

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST WEBINAR

Enhancing your in-practice teaching

If we think of practice-based learning experiences as the bricks in our registrars' professional development, the formal teaching we provide as GP supervisors would be the mortar that's needed for them to build a successful and enduring medical career.

In-practice teaching provides room for the registrar to develop hard and soft skills in equal measure, to benefit from individualised one-on-one mentoring, and to feel comfortable to "have a go" and risk making mistakes in a blame-free environment.

The why

The requirements of practice-based teaching:

- To identify the registrar's learning needs and plan their learning accordingly
- To provide feedback on performance
- Provide in-practice clinical support
- Ongoing assessment of registrar's clinical competence
- Informal and formal teaching



The what

Keeping the bricks and mortar analogy going, just as mortar is only as effective as the bricklayer who mixes it, the responsibility for learning falls on the registrar not the supervisor. Our role is to facilitate that learning, to assess and plan and support and encourage.

What we should teach should thus be re-framed as: what do our registrars need to learn?.

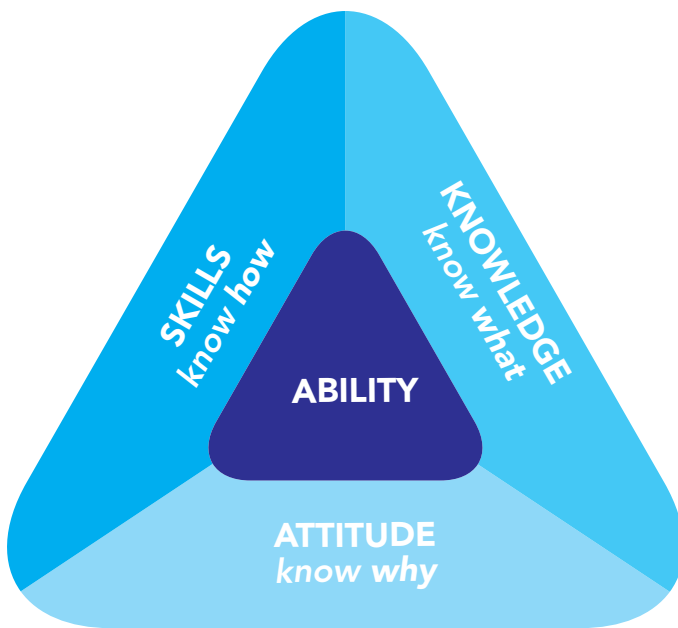
This can be broken into three key areas:

1. COGNITIVE	<p>What KNOWLEDGE do I want the registrar to acquire?</p> <p><i>GPSA offers a number of tools for teaching clinical knowledge, with a new compilation of the top 30 problems, top 30 presentations and ICPC2 categories now available.</i></p>
2. PSYCHOMOTOR	<p>What SKILLS do I want the registrar to have?</p> <p><i>Skill development requires deliberate practice and guidance. This is arguably the primary aim of GP-supervised training.</i></p>
3. AFFECTIVE	<p>What ATTITUDES do I want the registrar to hold?</p> <p><i>Ideally taught through role modelling, attitudes encompass compassion, empathy, curiosity, professionalism, respect and enthusiasm.</i></p>

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SYNERGY BETWEEN KNOWLEDGE, SKILLS AND ATTITUDE



GLOBAL SKILLS	SPECIFIC SKILLS
Clinical skills	Preparing for consultation
Consultation skills	Connection with patient A
Communication skills	History-taking
Clinical reasoning	Conducting physical examination
Cultural competence	Identifying patient's agenda B
Managing uncertainty	Rational test ordering
Patient-centred care	Rational prescribing
Counselling skills	Follow up and safety netting
Reflective practice	Giving explanations C
Professionalism	Practicing evidence-based medicine
	Shared decision-making & communicating risk D
	Brief intervention & motivational interviewing E
	Time management
	Medical record keeping
	Performing procedural skills

One of the key determinants in your registrar's learning process is their experience prior to starting in general practice, particularly their exposure – or lack thereof – to patients.

