

**HOW AND WHY RURAL GPs COMMIT THE TIME TO
PRECEPT MEDICAL STUDENTS**

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SUMMARY

This thesis defines the time impact of precepting medical students on rural general practitioners and explains how and why they commit the time to precept. To answer this question, original research was undertaken within the context of the innovative community-based medical education program, the Parallel Rural Community Curriculum (PRCC), using the parallel consulting model. Chapters One to Three detail the context of this study, appraise the existing evidence in the literature, and establish the rigour of the study design. In line with the constructivist theoretical perspective presented by the author, a case study methodology was chosen for this study. The thesis is constructed in two parts.

Results from a prospective cohort study of GPs' videotaped consulting, with and without students, are described in Chapters Four and Five. No increase in consultation time or non-consulting time was found when precepting medical students. GPs' activities changed, suggesting they adapted their behaviour when students were present.

An interpretive study, using a grounded theory approach, was used to explain the 'how' and 'why' of the research question. Interview data from GP preceptors, practice managers and students was used to construct a transferable explanatory theory as it emerged from the data. These results are presented in Chapters Six and Seven.

The majority of GPs considered precepting more time consuming than consulting alone. This finding was not consistent with the videotaped data. GPs consistently

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experienced time pressure in their roles due to constant intrusion of competing priorities. This increased when precepting students. Frequent decision making by GPs as a response to their drive to remain on time was found to be a significant contributing factor to the changes found in consultation activities.

Although many types of professional enrichment were identified by GP preceptors as adding value to precepting, the doctor-student relationship was clearly defined as the most important motivator for precepting in this study.

The case study analysis explains how and why this occurred, and documents the maturation of the doctor-student relationship over time in the year long PRCC attachments. Through a grounded theory analysis of the data, four precepting consultation models emerged: student observer, teacher-healer, doctor orchestrator and doctor advisor. In Chapter Eight, the study defines these models in the context of legitimate peripheral participation of a novice member of the rural GP community of practice. The corroborative evidence from the literature suggests that these models may be applicable to other settings, particularly other community-based medical education sites.

DECLARATIONS

I certify that this thesis does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief, it does not contain any material previously published or written by another person, except where due reference is made in the text.

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