

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST WEBINAR

Assessing your registrar's telehealth consultations

What role does in-practice formative assessment play in my registrar's GP training?

In-practice formative assessment is an ongoing process throughout the registrar's training. Not to be confused with summative assessment, namely the exam they go on to take at the end of the year, this is a form of assessment that is far more fluid and personal – allowing you to monitor the registrar's progress and identify any gaps in learning so you can adjust your informal and formal teaching methods to rectify these.

Formative assessment is assessment FOR learning, not assessment OF learning.

With everything going on around us, particularly in the current climate, it helps to remember the main principles behind supervision in general practice:

- Patient safety is paramount
- Supervision should be a collaborative process
- Core tasks include:
 - Identification of registrar's leaning needs and planning learning
 - Provision of in-practice clinical support
 - Provision of informal and formal teaching
 - Provision of feedback on performance
 - Ongoing assessment of the registrar's level of clinical competence

Which formative assessment methods are being used today in the context of the COVID-19 pandemic?

While many of the external formative assessment tools, such as clinical teaching visits, have been impacted by COVID-19, the below in-practice formative assessment methods should have continued virtually uninterrupted... even if we have had to get creative in the way these have been carried out:

- Direct observation
- Random case analysis
- Problem case discussion
- Multi-source feedback

With fewer face-to-face consultations, fewer patients, the rise of telehealth, and staff working in separate locations, our challenges - and those of the practice more broadly - have naturally flowed down to our registrars as well.

Rather than being a negative, the wider application of telehealth has afforded us an opportunity to continue building on the registrar's clinical experience in spite of dwindling numbers in the clinic, and also to expand our training into this unique area of practice. Both the RACGP and ACRRM require that our supervision of telehealth consultations is commensurate with face-to-face practice, and thus needs to be considered an extension of the pre-existing core aspects of safe clinical supervision. The most effective formative assessment method to help us perform our duties to this end is **direct observation**.



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What should our focus be when assessing our registrars' telehealth consultations via direct observation?

When we assess a face-to-face consultation, the key areas of focus are the registrar's:

- Clinical skills
- Communication skills
- Consultation skills
- Clinical reasoning skills

When that consultation is instead conducted via telehealth, in addition to the above we also need to assess the registrar's:

- Ability to triage for the appropriateness of telehealth consultation
- Competency with the technology
- Ability to perform a safe and effective telehealth consultation
- Ability to access remote assistance as required



How should we structure our direct observation assessment of the telehealth consultation?

For an effective assessment, the direct observation method should be broken into set-up, analysis and feedback regarding the telehealth consultation.

DIRECT OBSERVATION – SET-UP

Considerations for the set-up of the telehealth consultation that needs to be factored in include:

- Location of supervisor and registrar
- Type of communication platform
- Positioning of the device

DIRECT OBSERVATION – ANALYSIS

Using a consultation model to teach and assess the registrar's competencies is ideal (see Dr Ron Roth's GPSA webinar 06/05/2020: [Teaching your registrar how to conduct a consultation](#)).

In Roger Neighbour's academic general practice textbook, 'The Inner Consultation' (1987), a simple 5-step model was proposed thus:

1. Housekeeping – am I in good shape for the next patient?
2. Connecting – have we got rapport?
3. Summarising – do I know why the patient has come today?
4. Handing over – have we agreed on the management plan?
5. Safety netting – have I considered the "what ifs"?

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This model offers an effective breakdown of the consultation for formative assessment and translates readily to the telehealth context as follows:

1. Housekeeping... Did the registrar ensure they were in good shape by:
 - Checking the technology was working?
 - Assessing whether the consultation was appropriate for telehealth?
 - Checking their phone number was blocked?
 - Ensuring they had access to the patient's clinical record?
 - Using an appropriate space to conduct the telehealth consultation?
2. Connecting... Did the registrar establish rapport by:
 - Confirming the patient could see/hear them?
 - Checking the identity of the patient?
 - Taking and recording verbal consent (also for the supervisor)
 - Confirming the patient is alone (or not – who is with them and is this ok) and that the patient is in an appropriate space for the consultation?
 - Setting expectations for the consultation?
3. Summarising... Did the registrar establish why the patient has attended by:
 - Taking a good history, including red flags and systems review?
 - Considering the need for a formal examination?
 - Considering ICE (Ideas, Concerns, Expectations)?
 - Repeating information back to the patient?
 - Explaining their clinical reasoning?
 - Summarising at the end?

4. Handing Over... Did the registrar confirm agreement of the management plan by:
 - Considering the need for a follow-up face-to-face consultation?
 - Discussing the process for prescriptions and referrals?
5. Safety Netting... Did the registrar cover the 'what-ifs' by:
 - Articulating their uncertainty?
 - Discussing natural history and timeframes?
 - Arranging follow-up?
 - Discussing the process for urgent review if needed?

DIRECT OBSERVATION – FEEDBACK

Regardless whether the consultation being assessed has been done face-to-face or via telehealth, the supervisor's delivery of constructive feedback is crucial.

...effective feedback is a 'two-way' dialogue that occurs between a supervisor and registrar, incorporating self-assessment, critique, reinforcement and planning.

<https://gpsupervisorsaustralia.org.au/guides/>

