



# ***The New GP Supervisor***



***Dr Howard McCormick***



# Table of Contents

INTRODUCTION.....	1
CHECK THE GETGP WEBSITE.....	2
<i>General Information</i> .....	2
<i>Working Documents</i> .....	2
<i>Getting Paid</i> .....	2
GET ADDITIONAL HELP.....	3
LEARN SOME ACRONYMS.....	4
UNDERSTAND THE GP TRAINING OVERVIEW.....	5
PREPARE FOR THE NEW REGISTRAR.....	6
<i>Conduct an Interview</i> .....	6
<i>Know about the getGP Orientation Program</i> .....	6
<i>BEFORE the GP Trainee Starts</i> .....	7
THE REGISTRAR’S FIRST WEEK.....	9
<i>Have a separate timetable for the First week</i> .....	9
<i>Day 1: Time with the GP Supervisor</i> .....	9
<i>Day 1: Ensure proper Introductions:</i> .....	9
<i>Day 1: Time with the Practice Manager</i> .....	9
<i>Day 1: Time to familiarise with the room and computer</i> .....	10
<i>Day 2 : Additional GP Supervisor Time esp. for GP1 Registrars</i> .....	10
<i>Day 2 or 3: Visit local Facilities</i> .....	11
<i>Week 1: Time with the Nurse</i> .....	11
<i>Week 1: When the Registrars start seeing patients</i> .....	11
<i>HELP!</i> .....	11
THE FIRST MONTH.....	12
<i>For the Trainee</i> .....	12
<i>For the Practice Manager</i> .....	12
<i>For the Supervisor</i> .....	13
ONGOING SUPERVISOR RESPONSIBILITIES.....	14
<i>Use GPRime!</i> .....	14
<i>Attend Supervisors Workshops</i> .....	15
<i>Get to know your registrar</i> .....	15
<i>Supervisor Leave and Pay</i> .....	16
TEACHING AND LEARNING.....	17
<i>Teach with purpose</i> .....	17
<i>Use a Variety of Methods and teachers</i> .....	18
<i>Where are you going to teach?</i> .....	18
<i>Learn Appropriate Content</i> .....	19
<i>Build Clinical Competence</i> .....	19
<i>Different People Learn in Different Ways</i> .....	20
<i>Giving appropriate Feedback</i> .....	20
<i>Registrars as Teachers</i> .....	21
<i>Video Consultations</i> .....	21
APPENDIX A: VIDEO CONSULTATION CONSENT FORM.....	23



## ***Introduction***

Becoming a GP supervisor as part of the GP training program is a very rewarding and at times demanding responsibility.

This document has been prepared to assist new GP Supervisors in the process of adapting to this different role in General Practice.

It is highly recommended that all new supervisors attend the annual New GP Supervisor Workshop, usually held in Melbourne.

Dr Howard McCormick has been a GP Supervisor since 2007  
His practice is in Wonthaggi, Victoria.  
Feedback regarding any changes or suggestions can be sent to him at:  
[drhowardm@hazelwoodhealth.com.au](mailto:drhowardm@hazelwoodhealth.com.au)

© getGP 2008

## ***Check the getGP Website***

[www.getgp.net.au/](http://www.getgp.net.au/). Click on the tab at the top “For Supervisors”

The getGP Web site has a wealth of accessible information.

### **General Information**

Check out the section on the right under GP Supervisors:

- What is expected of you
- The Teacher Training Program
- Supervisor and practice selection and accreditation

### **Working Documents**

Download and Read the key Everyday Documents for Supervisor:

1. This year's **Education and Training Calendar**. Give a copy to practice staff so they can mark off when the Registrar will be away at training days.
2. This year's **Terms and Conditions** for Registrars
3. **Feedback for Supervisors** to Registrars Mid Term guide. This lays out the responsibilities for feedback 3 times in the term; once after 2 to 6 weeks, the second at the mid point (3 months) and the final session at 5 months.
4. **The getGP Handbook**. If you want detailed information, this is the place to look. At over 100 pages, you will probably just want to use this as a reference manual. It has all the staff and phone numbers, as well as the requirements for the various colleges.
5. **The GPrime User Guide for GP Supervisors**. A well-written guide with screen shots to tell you all you need to know about using the key web-based program for medical education.

### **Getting Paid**

Make sure someone in your practice knows how you get paid.

