

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR

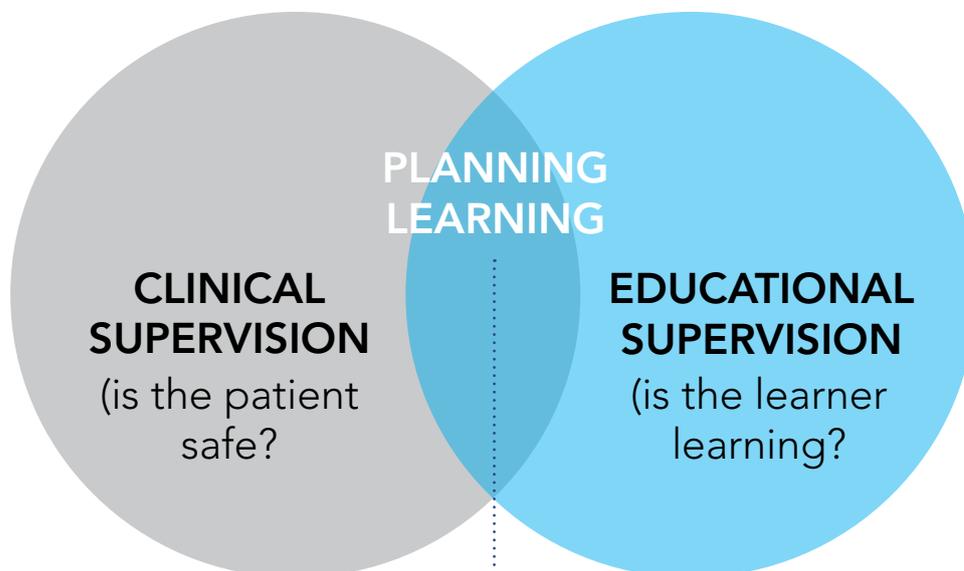


GUIDE

Planning learning

Supervision

There are two components of supervision - clinical supervision, ensuring that the patient is safe, and educational supervision, ensuring the registrar is learning.



Clinical Supervision

- Supervisors must have clinical oversight of the management of the registrar's patient, including quality of care and patient safety
- The planning of learning involves
 - identifying learning needs
 - formal and informal teaching
 - providing feedback

Educational Supervision

- Supervisors are expected to guide the registrar's educational development
- The planning of learning involves
 - identifying learning needs
 - formal and informal teaching
 - providing feedback

While planning learning might appear to be all about educational supervision, effective learning planning also has an impact on patient safety.

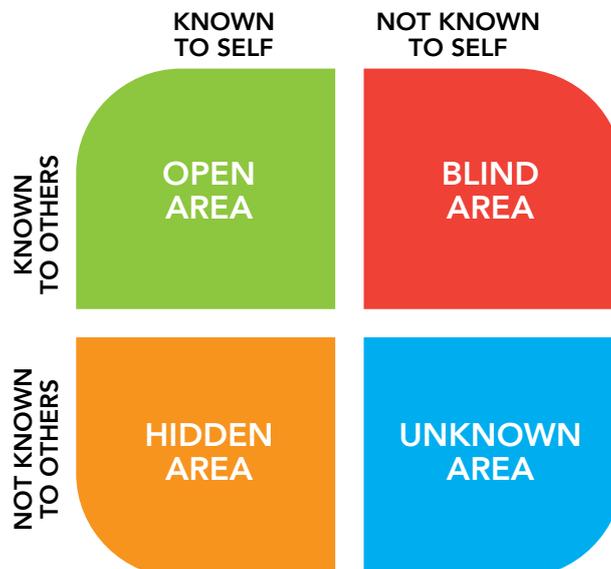
FAQ

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Johari Window and the Learner Iceberg



JOHARI WINDOW:



FAQ

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Managing the registrar's appetite for knowns vs unknowns

- Known knowns
 - We all like learning more about stuff we know and are good at
- Known unknowns
 - We also want to learn about stuff we don't know when
 - We have clinical queries from patient encounters
 - It's interesting
 - We are sitting an exam



Learning Needs (vs Wants)

The art of interacting with the patient involves:

- A. Time management
- B. Clinical reasoning
- C. Communication skills
- D. Patient-centred care
- E. Professional and ethical practise
- F. Organisational skills
- G. Managing uncertainty
- H. Consultation skills
- I. Reflective practice

