Dr Branko Sijnja

Director

Rural Medical Immersion Programme

Otago University Medical School

The Rural Medical Immersion Programme and teaching on the run

Saturday, 17 August 2013 Start 1:00pm Duration: 60mins Van Gogh



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Rural Medical Immersion Programme

5th Yr

Full Year Immersion Programme

Students from all three Schools

Director: Dr Branko Sijnja

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RMIP Regional Teaching Centres

Westland
- Greymouth
- Haast
- Franz Josef
- Harihari
- Wataroa

Southland
- Queenstown
- Gore
- Wanaka

Clutha
- Balclutha
- Milton
- Lawrence

Tararua
- Dannevirke
- Pahiatua
- Palmerston North

Wairarapa
- Masterton
- Carterton
- Martinborough
- Greytown

Marlborough
- Blenhein
- Havelock
- Murchison
- Kaikoura

Administration is centred on Dunedin

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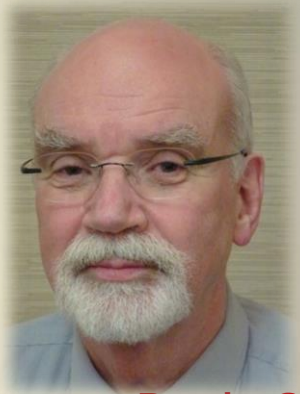
Administration

- Otago University
  - Faculty of Health Sciences
- Three Clinical Schools
  - Dunedin
  - Christchurch
  - Wellington



Director – Branko Sijnja

Administrator – Elise Direen

Administrator – Katie Linton

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Lots of patient contact

"The patient interaction, continuity of care that is involved in rural practice" ex RMIP student

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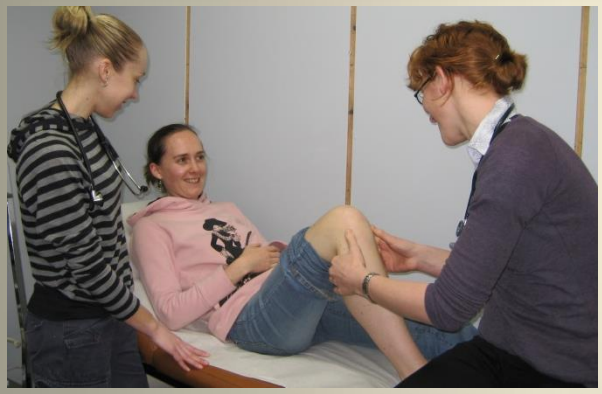
1:1 or small group learning



Small groups in regional centres

1:1 teaching

Group learning in residentials

"Working with awesome GPs and developing confidence in my abilities. Friendly consultants in rural hospital" ex RMIP Student

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Picking up skills

"The relevance of how 'hands on' the year was probably was more evident when we became TI's and felt more confident" ex RMIP student

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Immersed in a small community

"getting involved in the community, I played for one of the local sports teams & socialised with them" ex RMIP Student

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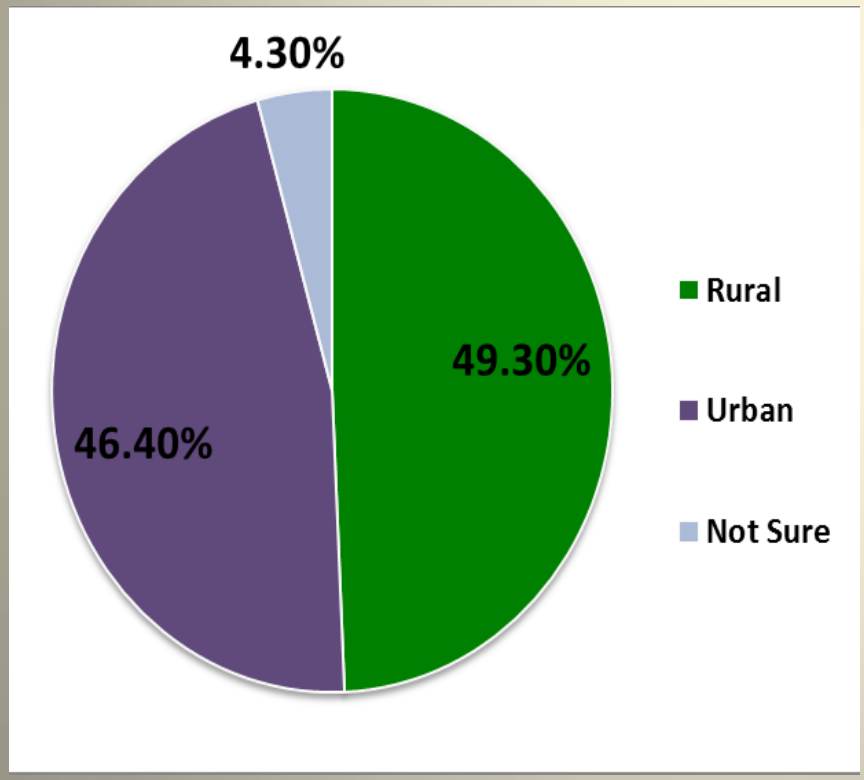
Students Origin



