We can look back on a busy and successful 2017. Moving from a School to a Faculty of Medicine and from the Discipline of General Practice to a Primary Care Clinical Unit, has not distracted us from our mission, to provide the best possible learning for students in General Practice. The fact that the GP rotation consistently ranks in the top of the year 3 rotations, shows we are doing well. A big thank you to our GP teachers and practices who keep inspiring the next generation of doctors.

As our Medical Dean, Professor Carney, is keen for more and also early student exposure to primary care, we will be working on an expansion of the Urban LInCC program in the near future. This gives 2nd year students an opportunity to spend ½ day per week in a GP practice during a whole semester. Students and preceptors have been unanimously enthusiastic about their participation in the program and we hope more GP practices will join.

The PCCU wishes you all a restful and energising festive season. We hope to see you at the end of year event at the Victoria Park Golf Club and look forward to working with you in 2018.

Professor Mieke van Driel, Head Primary Care Clinical Unit (PCCU) and Discipline of General Practice

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**Featured profile: Dr Warren Jennings**

Warren is a Senior Lecturer in the Primary Care Clinical Unit, having previously lectured for the Rural Clinical School and course coordinated the Indigenous Health component of the first year medical school curriculum. He works as a GP and Senior Medical Officer at Inala Indigenous Health Service. Warren began as an Academic GP Registrar in in the Discipline of General Practice in 2010, completing his RACGP fellowship in 2013 and Masters of Public Health in 2015.

His main research and teaching interests are in evidence based medicine, the value of primary care, and exploring culturally safe Aboriginal and Torres Strait Islander healthcare, including how we teach these concepts in medical education.

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Vale Dr Kate Fawcett and Dr David Sugg

It is with immense sadness that we convey news of the loss of two outstanding GP teachers.

**Dr Kate Fawcett** inspired many of our students with her enthusiasm and clinical expertise.

**Dr David Sugg** will be remembered as a wonderful teacher and mentor for our Urban LInCC students.

They will both be greatly missed by all who knew them. Our thoughts are with their families and colleagues.
Things I liked:
- Hands on experience; passionate teachers; lovely patients.
- Clinical discussion with GPs regarding decision making.
- Continuity of care.
- The nurses were engaging and would seek me out to improve my clinical skills.

I negotiated a learning plan with my GP
- Yes 57% (61)
- No 43% (46)

What do patients think about being involved with medical student teaching?
Research exploring patients’ views about participating in teaching in general practice shows that most patients are supportive of teaching within the practice. Patients agree to have students for varying reasons, including helping the student, helping the doctor and because it may benefit them or because they were asked. They refuse for personal issues, concerns about the student’s presence or competency and concerns about confidentiality.

Once they have agreed, their expectation is that the student will be involved in the consultation. However, in one study of 8 teaching practices (1), this did not happen as often as they expected or would accept. 42% of the patients expected they would see the student alone for some part of the consultation but only 19% experienced it. Patients were also willing to accept the doctor observing the student taking a history (81.8%), doing an examination (62.5%) or procedure (56.8%), but this only happened for about half the patients with history taking and less than 25% with examination or procedure.

A Queensland study (2) compared patient satisfaction with the consultation with and without a medical student and found that there was no difference in patients’ overall satisfaction. Over half of the patients with a medical student believed the student had enhanced the quality of the care they received. However, patients were more likely to raise a sensitive or personal issue when the medical student was not present (26.3% v 12.6%).

Park et al (3) found there are some factors that patients feel would enhance their experiences. They would like it to be clear that the practice is a teaching practice using practice notices, newsletters and websites. They would also like to have confidentiality made explicit and the opportunity to provide consent sequentially throughout the consultation rather than just at the start. Most notably, they wanted to find out more about the student’s knowledge level and focus of learning as well as receiving feedback about what they learned from the consultation. They felt this occurred best when the student is actively involved asking questions. Having the student acknowledge the patient’s contribution was also mentioned.

What do your patients think about participating in teaching?