1. Download the **Reimbursement Claim Form**.
2. When you travel e.g to training days you need the **Travel Claim Form**.
3. You may also need to use the **Tax Invoice Template**.

Look at the other resources and download appropriately.

## Get Additional Help

1. Getting on the email list.  
Write to [linda.kruger@getgp.net.au](mailto:linda.kruger@getgp.net.au) to ensure that you are on the list.
  2. Go to the Supervisors 2-day live-in workshop held in March. Here you will meet other supervisors and learn about some important parts of your new role.  
NB. It is not uncommon to feel inadequate the first time you attend a Workshop.
  3. Don't be too worried if you feel out of your depth.  
GetGP has been going for some time, and you will be introduced to a number of works in progress. You may feel puzzled or left out, as if you came into a movie half way through. It will often be assumed that you will catch up with what was discussed before. Please ask questions. Remember you're just at a different stage in the process to many other attendees.
  4. You will be presented with a lot of works in progress. Realise that most supervisors will, like you, have very little understanding of what is being talked about.
  5. There are many assumptions by presenters etc that you will understand the language of the organisation. Have your page of acronyms on hand.
  6. **If you don't know, ASK.** This not only helps you, but many of the other new (and even older) supervisors will appreciate you helping them to remember what is being discussed. They may be too embarrassed to ask, so if you can do it for them they will appreciate it.
  7. Know whom to ask. Ask Linda Kruger or the office staff first. If you need additional help, ask James Brown (Director of Training), Mark Bensley (Supervisor Liaison Officer.) They should know how to direct your question.
  8. Understand what is expected of you as a supervisor.  
Your focus may be different to that of the registrar. For example:
    - Your focus as a Supervisor may be: How can I help this registrar to develop as a safe doctor practicing good efficient medicine.
    - On the other hand the Registrar focus may be: To see if they will pass the exam.
    - In the end these are probably the same thing – your registrar may not understand this.
- The goal of a supervisor is to assist the learner to be a competent professional.**
9. If you see a problem, be prepared to do something about it.
    - If you think something is a problem you may be asked to check it out.
    - You will then probably be asked to present your findings at a supervisor's workshop.
    - This is a good way of learning and dealing with the problem; however be prepared to be put on the spot to do it.

## **Learn some Acronyms**

Once upon a time there was a land of acronyms. Like all good medical organisations, getGP (Gippsland Education and Training for General Practice) has more than its fair share.

As a new Supervisor, you will be seeing stars, ducking comets, learning that GPRime is not a new Telco, and that a GPET is not a new type of four-legged friend!

Important terms include:

<b>AGPT</b>	Australian General Practice Training	This is vocational training in for General Practice in Australia. It is delivered by 22 regional training providers of which getGP is ones.
<b>ERT</b>	Enhance Rural Training	There is Extra funding for educational activities that are deemed to enhance rural training
<b>ECTV</b>	External Clinical teaching visit	Where an external supervisor or medical educator visits the practice and engages in a teaching activity – usually consultation observation followed by feedback.
<b>FACRRM</b>	Fellowship of Australian College of Rural and Remote Medicine	One of the primary qualifications for General Practice in Australia. This fellowship is specifically designed to recognise competency in rural medical practice.
<b>FARGP</b>	Fellowship in Advanced Rural General Practice	Rural practice specific Fellowship bestowed by the Rural faculty of the Royal Australian College of General Practice
<b>FRACGP</b>	Fellowship of the Royal Australian College of General Practitioners	One of the primary qualifications for General Practice in Australia.
<b>getGP</b>	Gippsland Education and Training for General Practice	The regional training provider for GP training in Gippsland. It covers Southeast Victoria from Phillip Island to Mallacoota.
<b>GPET</b>	General Practice Education and Training	The fund holding company that is responsible for funding the delivery of Australian General Practice Training.
<b>GPRime</b>	General Practice Registrar Information Management & Education	The on-line system for communication and keeping track of completion of educational requirements. It is also a powerful educational tool.
<b>ME</b>	Medical Educator	An experienced GP educator who helps deliver the getGP training program.
<b>NGPSA</b>	National GP Supervisors Association	Provides representation to GPET on behalf of Supervisors (2008 getGP rep is Mark Bensley.)
<b>RLO</b>	Registrar Liaison Officer	Supports the registrars and represents them.
<b>RPL</b>	Recognition Prior Learning	This is a means by which registrars can achieve recognition of prior learning as a component of their general practice training. .
<b>RRMA</b>	Rural, Remote and Metropolitan Areas	A classification of practice remoteness. There are seven categories with level one being inner metropolitan and level 7 being a practice location such as Mallacoota.
<b>RTP</b>	Regional training provider	There are 22 in Australia –one of which is getGP in Gippsland, and VMA in Melbourne.
<b>SLO</b>	Supervisor Liaison Officer	Represents the GP Supervisors at a training provider, and at national levels.
<b>VMA</b>	Victorian Metropolitan Alliance	The GP training provider for greater Melbourne. It is divided into 5 regions: South West, North West, North East, South East and Peninsula.