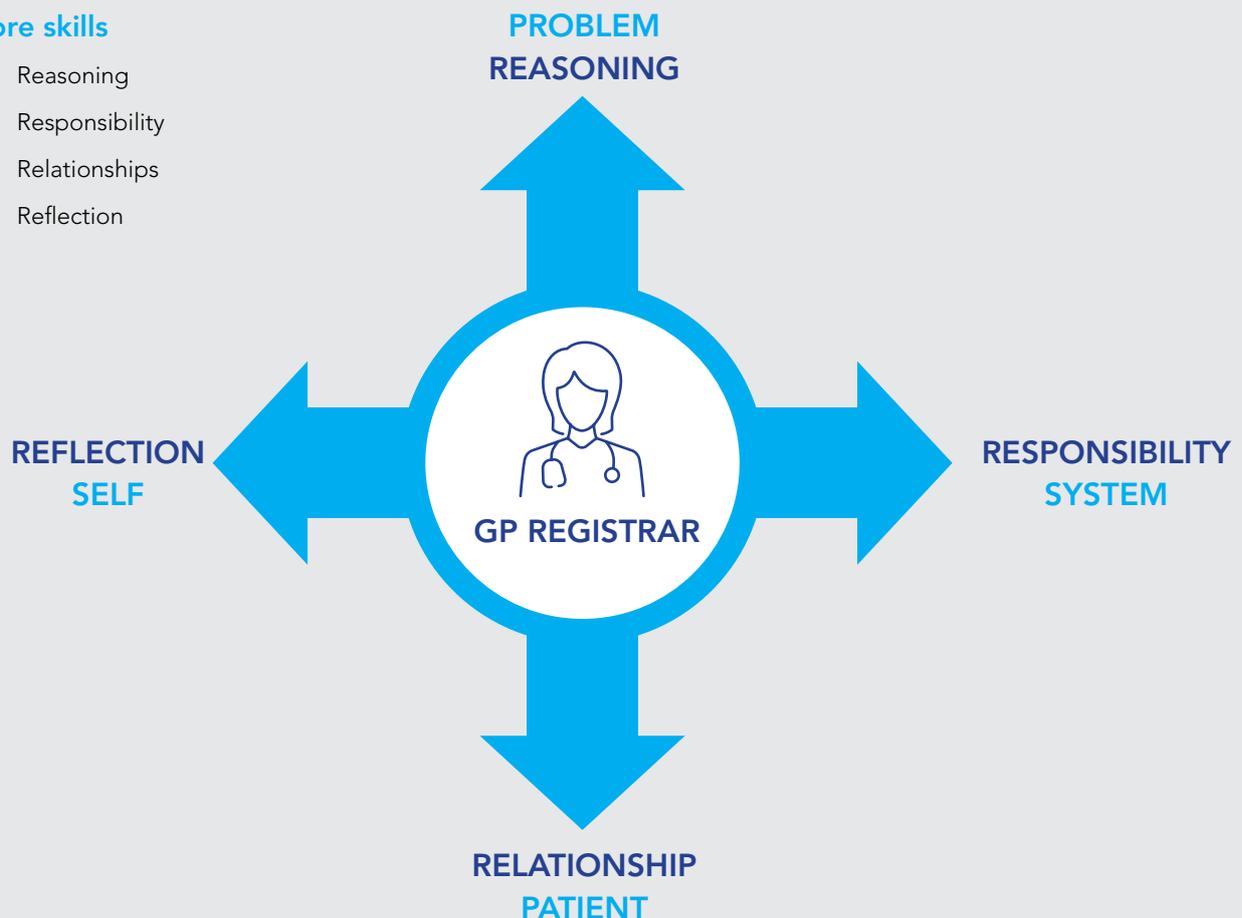


FAQ

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Core skills

- Reasoning
- Responsibility
- Relationships
- Reflection



Adult learning theory

- Responsibility for learners to
 - diagnose their own learning needs
 - design their learning experiences
 - locate resources
 - evaluate their progress
- Learning is ultimately the registrar's responsibility

Learning planning is 'the deliberative process a learner engages in to identify their learning needs, set time aside to acquire new knowledge or skill, and undertake activities which move them toward attaining their goal'

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-016-0736-8>

Methods and tools to help identify learning needs

- Past experience
- Registrar assessment
 - Confidence self-assessment grid
 - High risk areas – 'call for help' list
 - Discomfort log
- Supervisor assessment
 - Direct observation
 - Case discussion – RCA, PCD, inbox review etc.
- Objective assessments e.g. pre GPT1 assessment

FAQ

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TAKE AN EDUCATIONAL HISTORY

- What is the registrar's previous education and experience?
 - Where did they go to medical school/ university?
 - What and where has their work experience been?
 - What are their expectations for this term?
 - What are their motivations and fears?
- What is the registrar confident dealing with?
- What is the registrar struggling with?
- Supervisor assessment tool for IMG GP registrars with link to: <https://gpsupervisorsaustralia.org.au/download/9284/>

