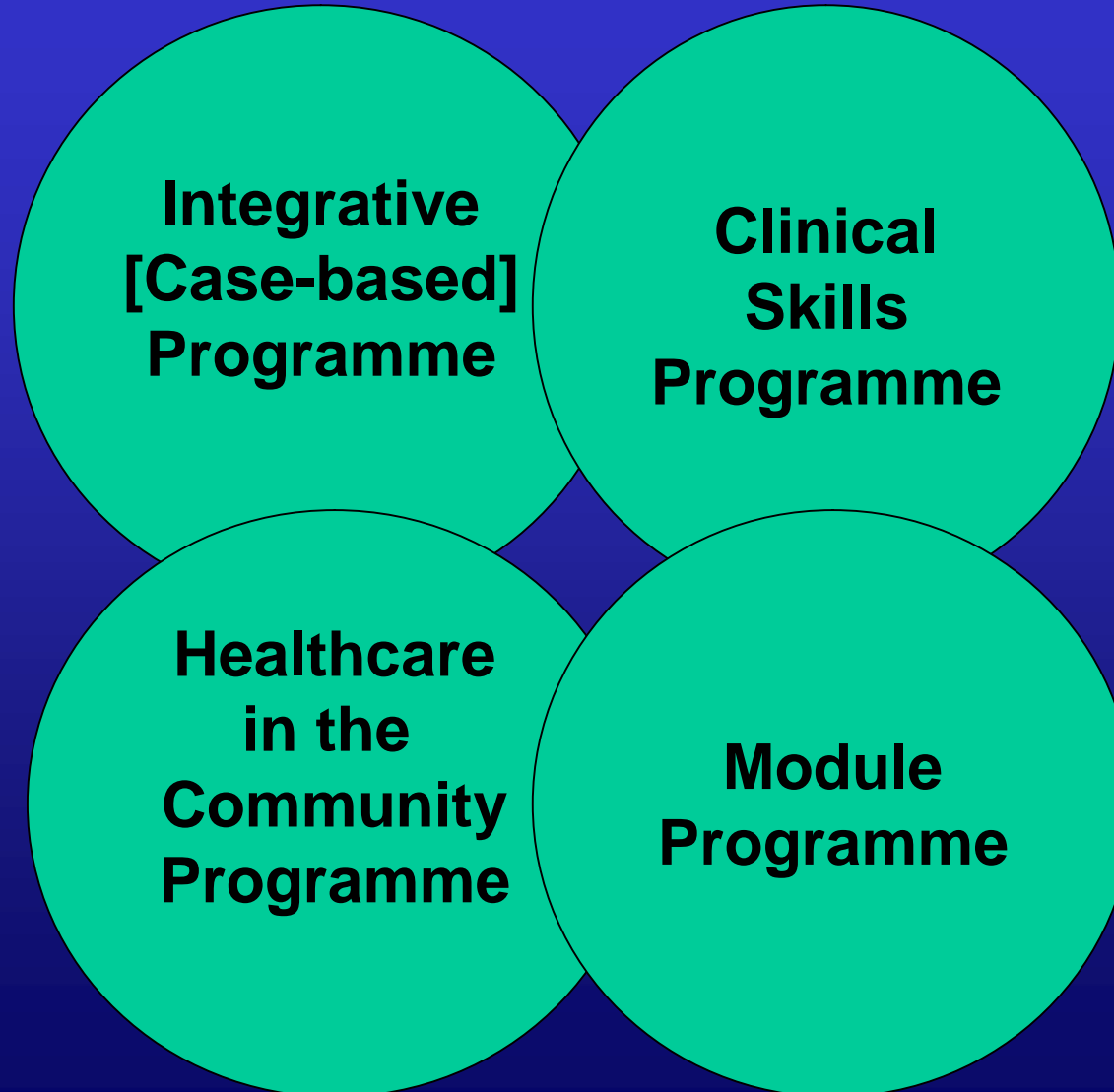
PHSI 191

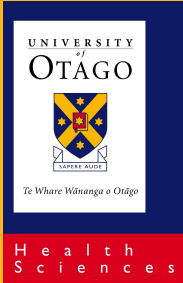
Biological Physics



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Early Learning in Medicine





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The Module Programme

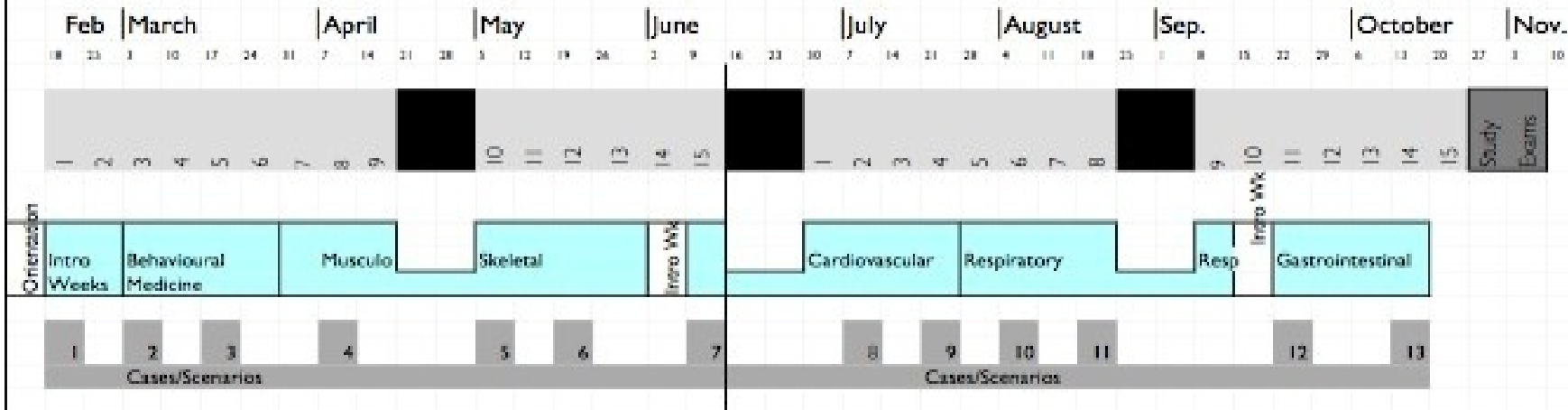
Block modules

- Human interactions
- Cardiovascular
- Respiratory
- Gastrointestinal
- Renal
- Metabolism
- Musculo-skeletal
- Endocrine
- Nervous system
- Reproduction, ageing and development

Vertical modules

- Psychological medicine
- Ethics
- Professional development
- Public health
- Hauora Maori
- Pathology
- Infection and immunity
- Blood
- Cancer
- Genetics
- Evidence based medicine

Med 2 2008



Case

1 John Doe: Trauma

2 Fred: Health and Illness Behaviour

3 Paul: HIV

4 Ingrid: Polyarthriti

5 Frank Kernig: Headache/fever