## Understand the GP Training Overview

(from <http://www.gpet.com.au/>)

### Australian General Practice Training (AGPT) Program



\* Credit given for AGPT training already undertaken towards one Fellowship, prior to undertaking a second or third Fellowship

† Can be achieved in dual accredited practices or posts

Three levels of Registrar you may be supervising:

1. General Practice Term 1. First General Practice term previously referred to as the 'Basic' term. Usually need lots of help.
2. General Practice Term 2). Second General Practice term. Previously referred to as the 'Advanced' term. Had at least 6 months of GP experience.
3. General Practice Term 3). A trainee with at least one year of General Practice experience previously referred to as the subsequent term

Important notes for Supervisors about the requirements for all Registrars (even city based)

- Each registrar is required to do Rural training in RRMA 3 to 7 for 6 months.
- There is also an Outer Metropolitan Placement for city based Trainees.
- They also must work in an area of Medical Service Need – usually in rural placement.

## ***Prepare for the New Registrar***

### **Conduct an Interview**

At the interview – spell out the terms and conditions VERY clearly so that there are no future disputes.

1. Agreement in writing re leave, hours of work, on call arrangements, accommodation.
2. Contracts usually need to be negotiated with registrars in their third General Practice term (GPT3) or in further training terms. An example of a contract is provided in GPRIME's documents for supervisors under- "2008 getGP Guidelines for Subsequent GP Terms". Make sure you go through the contract with the registrars line by line.
3. Registrars in their first two General Practice terms (GPT1 and GPT2) trainees have a national minimum terms and conditions document (also available in 'forms and documents' section), which GETGP encourages you to use as the basis for a contract. Individual practices increasing the payments unilaterally tend to lead to disparity (and sometimes discontent) in a registrar's pays if changing practices in their first GP year.

**If it is not in writing it is not worth the paper it is (not) written on.**

Key areas of dispute:

**After hours.** Registrars in their first year of general practice placements (GPT1 and GPT2) Basic and advanced trainees are expected to do as the supervisor does.

After hours for registrars in their third GP term and beyond may be open to negotiation.

### **Know about the getGP Orientation Program**

On the first Sunday and Monday of the two training semesters (usually the first Sunday, Monday in February and first Monday in August) getGP runs a General Practice Orientation for registrars starting their first GP term placement.

The orientation will cover aspects of General Practice versus hospital practice.

It will usually introduce Medical Director software as well.

**The GPT1 registrar does not start until the Tuesday of the first week.  
He or she will be attending their getGP orientation first.**

## **BEFORE the GP Trainee Starts**

### **Don't leave the Paper Work to the last minute!**

Direct the Practice Manager to [www.getgp.com.au](http://www.getgp.com.au) and click on For Practice Managers. In particular, make sure the Practice manager has checked on:

- Registration
- Provider number (Check this is in the Supervisors section on the getGP web site.)
- Prescriber Number if they don't have one
- Forms for Online Claims for Medicare, Work Cover, TAC.
- Pathology providers need to be notified re electronic downloads.
- Develop the Manual for New Doctors, including a timetable for Day 1.
- Application for admitting rights to the any local hospital if applicable.

### **Organise the Logistics**

Where is the registrar going to work and live?

- Room allocation
- Name for the door. ? Stamp as well with name, address and Provider number.
- Logistics for housing, etc.
- Set up the new doctor in the computer – Billing Software, Medical Director or similar.

### **Do they need additional Medical Computer Training?**

Many registrars (especially those straight out of hospital) are UNFAMILIAR with the software used in many General Practices. Most new registrars will go to the Orientation Course. They are still likely to need further practice with using the medical software.