REGISTRAR SELF-ASSESSMENT

- [Confidence self-assessment](#)
- Call for help list for Australian general practice registrars <https://www1.racgp.org.au/ajgp/2020/may/help-for-australian-general-practice-registrars>
- Discomfort log – Patients Unmet Needs (PUNS) and Doctors Educational Needs (DENS) <https://www.bradfordvts.co.uk/wp-content/online-resources/teaching-learning/learning-needs/puns%20and%20dens%20on%20one%20side%20of%20a4.pdf>
- Self-assessment tool for IMG GP registrars <https://gpsupervisorsaustralia.org.au/download/9283/>

DISCOMFORT LOG

GP teachers in the UK have made good use of registrar discomfort.

The registrar daily records any areas of their work that cause them discomfort, and any negative emotions experienced during the day. This may be aspects such as practice procedures and protocols, consultations, clinical practice, teaching and learning, including any personal problems and stresses.

[The discomfort log](#) is reviewed at the beginning of each teaching session where, depending on the urgency of the content, it may form the topic of the session or agreed to be deferred until later.

Logging feelings of discomfort helps in reducing anxiety and helps define learning plans, e.g.:

- which form to fill in
- referring patients – how, and to whom?
- management of clinical presentations
- time-management
- breaking bad news
- drug seeking patients

[Confidence Grid](#)

Supervisor assessments

- Formative assessment
 - Direct observation
 - Case discussion – RCA, PCD, inbox review etc.
- Practice staff should be involved

Objective assessments

- Previous assessments
- Exam scores

SAMPLE KNOWLEDGE TEST QUESTION

Jacob, aged 4 years, presents with his mother who is now concerned that over the last 2 days he has suddenly complained of soreness in his right knee and is limping when he walks. He is normally very active and energetic, but now doesn't want to play outdoors with his friends.

He has had a temperature, but his mother thinks he may have an upper respiratory tract infection. There is no history of any injury or trauma to the knee.

On examination, his temperature is 38.5° Celsius, there is a slight joint effusion around the right knee, it is warm to touch, and it is painful when you move it.

What is the MOST appropriate provisional diagnosis?

- A. Fracture
- B. Meniscal tear
- C. Osteomyelitis
- D. Septic arthritis
- E. Transient synovitis

Correct answer:

- D. Septic Arthritis

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Learning plans vs planning learning

Learning plans are

- Used mostly as a log of activities rather than as a planning tool
- Perceived as having little value for registrars - a 'bureaucratic hurdle serving as a distraction rather than an aid to learning'
- Process of learning planning was valued more so than the documentation

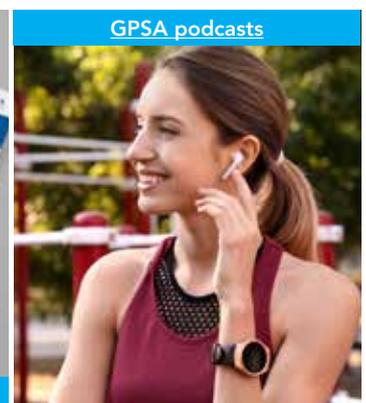
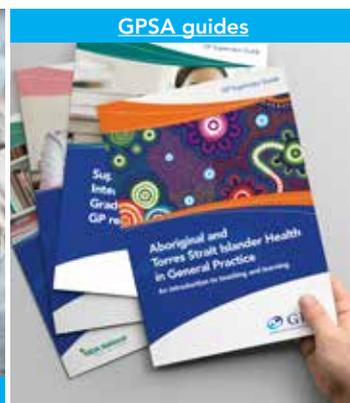
More important to support registrars in planning their learning than to enforce documentation of this process in a learning plan

<https://bmcmdeeduc.biomedcentral.com/articles/10.1186/s12909-016-0736-8>

The supervisor's role in planning learning is to

- Identify strengths and weaknesses in the:
 - Registrar
 - Supervisor
 - Other GPs
 - Practice
- Help the registrar recognise and accept a learning need
- Clarify and prioritise
- Help the registrar achieve the learning
- Help the registrar reflect on what they have learnt

Resources



All GPSA resources are available [here](#)

References

Garth, B., Kirby, C., Silberberg, P. et al. 2016 "Utility of learning plans in general practice vocational training: a mixed-methods national study of registrar, supervisor, and educator perspectives." BMC Med Educ 16, 211 (2016). <https://doi.org/10.1186/s12909-016-0736-8>