6 Bleeding disorder

7 Heart valve lesion

8 Cardiac arrhythmia

9 Coronary artery disease

10 Asthma/airways disease

11 Cystic fibrosis/pneumonia

12 Abdominal pain/peptic ulcer

13 Jaundice/bowel cancer

NOTE Good Friday - 21 March

Easter Monday - 24 March

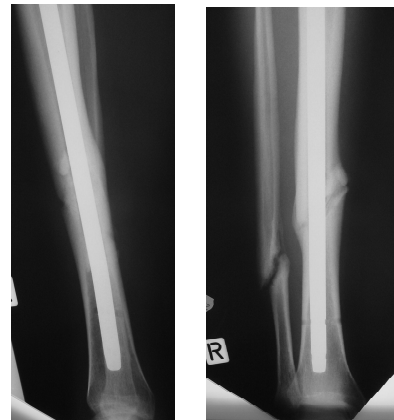
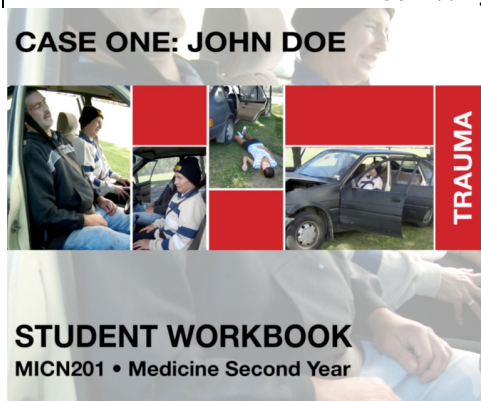
Easter Tuesday - 25 March

Case One - John Doe - Trauma

24 hours after surgical reduction of a closed fractured femur and compound tibia and fibula, John Doe developed symptoms of anterior compartment syndrome

Student Task 7 § Follow up of John Doe

1. What is the pathophysiology of compartment syndrome?
2. Why was a fasciotomy performed?
3. What muscles are in the anterior compartment?
4. What nerve supplies them?
5. Why did it take 12 months to regain full power of his foot?