Future Intent

- **88% of RURAL ORIGIN**
  - **quite likely/very likely to work in rural localities in ten years**
- **75% of URBAN ORIGIN**
  - **students said the same**

72 of 76 who completed the year
Kate Margetts 2012

24/78 students were admitted as ROMPE Students = 31%

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Outcomes

"Being engaged with communities, being challenged, getting a real taste of what being a doctors was all about. I had had some doubts about actually doing medicine up until my 5th year, and the RMIP course consolidated that this was in fact something I wanted to do"

Ex RMIP Student

Pros, Cons and Barriers to teaching RMIP Students

William Parkyn, Dr Branko Sijnja and Prof Sue Dovey

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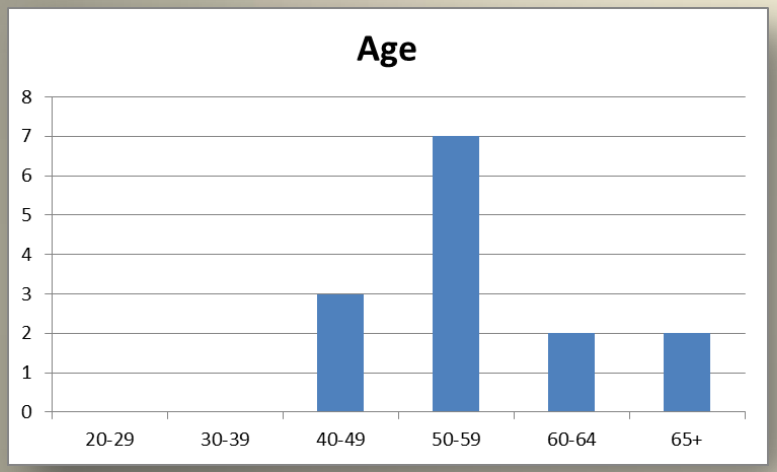
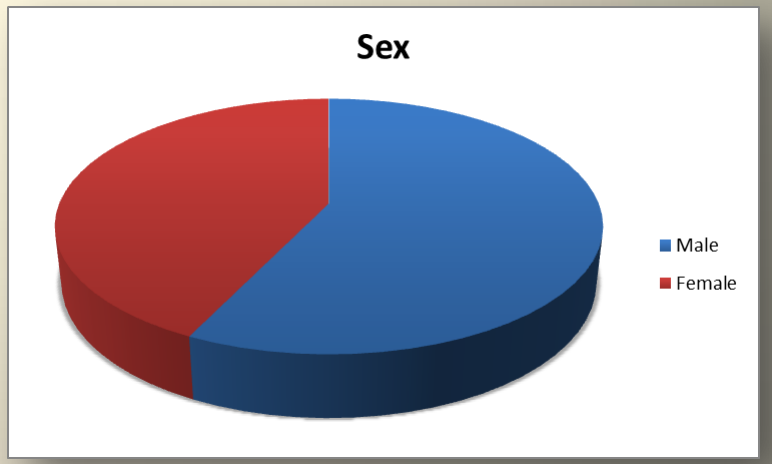
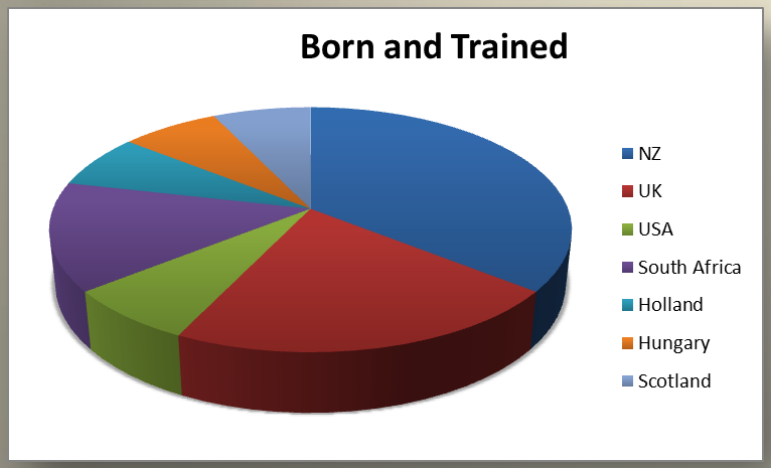


