

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

Formal Teaching and Problem Case Discussion - a Primer

Where does formal teaching fit within practice-based teaching?

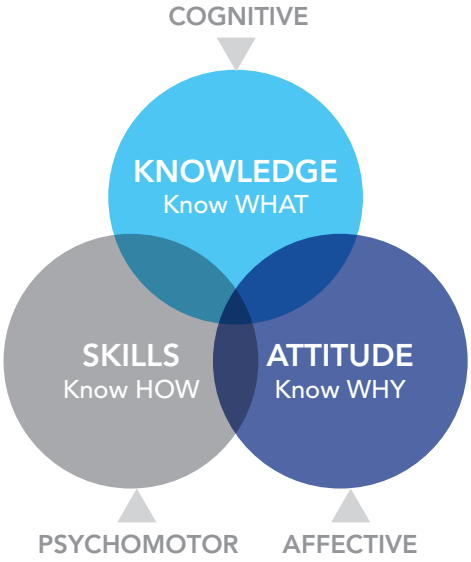
The majority of the GP registrar's teaching occurs in the practice setting, and is either formal or informal ('ad hoc'). Being based on an 'apprenticeship model', in-practice teaching is largely informal and 'on the job', but the supervisor is responsible for balancing this with more structured, quarantined one-on-one teaching time to address specific learning needs and provide the registrar with assessment and feedback.

FORMAL TEACHING	INFORMAL TEACHING
• Scheduled.	• Opportunistic.
• Usually 30-60 minutes duration.	• Usually brief (1-5 minutes duration).
• Primary focus on registrar learning.	• Primary focus on patient safety.
• Addresses registrar's less urgent clinical care and learning needs.	• Addresses registrar's immediate clinical care and learning needs.
• Multiple teaching methods employed.	• Predominantly case-based discussion.



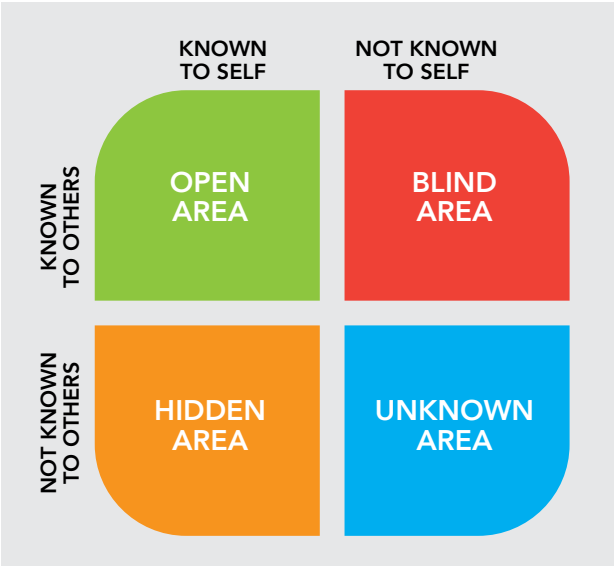
What should be taught?

FIGURE 1: LEARNING NEEDS HIGHLIGHTING SYNERGY



It is important to note these learning needs in the context of:

- The Johari Window model, which is useful in developing self-awareness and identifying learning needs.