6. Describe the x-ray appearances of the tibia and femur fractures at 3 and 5 months. Compare them to the appearances of the tibia and fibula in the above x-ray.
7. Why do you think the fibula is not united?
8. Does it matter that the fibula is not united?

Case 4 - Polyarthritis

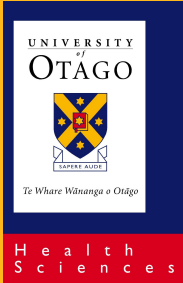
Isabel is a young women with Rheumatoid arthritis who told the class about the onset of her disease and how it affected her life.

Task 4 - The Differential Diagnosis

EXAMINATION

Isabel originally presented as a thin young woman who was fatigued and moved slowly. Examination at the time showed symmetrical soft tissue swelling at the MCP (Metacarpophalangeal) and PIP (Proximal interphalangeal) joints in the hands, swelling of the wrists and knees and tender MTP (Metatarsophalangeal) joints. She has some form of arthritis.

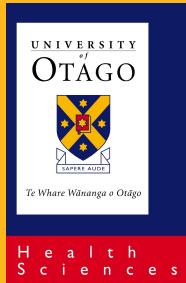
- 1. Write down what structures in and around the joint might be affected by the swelling? Then share your answers with the rest of your group.**
- 2. What features would you look for on examination to help you determine the pathological process?**
- 3. What pathological processes explain Isabel's symptoms and signs?**



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Clinical Skills

- Core procedural skills
- Learning to communicate
- Medical interview
- Professional conduct
- Early interventional skills



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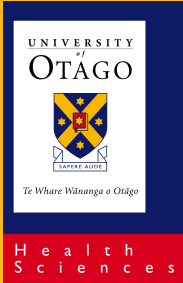
Clinical Skills - Medicine 2nd Year 2008

CASE ONE TASKS

- Revision of CPR
- Recovery position
- Blood pressure measurement

BEHAVIOURAL MEDICINE - BLOCK MODULE TASKS

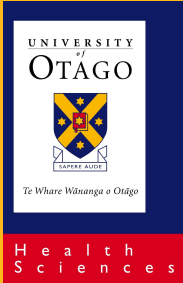
- Communication skills
- Consultation techniques
- Video interview with actors



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What is HIC all about?

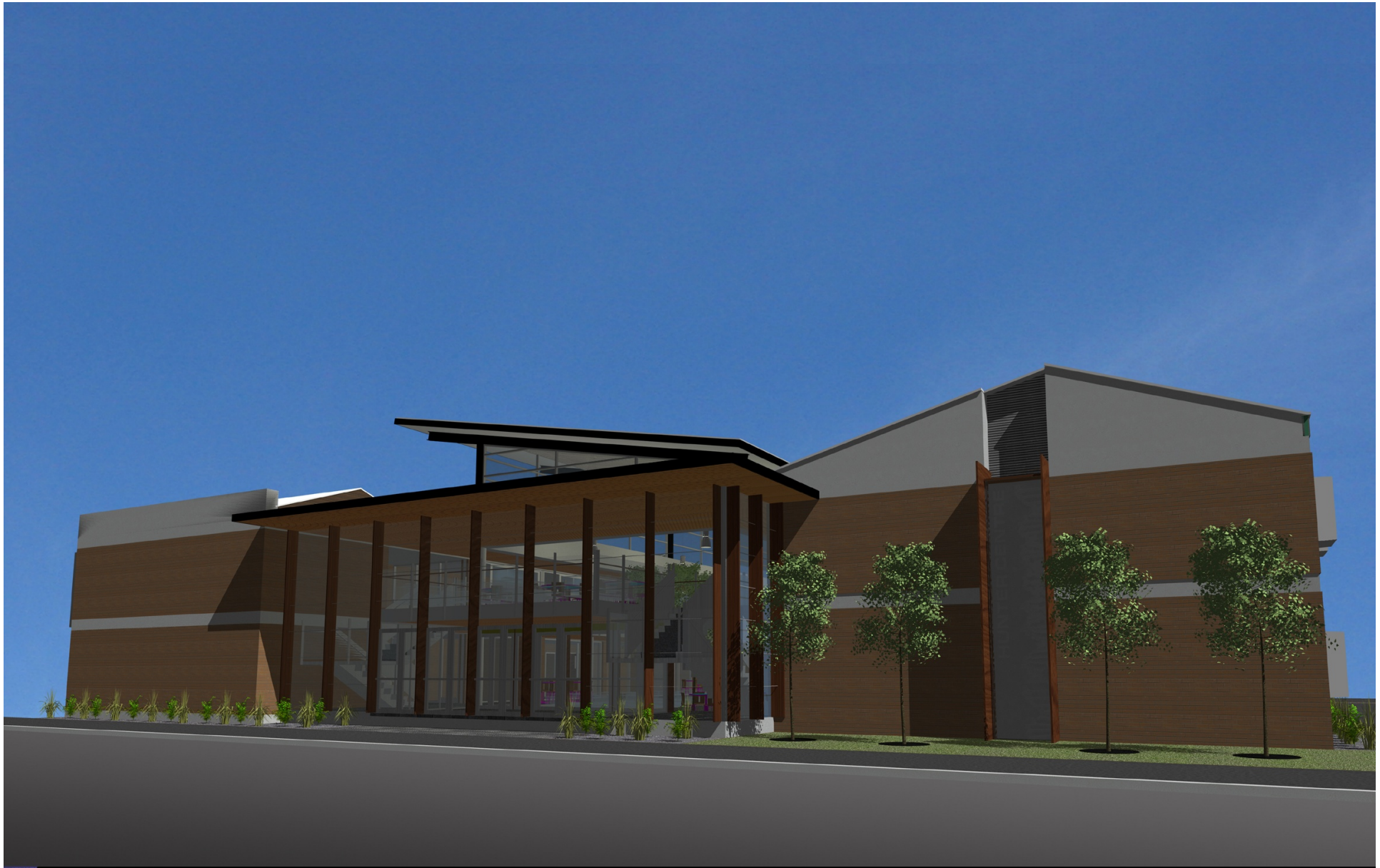
- 2 hours per week all year, mostly in tutorials
- Interview real patients
- Meet people with a disability or impairment of some kind
- Meet people who look after other people (carers)
- Find out how community agencies work