Demographics (Primary Care teachers)





Average time in current role = 15.7 years

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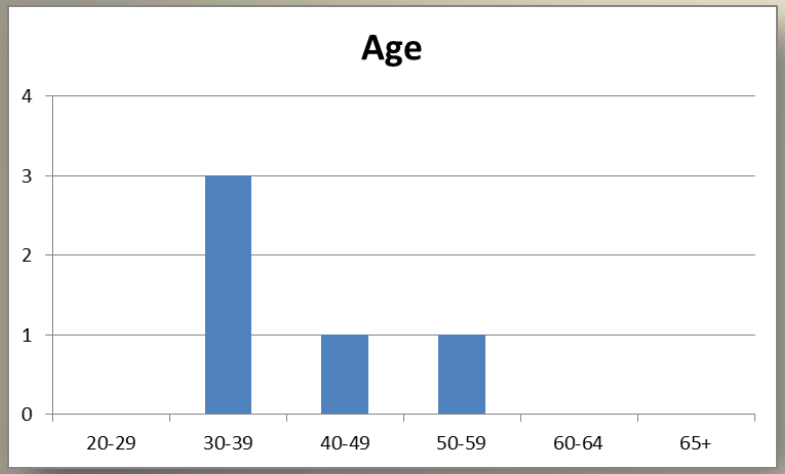
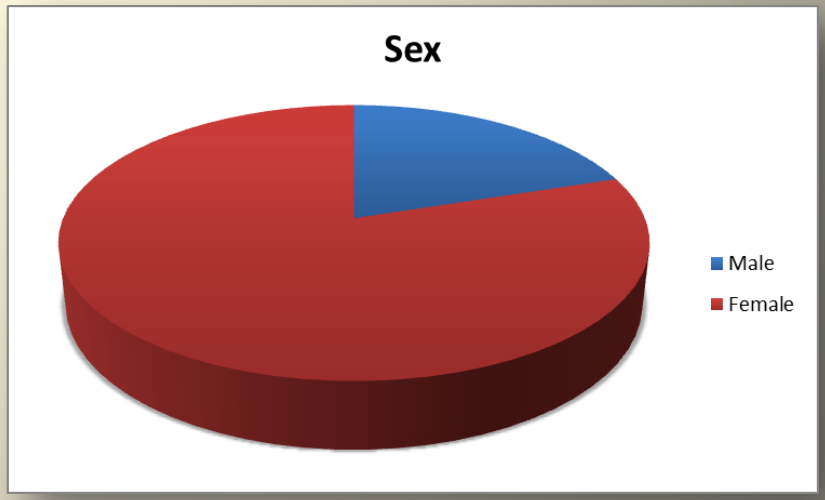


Demographics (Hospital teachers)



Average time in current role = 9.1 years

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Teachers introduction to the Programme

- **Introduction to Programme**
  - Pat Farry (4)
  - Branko (2)
  - coordinator (6)
  - *"Students just appeared …didn't know it was an option"* (4)
  - recruitment firm (1)
- **Past experience**
  - 5th year rotation before RMIP (6)
  - Other teaching before RMIP (7)