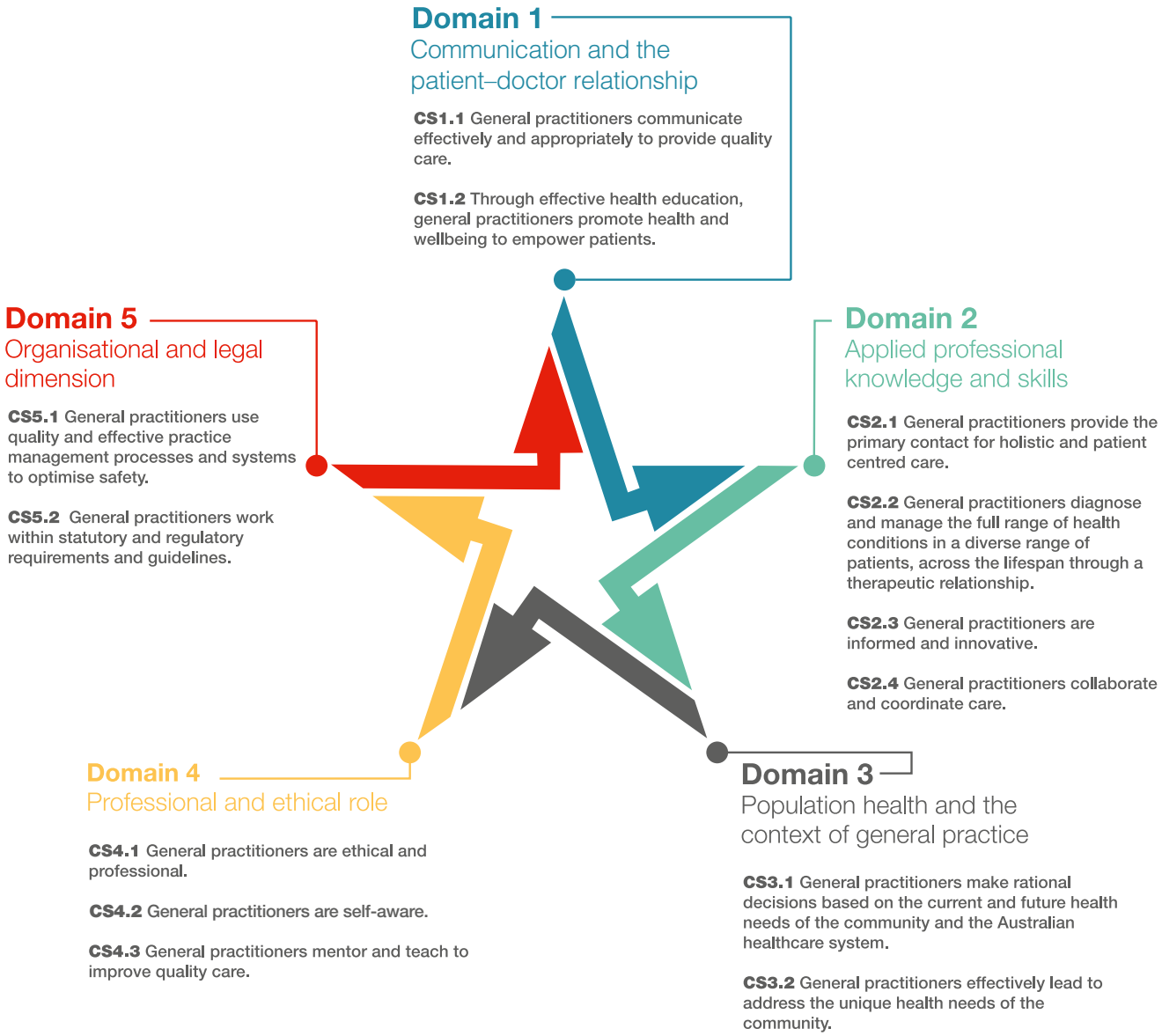




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- The Five Domains Of General Practice, which represent the critical learning needs needed for competent unsupervised general practice:



Source: RACGP

How should formal teaching be delivered?

Lots of choice ▶ Fit method to content ▶ Mix it up!



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Which teaching methods should be used (and when)?

CASE DISCUSSION

DIRECT OBSERVATION

- Core teaching and supervision method.
- Best way to assess clinical, communication and consultation skills.
- Acceptable to patients.
- Learner reluctance common.
- Essential to undertake in first weeks of a new placement.
- (Video-consultation analysis).

Russell G, Ng A. Taking time to watch: observation and learning in family practice. Can Fam Physician. 2009;55(9):948-950.

RANDOM CASE ANALYSIS

- 'Arguably the most powerful teaching tool at our disposal'.
- Helpful for all levels of learner.
- Identifies the hidden, blind and unknown unknowns.
- Excellent for assessing and teaching clinical reasoning.
- "What ifs" expand its usefulness.

Morgan S, Ingham G. Random case analysis - a new framework for Australian general practice training. Aust Fam Physician. 2013;42(1-2):69-73.

REVIEW OF PATHOLOGY AND RADIOLOGY RESULTS

- Form of case discussion.
- Rational test ordering.
- Window into clinical reasoning and managing uncertainty.

Inbox review

Morgan S, Saltis T, Coleman J, Tapley A, Magin P. Test result audit and feedback (TRAFk) as a supervision method for rational test ordering in general practice training. Aust Fam Physician. 2016;45(7):518-522.



