Exercise Medicine Teaching for GP Registrar Teaching Curriculum

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BACKGROUND

Lifestyle factors have a huge impact on chronic illnesses, one of which is physical inactivity[1]. On a national and international level, there is an increasing population which is inactive and whom do not achieve the recommendations for physical activity. The chronic disease burden is increasing in the western world as is the cost to treat them[2], both pharmacologically as well as medically and surgically.

With this, the impact of exercise-based interventions is well documented, with a positive effect on multiple chronic diseases. Unfortunately, there is a lack of teaching regarding exercise prescription[3] and resources for our General Practice professionals, both trainees and qualified clinicians.

Disseminating knowledge and increasing teaching opportunities on this topic may have a positive impact on treating patients with chronic disease[4].

Moving Medicine

Moving Medicine Resource (left) with Exercise Prescription and Motivational Interviewing information for Medical Professionals. Infographic (right) for Physical Activity Guidelines for adults, UK Government Guidelines DoH, Start Active, Stay Active.

AIMS

To ascertain if a targeted GP focussed exercise medicine teaching session has an impact of the confidence of exercise prescription for GP trainees.

METHODS

A teaching programme and workshop for medical students and GP trainees was developed for this project. Working with the Coventry and Warwickshire Vocational Training Scheme (VTS), this teaching session was delivered during the half day scheduled session for the ST3 registrars. This was given in the form of a lecture which included evidence-based research on the impact of exercise on chronic disease, Exercise Medicine and Exercise Prescription tools for medical professionals as well as a workshop on Motivational Interviewing.

A questionnaire was disseminated, and data collected regarding their experience and likelihood of utilising resources and confidence in prescribing exercise. The questionnaire compared factors before and after the teaching session, with the outcomes: Unconfident, Confident, Neutral, Confident and Very Confident.

RESULTS

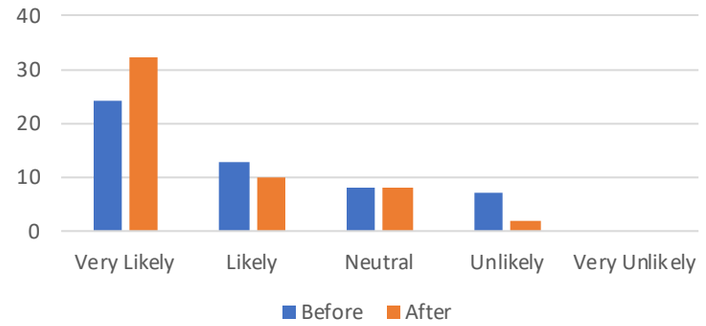
The results of the questionnaire are tabulated below as a percentage of trainees who felt confident or very confident. These were answered before and after the session and the change as a percentage is described in Table 1. There were 52 subjects present at the session.

Table 1: *Results of questionnaire Before and After teaching session on Exercise Medicine and Exercise Prescription*

QUESTIONNAIRE	Before	After	Change
Confidence of full Government Guidelines knowledge	7.7%	100%	**+92.3%**
Use of resources in Exercise medicine	5.8%	44.2%	**+38.4%**
Confidence in Exercise Prescription	9.6%	92.3%	**+82.7%**
Use of Motivational Interviewing	1.9%	27%	**+35.1%**

RESULTS

Table 2: *Assessing the likelihood of using Exercise Prescription as a treatment tool for Chronic Disease Management*



General Practice Trainees had a lack of knowledge of the subject, as well as a lack of awareness of resources in the topic of Exercise Prescription. After the sessions, trainees and TPDs felt more confident in the basics of exercise prescription (+82.7%). They were more likely to utilise resources (+38.4%) and discuss this as a treatment option with patients in chronic disease management.

CONCLUSION

There appears to be a disconnect with the dissemination and implementation of exercise based knowledge from the clinician to the patient. GPs are at the forefront of patient care and are best suited to deliver physical activity interventions and exercise prescription. By increasing the educational exposure during training, GPs may be more confident in this aspect of lifestyle medicine, as well as more likely to engage in this topic with patients.

REFEERENCES

1. NICE. Physical activity: brief advice for adults in primary care primary care.
2. Ewald B et al. Physical activity coaching by Australian Exercise Physiologists is cost effective for patients referred from general practice. Aust N Z J Public Health 2018
3. PR Jones et al. Realising the potential for an Olympic Legacy; teaching medical students about sport and exercise medicine and exercise prescribing. Br J Sports Med 2013
4. GC V, Wilson et al. Are brief interventions to increase physical activity cost-effective? A systematic review. Br J Sports Med 2016