



thePreceptor

A Newsletter for Preceptors of the Alberta Rural Family Medicine Network

Winter 2006

New Web Site for Rural Preceptors Preceptors looking for additional ideas on how to better support learners will soon be able to access information on The RPAP's new Practical Prof web site (www.PracticalProf.ab.ca).

Preceptors will soon find a wide variety of practical information posted here to help support them in their important role with learners.



Stay tuned!

ARFMN Scheduling

The following events and programming are planned for our residents over the next few months:

RAN

- 17 Jan - Academic Day for PGY1s/PGY2s with Women's Health in the morning and Cross Cultural issues in the afternoon
- 1, 2, 5, 6 Feb - CaRMS Interviews in Edmonton
- 22-25 Feb - 52nd Alberta College of Family Physicians Annual Scientific Assembly PGY1s/PGY2s, Rimrock Resort Hotel, Banff
- 16-18 March – UofA FM Residents Association winter retreat in Jasper
- 21 March - Academic Day for PGY1s/PGY2s with Ophthalmology in the morning and Cardiovascular issues in the afternoon
- 19 - 20 April - Critical Care Workshop (Airway Management, STARS)
- 27-29 April - CCFP Exam for PGY2s
- 16 May - Academic Day for PGY1s/PGY2s with Palliative Care in the morning and Ophthalmology in the afternoon
- 7-8 June - Research Day and Graduation in Edmonton

RAS

- 1 Feb - Academic Half Day in Medicine Hat in the morning followed by Medication Safety for PGY1s/PGY2s.
- 2 Feb – Academics for PGY1s /PGY2s in Medicine Hat
- 3 - 4, 17 Feb - CaRMS Interviews in Calgary
- 22-25 Feb - 52nd Alberta College of Family Physicians Annual Scientific Assembly PGY1s/PGY2s, Rimrock Resort Hotel, Banff
- 1 March - Research Day in Calgary
- 2 March – SAMP Course for PGY2s in Calgary
- 4 April - Aboriginal Medicine session in Head Smashed-in-Buffalo Jump for PGY1s while the PGY2s have resident presentations and SOO tapings in Lethbridge
- 5 April - Academic Half Day and Journal Club in Lethbridge for PGY1s /PGY2s

- 27-29 April - CCFP Exam for PGY2s
- 10 May - Spring Conference for PGY1s /PGY2s
- 7 June - Academic Half Day in Medicine Hat for PGY1s/PGY2s in the morning while the PGY1s have a SOO small group session and taping in the afternoon and the PGY2s have resident presentations
- 8 June – the PGY1s have sessions on sexual harassment and ethics in Medicine Hat while the PGY2s have academics in the morning

Teaching Tips from RPAP's Rural Academic Development Coordinator

Deep Thought

The computer created by a pan-dimensional, hyper-intelligent race of beings to determine the ultimate answer to Life, the Universe, and Everything in Douglas Adams' book "The Hitchhiker's Guide to the Galaxy."

When we teach medicine, all too often the focus is on superficial knowledge and rote memory rather than on the depth of learning. This may be appropriate in some instances but if we wish learners to develop sound clinical reasoning skills then they must be able to understand and manipulate their medical knowledge. One way to promote "deep thought" is to refine our questioning techniques.



The Association of Faculties of Medicine of Canada (AFMC) with funding from Health Canada has recently launched a superb faculty development program for teachers of International Medical Graduates. The material is freely available at - www.mcgill.ca/facdev_img/_vti_bin/shtml.dll/default.htm

It is divided into 6 sections:

- **Educating for Cultural Awareness**
- **Orienting Teachers and IMGs**
- **Assessing Learner Needs & Designing Individually Tailored Programs**
- **Delivering Effective Feedback**
- **Promoting Patient-Centred Care and Effective Communication with Patients**
- **Clinical Skills Assessment**

Although designed specifically for preceptors working with international graduates, it contains a mass of practical teaching gems for any teaching interaction. Here's an excerpt from the section from Clinical Skills Assessment entitled Asking Questions:

...low level questioning requires only retrieval of knowledge, or export of information. It does not indicate an understanding of its relevance or the context in which such information might be used. Such questions might ask the learner to list, define, describe, or name, as in the following example:

- *What* are the major physical signs of congestive heart failure?
- *What* type and dose of antibiotic is used in this infection?

To encourage learners to use higher order thinking and engage in deeper learning, one must ask questions that require manipulation of an extensive and accessible knowledge base, and learners must be able to re-organize their information into situationally meaningful chunks. Such questions might ask the learner to distinguish, relate to, or predict, as in the following:

- *What if* the patient was a young trauma victim... how might CHF present in that situation?
- *What if* the patient with infection were also in renal failure, how might this change your management?
- *Does that always apply* in situations like this?

Demonstration of expertise requires not only an extensive knowledge base, but an ability to use that knowledge to generalize to undifferentiated or unfamiliar situations. These questions might ask learners to summarize differences/similarities; analyze relationships; decide upon best action using incomplete data, as in:

- *Why* is this action better than that?
- *Explain why* you related those two features of this case.
- *How certain* are you of the validity of that information, and why?

Questioning Methods

DO:

- Ask one question at a time.
- Wait for the answer (3-6 seconds—time yourself!).
- Clearly praise a good or 'correct' answer.
- Clearly correct a wrong answer.
- Require elaboration of understanding by asking subsequent probing questions.

DON'T:

- Ask the hardest question first.
- Ask ambiguous or multipart questions.
- Always ask lower level, factual, recall type questions. Push students to think.
- Ask trivia, just to show off.
- Let a poor answer 'off the hook'.
- Leave questions unresolved. Make a plan with the student for closing the learning gap.