What teachers enjoy about teaching

- Pass on knowledge or experience (5)
- Adds variety (5)
- Interesting or Stimulating (5)
- A good feeling/buzz/fun/feels nice (10)
- Enjoyable thing to do (6)
- Nice to work with young people (9)
- Contribute to their future/help them/see development (10)

Teachers: Advantages of teaching

Learning from teaching

- From the students (10)
- From reading up to teach (7)

Sometimes speeds you up (6)

- *"I had a student one year who was brilliant and I preferred him to my house surgeon"*

- Keeps "on toes" (6)
  - Keeping up to date …Communication skills development … Personal satisfaction … People appreciate it …Good for community …Encourage rural doctoring … Good for practice

Teachers: Advantages of teaching

- *"I think it's a very positive thing for patients as well because they love the fact that they've got half an hour to talk about themselves, its great isn't it"*

- *"A bright face, somebody is eager, it cant help but buoy everybody up in the practice and I think it rubs off on everybody doesn't it? The reception staff, the nurses. I think that's what I get for the immersion students, we haven't yet had a dud."*

Teachers: Enabling factors (1)

- Having time to teach while maintaining income(5)
- Having space or a room for student (4)
- Supportive employer (5),
    - Access to patients (4)
    - Good learning resources (4)
    - Receptionists that prepare patients (3)

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Teachers: Enabling factors (2)

- Good team of doctors/staff around them/sharing the load (9)
- Organised coordinator and admin team(8)
- Students who want to be there (4)
- Students can become part of team

  "Its only when you feel part of a team that your confidence comes out and your personality develops and you relax and then the learning environment becomes easier and I think that's what's really great about this kind of programme"

Cons of teaching and the Programme (1)

- Tiring (3)
- Takes time or makes you late (7)
- Stressful
- Understaffed
- Hassle
- Costs money

Cons of teaching and the Programme (2)

- Challenge organising it
- Not done for money
  - Runs on good will
  - Could earn the same a lot easier ways
  - Would be first thing to be cut
- Not knowing if they are getting right material
- Very little resources to teach

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Take Home Messages

- Teaching is rewarding in many ways
- Not all doctors are natural teachers
- Is more supported when facility is adequate and time/resources are available
- Students very appreciated - but can ‘poop their coop’
- A lot of ad hoc about teaching
- Done more for the love of it

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Self Directed Learning

The goal of the educational process is to produce self directed, lifelong learners".

- Grow 1991

Self-Directed Learning

- Eight underlying factors that determine the level of readiness for SDL
  - Openness to learning opportunities
  - Self-concept as an effective learner
  - Initiative and independence in learning

Self Directed Learning

- Informed acceptance of responsibility for one's own learning
- Love of learning
- Creativity
- Positive orientation to the future
- Ability to use basic study skills and problem solving skills

The Staged Self Directed Learning Model

Stage	Students	Teacher	Examples
Stage 1	Dependent	Authority Coach	Coaching with immediate feedback. Drill. Informational lecture. Overcoming deficiencies and resistance
Stage 2	Interested	Motivator, guide	Inspiring lecturer plus guided discussion. Goal-setting and learning strategies
Stage 3	Involved	Facilitator	Discussion facilitated by teacher who participates as equal. Seminar. Group projects
Stage 4	Self-Directed	Consultant, delegator	Internship, dissertation, individual work or self-directed study-group

Gerald Grow 1991

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Match and Mismatch between Learner Stages and Teacher Styles

	T1: 'The Expert'	T2: Motivator	T3: Facilitator	T4: Delegator
S4: Self-Directed Learner	***Severe Mismatch*** **Students resent authoritarian teacher**	*Mismatch*	Near Match	**Match**
S3: Involved Learner	*Mismatch*	Near Match	**Match**	Near Match
S2: Interested Learner	Near Match	**Match**	Near Match	*Mismatch*
S1: Dependent Learner	**Match**	Near Match	*Mismatch*	***Severe Mismatch*** ***Students resent freedom they are not ready for***