Accordingly, special attention to the following specific skills using role play might prove beneficial:

A. Connecting with the patient

Consider the different lines you use to open a consultation and get your registrar to try these and note the different impacts they have on their connection with the patient.

B. Identifying the patient's agenda

Help your registrar adopt the I.C.E. approach, getting them to ask their patients the following:

Idea	What do you think is going on?
Concerns	What are you worried about in particular?
Expectations	What were you hoping to get out of your visit today?

C. Giving explanations

Although providing explanations is considered the first part of the consultation's management phase (Murtagh), it is frequently bypassed, potentially leaving the patient confused and unsatisfied. Make this an item your registrar needs to cross off on a structured consultation checklist, and get them to try a variety of lines to ease into their patient interaction.

D. Communicating risk

A core aspect of effective shared decision making, the communication of risk involves exploring the patient's values, preferences, health beliefs and level of health literacy.

It's important to help your registrar understand that good communication is less about what they say than what their patient hears.

E. Brief intervention & motivational interviewing

Facilitating behavioural change, particularly with respect to the four most common behavioural risk factors – Smoking, Nutrition, Alcohol and Physical activity (SNAP) - is an essential consultation skill. Common models include the 5As approach (Ask, Assess, Advise, Assist, Arrange follow-up) and the "stages of change" model:

- precontemplation (not thinking about change)
- contemplation (thinking about change)
- preparation/decision making (actively planning change)
- action (changing or recently changed and new behaviour not established), and
- maintenance (new behaviour established and working on maintenance)

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The how

In-practice teaching entails lots of choice and the flexibility needed to match different methods to different content. Mixing it up helps keep the registrar engaged while making the GP supervisor's job more interesting and enjoyable.

CASE DISCUSSION

- Direct observation of registrar's consultation
- Reverse direct observation (registrar sits in on supervisor's consultation)
- Video consultation review
- Random case analysis
- Problem case discussion
- Inbox review of test results
 - Random inbox review
 - Case discussion
 - Focus on rational test ordering
- Critical incident review
 - Learning from mistakes
 - Open, blame-free environment
 - Focus on patient safety
 - Morbidity and mortality (M&M) meetings

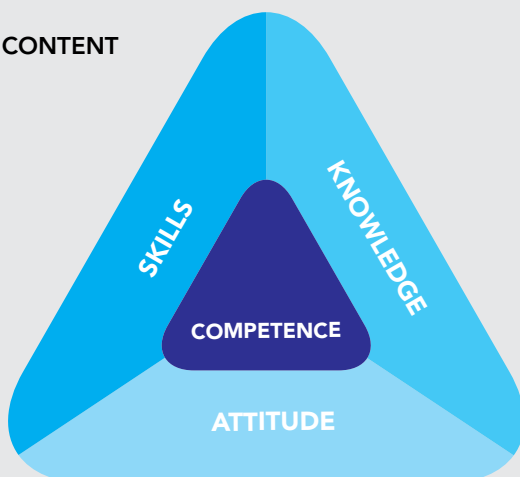
PRINCIPLES OF CASE DISCUSSION

- Entry point ... Let's look at the test results and review the patient notes
- Problem representation ... registrar giving summary
- Clinical reasoning
- Breadth of domains (legal, professional, etc)
- Ask before telling ... What do YOU think?
- Micro-teaching
- Resources
- Formative assessment and feedback

TEACHING METHODS

- Topic tutorials
- Exam question review
- Procedural skills
- Formal audit
- Teaching others in practice
- Physical exam skills teaching
 - Core skill of competence in general practice
 - Part of both college exams
 - RTOs provide practical physical exam skill sessions
 - Registrars' skills often suboptimal, especially dermatology, MSk
- Role play
 - Powerful and underutilised teaching method
 - A highly interactive teaching method, especially useful in communication skills development
 - Well suited to ethical issues and management of uncertainty

CONTENT



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