

# DR REBECCA STEWART

## - In education for the long haul

### A BURGEONING LOVE FOR EDUCATION

I've always been interested in teaching. When I was little I wanted it to be a kinder teacher. When I did okay at school, [my parents] said: "why don't you do medicine instead?"

So I just went down that road. I was only 16 when I started university and moved away from home. We were the first cohort allowed to train outside of Brisbane. There was only eight of us doing our fifth and sixth year in Townsville, and we had to fly back for our exams.

The hospital environment was very supportive and we were very much made to feel part of a team, because we were the only 'learners' there. I continued on to do my internship there and I moved up the ranks. I became an intern teaching the medical students, then a registrar teaching the interns, and then I went out into general practice. We had some medical students in the practice and I really enjoyed teaching them. That whole model was attractive to me because it's what made me truly enjoy medicine in the first place.

### TRAINING 'BACK IN THE DAY'

It was 80 hour weeks, there was a lot of competition to start training programs; and I remember being the only doctor on call all night at the hospital. I think reflecting on that it was very difficult. It made for a very, very close group and it meant that you had to rely on lots of teamwork skills. It was amazing but I'm not sure that that's the best way to learn. It certainly gives you the skill sets surrounding autonomy, the way that you need to learn to ask for help; and knowing what's in your scope and what's not. It's a hard way to learn these skills, but I think they're very beneficial.

### ON GENERAL PRACTICE

I decided on general practice because you can do as much or as little of anything you like. I developed a very strong interest in women's health, mental health, and skin cancer medicine too; which meant that I could punctuate my consulting with some procedures and something practical. GP is one of the more malleable specialty tracks. As your passions and interests change, you can adapt your career into that.

What I really like to do is design stuff. I'm curious about how things work. I guess that's why I'm a GP.

You've got to work out what's your strength in a diagnosis. What can [the patient] do for themselves? What other people do you need to draw on to get them to where they need to go? I like to find a solution to a problem, and then reflect on how it works. Whether that's coming to a diagnosis with a patient or writing an education program and then evaluating it.

There is a hangover from tradition- the thought that you go into general practice if you can't get into anything else. General practice affords a very unique and extensive skill set. We need to show that off.

## FINDING YOUR OWN WAY

Change brings opportunity; so if you don't challenge yourself, you don't find these new opportunities.

I did a Masters of Education and was offered a job working for a GP training provider. I worked in that role until three years ago when I decided to be independent, so that I had more freedom to try some different and innovative things. I had no idea about small business. There's always that fear of: what if I'm not actually good at this? Why take the risk doing something different? I just wanted to deliver good education and for it to be valued for that; not for someone to come along every year or every couple of years and change all the rules to the detriment of the learners.

I work with a lot of doctors that are having difficulty achieving competency in medical practice. Whether that's because they're having some difficulties with the medical board, or passing their GP exams. A commonality with all of those doctors is they have difficulties not so much with knowledge, but with clinical reasoning, diagnostic approach, and also with their confidence.

I started off doing one-on-one intensive remediation with doctors, but thought I would much rather get in at the heart of the problem and give them the skills that they need before they get to that point. My husband and I developed and deliver a confidence coaching course for doctors, which I'm quite proud of because there's a lot of stigma around doctors seeking help for that. I've also developed an app that helps doctors to plan their study; an online resource system doctors can access to explore the general practice curriculum; and I've just about finished writing an online clinical reasoning module.

By being independent and my own boss; I could see that that was a problem that I needed to solve, and I was able to tackle that problem.

Rebecca is a passionate GP and medical educator whose mission is to assist Australian GPs to attain the competence and excellence to practice independently through reflective learning. She has been a GP in Queensland for over 20 years, and has honed her medical education skills over the years through multiple postgraduate degrees, university lecturing and supervisor roles, educator positions at independent companies, conducting internationally recognised research in the area, and developing nationally-accredited education activities and programs. Most recently she has set up her own Medical Education Consultancy company - Medical Education Experts.

Want a customised online learning platform for General Practice medicine? Check out her brand new online course and app - General Practice Study System - at <https://mededexperts.com.au/products/> The GP Study System is endorsed by GP Supervisors Australia (GPSA).

**Dr Jefferson Tang**

Founder and Editor-in-Chief

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