Upcoming Events

Mark your calendars for these upcoming preceptor workshops:

- 19-20 January 2007 - 23rd Annual Emergency Medicine for Rural Hospitals Conference (Banff Park Lodge)
- 8-11 February - Cabin Fever (Delta Kananaskis Lodge) faculty development workshop

Please Help Us Welcome These New Faces

Tricia Macdonald the new Regional Site Academic Support Assistant in Red Deer, was born and raised in Calgary. Her first job was in the oil patch but when the oil boom was over; Macdonald went to college and graduated with an Associate Degree in Criminal Justice. A law enforcement career was not to be, however, and over the ensuing eleven years she worked in a variety of human resource positions.



Looking for a change, Macdonald took medical terminology courses and started her career in healthcare, working first at a busy walk-in clinic then went on to work for the Calgary Health Region as a Clerk in the HPTP clinic at the Foothills Medical Centre. Two years ago, Macdonald accepted a position as the Program Secretary for the Postgraduate Emergency Medicine Program. Her responsibilities for this program included resident scheduling, academic rounds, exams, off-service residents/clerks and CaRMS.

In 2005, Macdonald moved to Red Deer to become a Unit Secretary for Emergency. When the DTHR recently posted the position for a person to work with RPAP and its Alberta Rural Family Medicine Network, she accepted and has never looked back. Macdonald says, “my challenges have been to differentiate between Emergency Medicine and Family Medicine and the differences between the University of Alberta and the University of Calgary. The only continuity is that THE RESIDENTS ARE AWESOME”!

To contact Tricia, call 1-403-314-6087 or Tricia.MacDonald@arfmn.ab.ca

RPAP welcomed **Pamela Hoskin** to the team on 30 October. Hoskin will be covering Jean Blinkhorn's maternity leave for a one-year term as the Rural Unit Coordinator for Rural Alberta North (RAN).

For the last 14 years, Hoskin has worked full time for the David Thompson Health Region (DTHR) Human Resource Department in Red Deer. She has a certificate in Management and a wide range of healthcare knowledge and experience. Prior to DTHR, she worked in Drumheller for RHA5.



Born and raised in central Alberta on a farm just west of Sylvan Lake, Hoskin feels blessed to live in a community with so many wonderful people and opportunities. In her spare time she likes to spend time with her family and friends and is enjoying raising her two teenage children.

To contact Pamela, call toll free 1-866-444-6353 or Pamela.Hoskin@arfmn.ab.ca

Evaluation of Results and Impact of RPAP's General Emergency Medicine Skills (GEMS) Training for Rural Doctors

Wayne Woloschuk, Ron Gorsche and Michael Betzner

Context and setting - Rural doctors who practice emergency medicine need to be appropriately skilled to handle medical emergencies

Why the idea was necessary - Doctors in remote areas have difficulty accessing relevant programs in emergency medicine

What was done - Alberta's Rural Physician Action Plan (RPAP) established a working committee consisting of RPAP's program manager, two skills brokers (both rural doctors), rural and tertiary emergency doctors and the director of the Shock Trauma Air Rescue Society (STARS). A needs assessment carried out in 2001 identified a rural knowledge gap surrounding certain skills in emergency medicine that were not covered in current continuing medical education programs. To address this deficiency, the committee developed a program for rural doctors designated General Emergency Medicine Skills (GEMS), which included both cognitive and practice components. The cognitive component utilized a CD ROM multimedia approach, allowing doctors to learn at their own pace and locale. Four modules were produced:

- Preparation for Transport,
- C-Spine/CT-Head,
- Rapid Sequence Intubation, and
- Central Venous Access.

Each module requires about 1.5 hours to complete. Following completion, STARS scheduled a visit to the doctors' rural hospital with their mobile human patient simulator (HPS). This allowed the entire emergency team to practice scenarios developed by the STARS HPS clinicians using information derived directly from the CD ROM modules. Participants received instant feedback and exposure to new techniques and equipment. Doctors were able to enhance their skills further with the tertiary emergency doctors at the University of Calgary Medicine School's anatomy laboratory.

Participants in GEMS register online and each doctor who completes all CD modules and the HPS component receives a \$1,000 honorarium. Completion of a pre/post online knowledge test qualifies for continuing medical education credits through the College of Family Physicians of Canada MainPro-C program. During the pilot year, which began in September 2004, 66 sets of modules were distributed. A program evaluation survey was distributed.

Evaluation of results and impact - All 16 doctors who completed the pilot program returned a survey. The educational value of each module was highly rated (6.1/7-6.5/7). Of the 79 specific learning objectives participants listed, expectations for 70 (89%) were either completely fulfilled or exceeded. The modules facilitated:

- Maintenance of current knowledge (6.1/7);
- New knowledge acquisition (5.5/7); and
- Confidence in dealing with emergencies (5.4/7).

All participants utilized the STARS HPS. The anatomy laboratory component was not accessed. Participants felt the STARS HPS:

- Reinforced module knowledge (6.3/7);
- Allowed practice of the skills presented in modules (6.3/7); and
- Was essential to benefit fully from the modules (6.2/7).

Regarding program administration, participants agreed that:

- The application process was easy (6.1/7);
- Terms/conditions were reasonable (6.3/7);
- The honorarium of \$1,000 was fair (6.3/7); and
- General program administration was good.

Overall, GEMS has positively affected participants; delivery of emergency medicine (5.7/7) and willingness to continue rural emergency medicine (5.5/7). Feedback has initiated minor changes

to facilitate participant follow-up and completion. GEMS can help rural doctors to not only learn and practice emergency medicine skills, but to do so with confidence. Interactive training can be delivered at the rural site.

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