

# Clinical skills lab at the annual RNZCGP Conference 2004

*Helen Moriarty MBChB MGP FRNZCGP FACHAM, Senior Lecturer, GP Department, Wellington School of Medicine and Health Sciences*

This year for the first time, dedicated conference time was set-aside for free-to-delegate practical satellite sessions on clinical skills. This report outlines what was offered and what was learned from the evaluation.

## What is a skills lab?

This term is used to loosely describe both the setting – the rooms and equipment – and the experience – participation and use of the equipment for learning purposes.

For the 2004 Annual Conference each skills lab was a 90 minute hands-on workshop using lab teaching models under the guidance of a specialised clinical tutor.

## Why run a skills lab?

The conference organising committee had identified a demand for practical skills sessions at previous conferences, and agreed to trial the sessions for the Wellington conference.

Many GPs graduated in an era when skills labs had yet to be invented. In that era of medical teaching, practical clinical experience was plentiful because patients with chronic disease had long hospital stays, and many procedures were done on wards. There are important drivers for GPs to remain competent and confident in clinical skills and procedures. Many of the clinical skills that practising doctors need to remain competent in can be taught/revised in skills labs settings.

## What labs were on offer?

Two different skills workshops were organised for the conference: one focused on emergency skills, and the

other on joint injections. The workshop content was arranged by Dr Iwona Stolarek, Physician in charge of a skills lab, and Dr Helen Moriarty, GP lecturer and Locum Geriatrician at Hutt Hospital. The clinical tutors were: a senior ED nurse-specialist (for emergency medicine skills) and a senior rheumatology registrar (for joint injections). These two tutors both ran lively relaxed sessions, which were well focused to meet GP learning needs, and very well received.

## Who attended the skills labs?

The sessions were well patronised, with 92 workshop attendances: some doctors elected to do both workshops. Over the three days, uptake was near to full capacity for these sessions. Eighty-nine GPs, 54 women and 35 men, completed evaluation forms. Sub-analysis of attendee profile is still to be completed, however the most common age range was 35–54 years.

The sessions attracted primary care doctors from many different disciplines, from rural GP and A&M doctors to those with an interest in geriatrics, pain clinics, sports medicine, adolescent health, and police and armed services doctors. The evaluation form asked: *Does your personal medical practice currently include any of the following specialised areas of primary care?* Of the 89 who completed evaluation forms, 46% (41) indicated that they were involved in accident and medical work, 37% (33) geriatrics, 30% (27) palliative care and 25% (22) chronic pain management. These total more

than 100% as most doctors nominated more than one specialised area of practice. Other clinical areas represented included: police and armed services, youth health, sports medicine, rehabilitation, marae health services and rural practice.

Participants were also asked: *Have you experienced a skills lab before – prior to this conference?* 60% said they had. For most this had been at postgraduate level (some doctors explained that this was NZRC training or a suturing CME workshop). Ten per cent of respondents had undergraduate skill lab experiences – and, as expected, these were mainly younger participants with less than 10 years GP experience.

## Skills lab evaluation

Evaluation forms were designed, in Likert scale format, to seek delegate opinions on the teaching style, skills lab equipment, venue and organisation and overall relevance to their practice and value to themselves. There was an excellent return rate of evaluation forms of over 96%. Some who attended both workshops completed one single evaluation form reflecting on their experience of both sessions. Analysis of the 89 responses indicated that responses were overwhelmingly positive to all evaluation questions with parameters scoring 1 or 2 (at good rating end) out of 5 in almost all instances.

As an example to the question:

*I think this lab has improved my ability to perform the clinical skills* (on a scale of 5=very significantly to 1=not at all). The average score was 4.24.