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What else?

- Learn about people who use alcohol and drugs
- Interview people with cancer
- Work in rest-homes as carers or nurse-aids (4 hours per week for 6 weeks)
- Write essays on learning

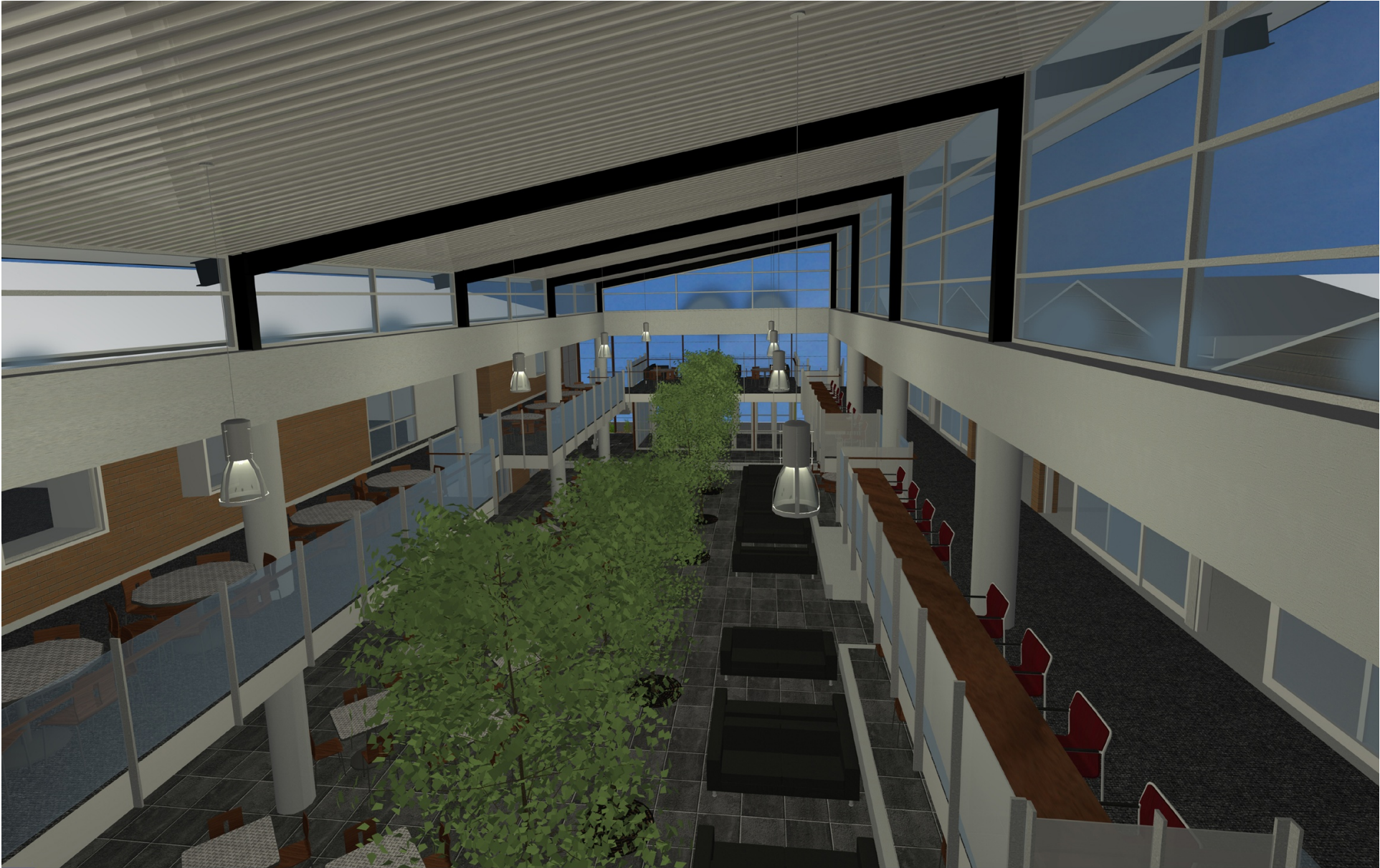


UNIVERSITY OF OTAGO - THE HUNTER BUILDING 279-281 GREAT KING STREET DUNEDIN
GREAT KING STREET PERSPECTIVE

JOB 0719 - DATE 16.05.2007

PARKER WARBURTON

TEAM ▲ ARCHITECTURE

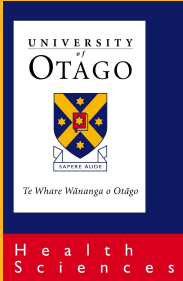


UNIVERSITY OF OTAGO - THE HUNTER BUILDING 279-281 GREAT KING STREET DUNEDIN
INTERIOR ATRIUM PERSPECTIVE

PARKER WARBURTON

JOB 0719 - DATE 16.05.2007

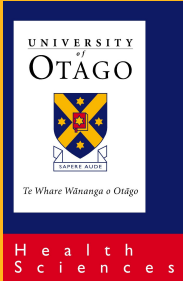
TEAM ▲ ARCHITECTURE



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Advanced Learning in Medicine

- About to start curriculum re-development in years 4,5,and 6.
 - Rural Programmes
 - Urban GP experience
 - Clinical skills
 - Non -medical teachers and coordinators
 - Teaching OP clinics
 - Collaborative teaching



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What has this got to do with General Practice?

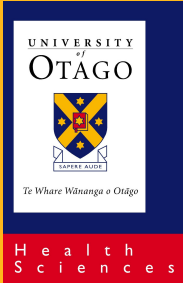
- All schools have a requirement for general practice experience that is likely to develop further.
- To support this development we would like increased teaching in general practice and by general practitioners.
- All the 2/3 courses require generalist tutors.