REVIEW OF REFERRAL LETTERS

- During case discussion.
- Problem representation.
- Clinical reasoning.
- Professional practice.

IDENTIFY WHAT THE REGISTRAR IS ASKING.

INTERROGATION OF CLINICAL REASONING.

Audit

REVIEW OF PRESCRIBING

- During case discussion.
- Rational prescribing.
- Focus on patient safety.

Lum et al. The competent prescriber: 12 core competencies for safe prescribing. Aust Prescriber. 2013;36:13-16

CRITICAL INCIDENT REVIEW

- Golden learning opportunity.
- Focus on patient safety.
- Open, blame-free environment.
- Practice meetings.

Diamond MR, Kamien M, Sim MG, Davis J. A critical incident study of general practice trainees in their basic general practice term. Med J Aust. 1995;162(6):321-324. doi:10.5694/j.1326-5377.1995.tb139913.x

TOPIC TUTORIALS

- Mainly if you are a content expert.
  - esp. non-clinical – WorkCover, billing, care plans etc.
- Try to relate it to cases.
  - Real or simulated.
- Reference to guidelines.
- Resources:
  - GPSA teaching plans.
- Learn together!

REGISTRAR TO PREPARE TOPIC DISCUSSIONS.

CONCERNS ABOUT SUPERVISORS LEARNING TOO!

TOP DRAWER CASES, ATYPICAL PRESENTATIONS.



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DEMONSTRATION

REVERSE DIRECT OBSERVATION

- Great for demonstrating.
- Consulting skills.
- Computer use.
- Record keeping.
- Time management.
- Plan and set goals.

PHYSICAL EXAM

- Core element of college examinations.
- Especially dermatology, musculoskeletal.
- Lots of good videos.

PROCEDURAL SKILLS TEACHING

- Complements workshop teaching.
- 'See one, do one, teach one'?
- Four stage model.

Wearne S. Teaching procedural skills in general practice. Aust Fam Physician. 2011;40(1-2):63-67.

ROLE PLAY

- Particularly communication skill development
- How to ask… e.g sexual history.
- How to explain… e.g uncertainty.
- How to say…..e.g. "no".
- Snippets of the consultation.
- Can be easily done ad hoc.

REGISTRAR DOING THE TEACHING

- 'Near peer teaching' is a well-recognised driver of learning.
- Medical students, other registrars, practice staff.
- You could teach them how to teach!

EXAM PREPARATION

- Role play clinical cases.
- KFP style cases.
- Ethical and professional cases.
- Guidance from:
  - Training provider.
  - GPSA teaching plans.

PROBLEM CASE DISCUSSION

- Commonest teaching method
- Driven by:
  - Registrars learning needs.
  - Nature and urgency of the clinical situation.
- Allows assessment and teaching on clinical knowledge, reasoning skills and tolerance of uncertainty.

THE MOST COMMON METHOD, BUT NARROW IN FOCUS AS IT ONLY ADDRESSES KNOWN NEEDS.

CROSSES INTO INFORMAL TEACHING.

ASK BEFORE TELL.

Approach to Problem Case Discussion ("PCD")

Often unstructured

- TELL - Ask me the question and I'll tell you the answer…
  - If I know it
- ASK BEFORE TELL - Ask me the question and I will ask you what you think might be the answer…
  - Then I will help you with what I know.
- EXPLORE, ASK, TELL - Ask me the question and
  - I will explore the case with you,
  - Ask you what you think might be going on, and then
  - I will help you with what I know.

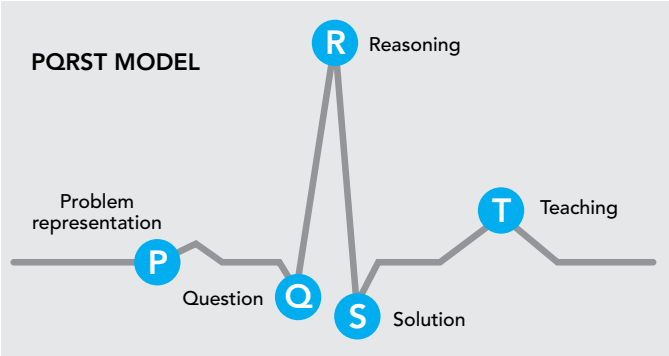


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PQRST Model

- Simple framework for PCD.
- Can also be used for ad hoc teaching.
- Overt focus on the registrar's specific question.
- Assessment and teaching on clinical reasoning.
- Explicitly prioritises patient and registrar safety.
- Adaptable to suit registrars at all levels of training and/or competence.