- If you use a program other than Medical Director, you will need to provide additional training.

### **Introduce the doctor to the staff and other doctors**

**If possible**, arrange for a Practice Orientation on a weekend 2 weeks before they start.

- Meet with the registrar socially e.g. when previous registrar leaving if possible.
- This may not always happen in a rural environment.

### **Introduce the Doctor to the Community**

Think about how you are going to introduce the new registrar to the community:

- Consider an advert in the local newspaper.
- Perhaps you could display their photo at the reception desk.

The Practice Manager needs to instruct the receptionists on how to introduce the new doctor.

- One useful phrase is “a fully qualified doctor specialising in General practice.”

## **Organise Resources to support the new registrars**

Single room – well equipped and room for photos etc.

- Ideally registrars have their own room
- If a registrar has to share rooms, please put them in no more than two different rooms
- Medical equipment: Auriscope. Shared procedural equipment, camera, and dermatoscope.
- Printer and computer
- Internal communication list
- List of local specialists
- Access to reference materials e.g. dermatology, Murtagh, Australian Medicines Handbook, orthopaedics, journals etc.
- Access to treatment room.
- Orientation on the emergency equipment.
- Doctors bag for home visits.

**Consider  
a Manual  
or Folder  
for all  
New Doctors**

The manual or folder should include a list of commonly used specialists and allied health.  
Alternatively introduce the Registrar to the Address Book you use on your software.

# ***The Registrar's First Week***

## **Have a separate timetable for the First week**

Day 1 will need time with the Supervisor, probably sitting in for a session and first teaching session.

- Also need time with the Office Manager for administrative tasks.
- Introductions take place on day 1 if not before. ? Arrange morning tea/lunch.
- Decide when the registrar will see his or her first patients. (This may be day 2 or 3 for registrars in their first GP placement, Day 1 or 2 for more experienced registrars.)

## **Day 1:**

### ***Time with the GP Supervisor***

Most new (especially basic) trainees sit in with the supervisor for up to 4 sessions.

- Use this time to discuss the transition from hospital to GP.
- Introduce the concept of how the consult works and offer support.
- Work towards a collaborative rather than a hierarchical relationship.
- Teaching and supervision - how, who, when and where it will happen.
- Release days (not to be on call on day before release day.)
- Giving and receiving feedback and support whilst consulting.
- Who you can contact in the practice? (Note availability and accessibility.)
- Introduction to manual or Orientation Folder for New Doctors.

### ***Ensure proper Introductions***

Introduction to staff and other doctors. (Note the special interests of doctors)

- Roles in the practice: Practice Manager, Reception, Nurse, and other staff.
- Explain where things are in the practice. Show the registrar around the buildings.

### ***Time with the Practice Manager***

How the administrative side of the practice works:

- How appointments are made and recorded
- What happens at reception
- How the billing procedure works
- Stationery and letters
- Office equipment and procedures

Specific information for the Registrar:

- Pay/ leave processes
- Rosters including After Hours
- Phones - mobile phone, phones and internal phone numbers
- Keys and security
- Occupational health and safety
- Pathology and radiology downloads
- Troubleshooting

- What to do in case of power failure

Some need to be discussed, better still have them in the manual too.

### ***Time to familiarise with the room and computer***

#### **Time to know the Consulting room:**

- Request forms
- Official forms
- Equipment
- Books and other resources
- Pathology collection
- Patient resources
- Waste disposal
- Air conditioner
- Lighting
- Security and Duress Alarm.

#### **Time for Computer**

Probably a minimum of 2 hours is required for a new registrar especially if no getGP orientation.

- Some of this can be delegated to one of the senior nursing or practice management staff.
- Passwords
- Internal and external mail
- Shortcuts on desktop
- Favourites.
- Web based resources. A great place to start is [www.getgp.com.au](http://www.getgp.com.au) and look under Links and Resources once you have a GPRime username and password.