- This creates even greater pressure on urban general practice teaching locally and we may have to send students further afield.

NEWS: RURAL DOCTOR SHORTAGE
AT CRISIS POINT

YOU'LL HAVE TO MILK
ON YOUR OWN
THIS AFTERNOON...
I'M TAKING THE
KIDS TO THE VET.



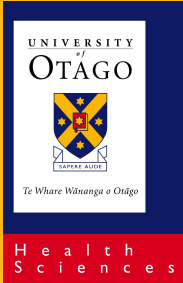
TRENAIN



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Rural Programmes

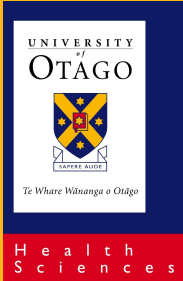
- 5 week rotational programme (Dunedin):
 - West Coast
 - Dunstan
 - Western Southland
 - Oamaru
 - South Canterbury
 - Blenheim
- Immersion programme:
 - West Coast
 - Queenstown
 - Balclutha
 - Dannevirke
- TI Placements



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GP Placement Coordination

- Auckland/Otago Dean's meeting
- Capacity project
- Collaboration with the RNZCGP
- Management Committee established
 - Position Description agreed
 - 1 year position
 - Database of practices
 - Interaction with local coordinators



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Back to the Challenge

- We have a vision of GP specialists, registrar, house surgeon, TI and 4th/5th year functioning as a learning team in a GP setting - shared?
- Physical capacity in practices is currently a bottleneck. How do we solve this?
- Do you want to and can you join with us in continuing to help solve the issues?
- Do you want to be involved to the extent that we want you?