Sample (unsolicited) comments written on evaluation forms included:

*'Equipment the best I've seen'*  
*'Tutor fantastic – very GP focussed'*  
*'Livewire presentation'*  
*'V helpful, practical, excellent'*  
*'Good, helpful'*  
*'Updated my knowledge'*  
*'This is a good reminder'*  
*'Small ratio and hands on, well organised'*  
*'Enjoyable'*  
*'Good Stuff'*  
*'Thanks!'*

Only the venue scored a few less positive delegate comments, which were not intended as any reflection on the comfort or suitability of the Learning Centre, but due to the distance from the main conference venue (a 20 minute bus ride) and the need to have to finish the session for transport:

*'Transfer to conference venue next time'*  
*'Had to watch time for taxi back'*

For those who came in their own transport there was some difficulty in finding the Learning Centre at the Hutt Hospital campus. However on a scale of 5 (very satisfactory) to 1 (unsatisfactory) the skills lab venue rated an average score of 4.48.

### How much did it cost?

Skills labs are not cheap to operate, but costs were kept to a minimum for this conference. The Hutt DHB kindly provided the venue and use of training equipment free of charge as two DHB salaried senior medical staff had organised the workshops and one staff member (HM) undertook to be on site for the duration. Delegates were transported to the skills lab sessions from the main conference venue to Hutt Learning Centre in shuttle-buses, a twenty-minute journey one way. Four workshops were held each day, in conjunction with and incorporated into the main conference programme. On each af-

ternoon of the conference, two different workshops ran twice each, as concurrent sessions back to back. A boxed lunch was provided for the cohort of delegates attending the early workshops to eat en route and boxed afternoon tea provided for the cohort attending the second rotation of workshops each day.

The generosity of the Hutt DHB in providing the venue and equipment at no cost, kept expenses down to the nominal sum the two clinical tutors were paid toward costs of preparation and teaching time (\$900 tutor cost in total), and costs for the shuttle bus transportation (a rate was negotiated with the taxi company). Boxed catering was arguably not an additional cost since delegates had already paid for conference catering in registration.

### Is it the role of the Colleges to provide this experience at conference?

The opportunities for GPs to revise and upgrade their clinical skills can be quite limited in the community. IPAs did provide CME sessions, and some of those were of the skills workshop-type. Now that DHBs have taken up the mantle, some are also providing education sessions for their GPs. However, not every DHB has a suitable skills lab for the skills GPs need to revise. The equipment needed for skills lab teaching is quite expensive to purchase and maintain and Skills Labs are therefore usually located in major teaching hospitals. Not every GP practices within easy reach of a centre of excellence.

Therefore it was argued that one helpful role of the GP Annual Conference could be to provide an opportunity for updating hands-on clinical skills that could be difficult, either financially or logistically, for GPs or their respective educational provider organisations to organise on a smaller scale.

Whenever GPs are asked what skills they would like to practice more, the list nearly always includes joint injection techniques and emergency medicine procedures. These two topics were therefore selected out of a number of clinical skill sets that GPs ask about.

The skills lab evaluation form asked participants two relevant questions in Likert scale format:

*This type of skills lab has a useful role in education of GPs* (on a scale of 5=strongly agree to 1=strongly disagree). The cumulative results gave a score average of 4.75; and

*There should be skills labs like this at every annual GP conference* (on a scale of 5=strongly agree to 1=strongly disagree). The score average was 4.9.

GPs also made unsolicited comments on the evaluation form with explanations:

*'Need more'*  
*'Lack of practice in actual GP clinic'*  
 And they also made recommendations for future workshops:  
*'How about Plastics/minor surgery workshop next time?'*  
*'One on vasectomies please'*

### Conclusion

Clearly there is demand for these practical sessions at future annual conferences of GPs and arguably at other College conferences. The practicalities of providing advanced skills lab-type experience for complex tasks, such as vasectomy or IUD insertion would be challenging but not insurmountable, using a combination of video and practice on lab models, or even special clinical sessions for appropriately supervised procedures on patients. These could be arranged at a National Conference level.

### Acknowledgement

The skills lab at the Conference was a joint venture of HVH, WSMHS and RNZCGP.