### **Day 2:**

#### ***Additional GP Supervisor Time esp. for GP1 Registrars***

#### **While the Registrar sits in with the GP Supervisor, cover the logistics of General Practice:**

- Patient data
- Prescribing - PBS, restricted, authority, Veteran's, S8.
- Progress notes
- Address book and referrals
- Forms including Work cover, Motor Vehicle accident, Centrelink
- Pathology and radiology requests and results
- Letters/templates
- Certificates
- Documents
- Immunizations
- Screening
- Travel

- Recalls
- Action lists.
- More detail on the clinical side of billing and item numbers.
- Home visit/nursing home visits: assessing patients, personal security and travel reimbursement.
- After hours

### ***Day 2 or 3: Visit local Facilities***

This is an excellent use of one of your early teaching sessions.

- A tour of local services is useful – pharmacy, pathology, radiology, physio etc.
- Hospital orientation is especially important if the registrar has responsibilities in this area.
- This includes outpatients, Accident and Emergency and Theatre if appropriate.

### **Week 1:**

#### ***Time with the Nurse***

A session with the nurse can be very helpful - where equipment is, dressings etc.

- Treatment room – emergency equipment, procedures, services, equipment, sterilizing, waste disposal.

#### ***When the Registrars start seeing patients***

Longer appointment times initially, say 2 per hour for GPT1 registrars.

- Orientation folder or manual with all the resources available.
- Duress alarm for when they are feeling threatened.
- Ensure Doctor's bag is ready.
- Social supports if new to the area – maps, services, activities, etc.

### ***HELP!***

How will the Registrar get help?

- Who do they ring?
- On what phone number?
- Remember that it could be other than the supervisor.

## ***The First Month***

### **For the Trainee**

Fewer appointments first week or two. Say 2 per hour.

Develop a learning plan on GPrime:

- Learning plan is to be up and running by 2 or 3 weeks.
- The supervisor can assist in this process.

### **For the Practice Manager**

1. Organise supervisors' appointments to keep an eye on the registrar.
2. Make sure teaching happens. One person is the key trainer and others help.
  - Make sure this is NOT interrupted.

<b>Term</b>	<b>Weekly Teaching Requirements</b>	<b>Face to Face Suggested</b>	<b>Opportunistic Teaching</b>
First 6 months (GPT1)	3 hours	2 hours	1 hour
2nd 6 months (GPT2)	1½ hours	1 hour	½ hour
Further GP terms	1 hour	½ hour or 1 hr in 2 weeks	½ hour

3. Make sure the booking calendar allows for Release Days:
  - Registrar Peer Learning workshops
  - WES (weekend educational series 4 days a year) /Basic CPR/ ALS (Advanced Life Support)
4. Know about the Caseload and Case Mix. Use the following guidelines from getGP for Full Time Registrars including “overtime”. (Pro-rata for Part Time)

<b>GP Term (<i>level of training</i>)</b>	<b>Expected average number of patients per hour</b>	<b>Max patient numbers in any one hour</b>	<b>Min number A1 consults per F/T week</b>	<b>Max consults (all types) per F/T week</b>
1 <sup>st</sup> 3 months GP experience	2 - 3	4	50	90
2 <sup>nd</sup> 3 months GP experience	3 - 4	4	50	100
Further GP terms	3 - 4	5	60	110

5. Be prepared for the unexpected.
  - Review appointment spacing and increase patient numbers as registrar is ready.

## For the Supervisor

**Make sure teaching happens.**

Are you the key trainer or someone who supports the key supervisor in your practice?

The key trainer needs to cover process issues in the early stages (how to do plans etc).

### **Complex Item Numbers**

- How to do a mental health plan.
- Annual health assessments
- Care plans
- Other complex item numbers

### **Procedures**

- Registrars observe others performing procedures.
- Supervisor can observe registrar performing procedures.
- Make use of other doctors in the practice with procedural skills.

### **Letters**

- Writing reports
- Referral Letters

### **Learning**

- Work on Learning plan as a collaborative effort
- GPRime to be used by registrars and supervisors
- Reporting and formative assessment, getGP to be made aware of any concerns as early as possible
- Supervisor to observe registrar

### **Consider further Community Orientation**

Visit local facilities such as:

- Community health centres
- Rehabilitation centre
- Sports medicine facility
- Youth health centres
- Area of special interest to registrar or supervisor, etc.

## ***Ongoing Supervisor Responsibilities***

### **Use GPRime!**

Become familiar with GPRime to check if the registrar is making a learning plan.

- Even without a login, you can look at many of the important documents.

### **Log On**

Log into GPRime through the “For Supervisors” drop down menu.