Gerald Grow 1991

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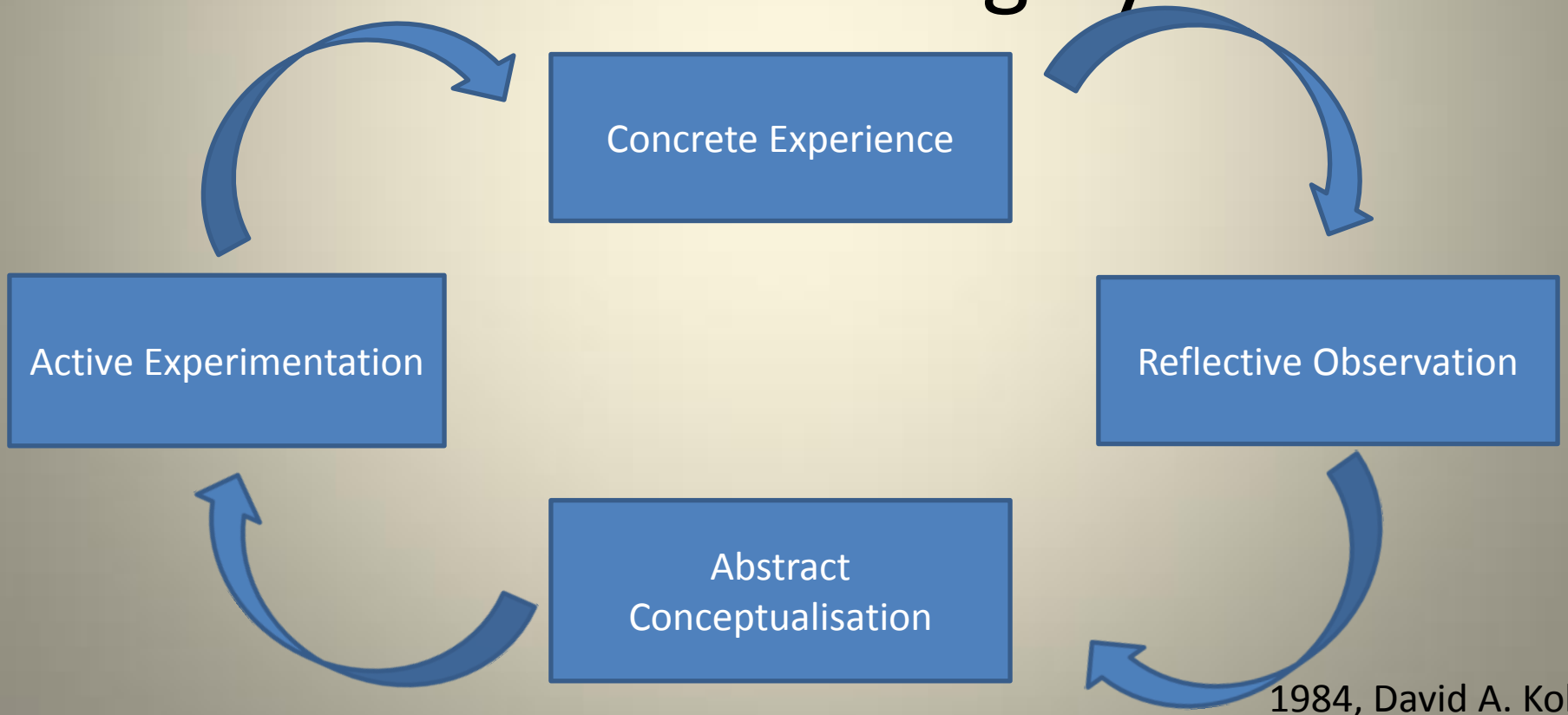
Experiential Learning

The Kolb Learning Cycle



1984, David A. Kolb

Feedback (1)

Feedback is about sharing information with learners, with a view to narrowing the gap between observed and desired performance; it encourage learners to reflect on what they have done and to think about making appropriate changes.

Feedback (2)

- Giving (and receiving) feedback should be a regular feature of clinical practice and should encompass all aspects of a trainee's work: interactions with colleagues, performing procedures, etc

- Feedback should be specific, offered at the time of an event or shortly afterwards, and based on what the teacher observed—for example, "This is what I saw . . . ; what do you think?"

Feedback (3)

- Feedback should be a conversation about performance in which the learner is encouraged to articulate his or her own observations about the "event" in addition to those of the teacher

- Feedback should end with a clear and agreed plan for change