Morgan S. PQRST: A framework for case discussion and practice based teaching in general practice training. AJGP. 2021;50(8):303-6.



P	**PROBLEM REPRESENTATION** **What is the patient's problem?** Three key aspects: 1. Patient demographics and risk factors. 2. Temporal pattern of illness. 3. Clinical syndrome.
Q	**QUESTION** **What is the registrar's question?** Also, 'Why is the registrar asking me this question?' • Rescue. • Assistance. • Reassurance.
R	**REASONING** **How well does the registrar reason?** Includes: • Problem representation. • Differential diagnosis. • Approach to the undifferentiated presentation. • Management decision making. • Identification of the patient agenda. • Incorporation of evidence.
S	**SOLUTION** **What is the solution?** • Consider clinical needs and educational needs. • Ask before tell.
T	**TEACHING** **What can be taught?** • Practical wisdom. • Evidence.



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Do I need to use a teaching plan?

There are some clear rules around when and how formal structured teaching occurs during the term. Quarantining time for this means prioritising it in such a way that the teaching plan can be followed without being impacted by consultations running overtime and patients getting in the way. Ideally, time should be set aside at the beginning of a session: when there's less likely to be an intrusion or interruption. This is really important time that can't just happen in between patients.

Remember:

- You don't need to have 26 weeks mapped out. That said, the registrar is an adult learner who will benefit from knowing:
  - When you're going to do the teaching.
  - How it's going to look.
  - The breadth of methods you might try to employ over the course of the term.
  - How you will incorporate teaching on topics that arise in the course of their work… "let's think about what we're doing next Wednesday... How about we do a couple of cases if you've got something that you need to discuss?"
- Incorporate random case analysis and practice examinations.
- At least a week ahead, make some commitment as to what you're going to discuss and how it's going to be done.

Resources



GPSA webinars

GPSA guides





GPSA teaching plans

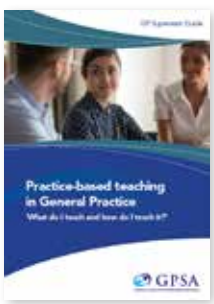
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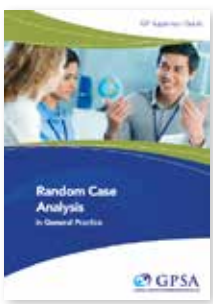


All GPSA resources are available here

- GUIDES:
  - Giving Effective Feedback In General Practice https://gpsupervisorsaustralia.org.au/download/2235/
  - Practice-based teaching in general practice http://gpsupervisorsaustralia.org.au/wp-content/uploads/2020/09/Guide_Practice-based-teaching_Digital.pdf
  - Random Case Analysis In General Practice https://gpsupervisorsaustralia.org.au/download/2160/









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- GPSA teaching plans
  https://gpsupervisorsaustralia.org.au/teaching-plans/
- A critical incident study of general practice trainees in their basic general practice term
  https://onlinelibrary.wiley.com/doi/abs/10.5694/j.1326-5377.1995.tb139913.x
- PQRST: A framework for case discussion and practice based teaching in general practice training
  https://www1.racgp.org.au/getattachment/de0cc45b-4172-4140-9652-e0036de3d89f/PQRST.aspx
- Random case analysis – a new framework for Australian general practice training
  https://www.racgp.org.au/afp/2013/januaryfebruary/random-case-analysis/
- Taking time to watch: observation and learning in family practice https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2743595/
- Teaching procedural skills in general practice
  https://www.racgp.org.au/afp/2011/januaryfebruary/teaching-procedural-skills-in-general-practice/
- Test result audit and feedback (TRAFx) as a supervision method for rational test ordering in general practice training
  https://www.racgp.org.au/getattachment/3f0833a8-5d9d-40d1-b719-6046d11c9a44/Test-result-audit-and-feedback-TRAFk-as-a-supe-2.aspx
- The competent prescriber: 12 core competencies for safe prescribing
  https://www.nps.org.au/australian-prescriber/articles/the-competent-prescriber-12-core-competencies-for-safe-prescribing

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