(If you can't see this on your web browser, it is on a menu item on the left hand side under the list of Everyday Documents.)

- Select “Forms and Documents”.
- Select the appropriate document from Mandatory Learning Activities or General Forms.

### **Teaching Sessions**

Put information on the teaching sessions as well on GPrime.

- It is a good idea to have this open at the time you see the registrar.
- Use Log In-Practice Teaching Hours to document what happened in your teaching session.

### **Feedback**

Feedback forms for the end of term are now also on GPrime when you review your registrar.

- Reporting to regional training provider (getGP).
- Assessment from GP, supervisor and registrar for major stumbling blocks.

### **ECT visits**

You will be expected to visit and sit in with another registrar from another practice for one session each three to six months. Registrars in their first year of GP terms require a visit every three months; registrars in further terms require a visit every six months. If you have two registrars you will be expected to visit two other registrars. The second visit for a GPT2 registrar will be to view pre-taped video consultations with the registrar. There is an excellent brief text called “the ECT manual” that can guide the supervisor in approaching this activity. This is available for download from the ‘online document library’ section of GPRime, under ‘supervisor resources’, then ‘observing registrar consultations’

- You complete an online form through GPRime.
- In Forms and Documents, click on the ECTV Consultation.
- Complete the “click on the button” form; please try to add comments to help the registrar gain benefit from the experience.
- At the bottom is a button “Ready for Submission”. If yes, you click on the “Submit ECTV Consultation” to send the form. If not click on “Save Draft ECTV Consultation” to edit later.

## Attend Supervisors Workshops

There are usually three workshops a year.

1. A two-day residential workshop usually held early in the year.
  2. Two one-day workshops early in the second semester and in December.
- You are encouraged to attend all workshops. There is a requirement to attend at least 2 days a year.

**Be prepared to feel out of your depth the first time you attend a Supervisor's workshop.**

Why? It may be on a topic that is relevant to what you want to know, but if it is not, you may feel totally overwhelmed. Please know this is normal.

## Get to know your registrar

The more you understand your registrar, the more likely you are to know what motivates him or her. Key information to consider is:

1. Approximate Age
2. Do they have a partner?
3. What is the partner's name?
4. Do you know if they have children?
5. What are their ages and names?
6. Do you know the partner's occupation?
7. Do you know their country of birth?
8. In which country were they educated up to tertiary level?
9. In which country did they undertake their tertiary education?
10. Know at least two previous jobs/rotations.
11. What motivated them to become General Practitioners?

**Most GP Supervisors only score 6 to 8 on the list above.**

## **Supervisor Leave and Pay**

### **Supervisor on Leave**

This is covered in the getGP Handbook. This states:

- The normal restrictions on patient numbers apply.
- Provision for normal face-to-face teaching activity is to be made with 'catch-up' sessions.
- Where an alternative on-site supervisor is not available, provision for telephone support be arranged with a suitable alternative.
- The registrar should be aware of and comfortable with, the usual referral and contact people and organisations for urgent and complicated patients.
- The registrar should have a copy of, and have been appropriately exposed to, the Practice Policy and Procedures Manual.
- Registrar must be comfortable with the arrangements.

### **Make sure you get paid**

- You need to submit monthly claim forms – usually this is delegated to reception staff/practice manager
- This includes number of consultations for registrars and a statement of teaching time undertaken.

# Teaching and Learning

## Teach with purpose

**Registrars often don't know what they don't know.**

1. Most teaching sessions start off with discussion of “hot topics”. Problems that the registrar has encountered, in consultations, since the last teaching session that they want to discuss with you. These topics should take precedence over all other planned activities
2. Do you want to do things the way they have always been done?
  - Ad hoc
  - The Supervisor’s favourite topics
  - No plan
3. Decide who will work out the learning plan?
  - Negotiate who is running the show.
  - Get the registrar to do the work.
  - We are helping them to learn for the rest of their life. The goal is Adult Learning.
4. Begin with the End in Mind. How do I want the Registrar to be different after this session?
  - What is it that you need to know – content, context or what?
  - For example, dealing with chest pain in General practice is different from dealing with this in A and E.
  - What will make a really good tutorial?
5. Work on Content – what needs to be learnt?
  - Knowledge
  - Skills
  - Attitudes
6. Work on Context - what needs to be taken into account?
  - For learner
  - For supervisor
  - For the practice
7. What methods could I use? (see below)
8. What resources are available?
  - In the practice
  - Outside the practice
9. How will I know what has been learnt? Consider the Education sandwich.  
Know what you wanted to achieve, teach it, and then find a way to check they have learnt it.
  - Check that they have got something out of the session.
  - One way is to do a case study immediately after the session.

- To check later, you may do a review of 20 patients on the topic.

10. What follow-up learning needs to be put in place?

## Use a Variety of Methods and teachers

A variety of teaching time is great.

- Involve others with teaching e.g. practice manager, nurse.
- The methods used depend on what kind of learner the registrar is.
- Remember that not all registrars are adult learners.

## Other Teachers

Who can we use? Some ideas that may help:

- Colleagues with different areas of special interest.
- Look at learning plan on who does what.
- Sitting in with practice nurses.
- Emergency day in treatment room.
- Spending time with allied health e.g. diabetes educators, dieticians etc.
- Practice managers.
- Reception at the beginning.
- Pharmacy as well.
- Paramedics.
- Radiologists.
- Onsite to local factories.
- External teaching visitor. (ECTV)
- Medical Education Staff if needed.
- Allied health staff.
- Office staff – Medicare etc.
- Visiting staff.
- Divisions.

## Where are you going to teach?

Consider where you will teach in the Practice:

- The Registrars own room if available.
- A teaching room.
- The treatment or procedural room. (e.g. doing a procedure together.)
- Supervisors room, although remember is it **not** good to go to supervisors room all the time.
- Corridor.

**Don't forget about corridor teaching.**

## Outside the Practice

Consider places outside the practice:

- Hospital – theatre or other areas.

- Home – yours, patient's (during house calls) etc.
- Café.
- Nursing home.
- Walking.
- Car – e.g. when driving to Division event for example.

## **Learn Appropriate Content**

### **Sharing Knowledge**

- Q and A sessions.
- They could teach medical students.
- Case discussion
- Small group learning
- Visiting specialists at after hours
- Share what I use for online learning and learn what they use too.

### **Academic Work**

- Topic discussion
- Journal club
- Pictorial quizzes e.g. dermatology.
- Computer or video based learning.
- Research projects if advanced or keen on doing something extra.

### **Critical Thinking**

- Question information from Drug reps.

## **Build Clinical Competence**

### **Observation**

- Observation of supervisor and vice versa.
- Videotaping – most don't like it, but later realise the lessons they can learn from this.
- Observe Supervisor doing procedures
- Observe theatre and allied health professionals.
- Visiting allied health.
- Hospital rounds.

### **Role Play**

- Role Play with supervisor as patient or vice versa.
- Mock scenarios with A and E or in the practice.

### **Audit**

- Audit referrals, consultations timing, certificates, management plans. medical reports
- Spot checks – patients selected randomly from a computer. Case review.
- Reviewing the consultations of the previous day with notes etc.

## Consultation Skills in General Practice.

Giving information is important.

- Not just support.
- Need to let registrars know what is good and effective.
- Look at what needs to be challenged.
- Practice the art of giving feedback.
- Balance – support versus challenge.
- Learn more from the challenge than the support.
- Set the stage – Treat **the registrar as a colleague rather than as a junior or employee.**

## Different People Learn in Different Ways

### Learning Styles

How individual learning styles influence the way we learn?

Myers Briggs talks in terms of the following opposites:

- Extroverts vs. Introverts.
- Hands on reality (kinaesthetic) vs. Intuition (use imagination and meanings.)
- Thinking vs. Feeling – logical justification vs. tuning into feelings but avoid conflict.
- Planning vs. flexible – forward thinking, goals, standards and the need to be right vs. flexibility.

### Learning types

**Activists** – flexible open minded, glad to be in new situations, have a go and don't resist change. May choose the obvious, take unnecessary risks, don't look before they leap and hog the limelight.

**Reflectors** – Careful, thoughtful, methodical and not good participants. They are over-cautious.

**Theorists** – logical “vertical” thinkers. Like a disciplined approach but lack lateral thinking.

**Pragmatists** – test things out – practical, realistic and down to earth. Reject things that have no immediate use. Task-orientated not people-oriented.

## Giving appropriate Feedback

### Pendleton's Rules

Giving feedback to a registrar is essential if they are to grow as a GP. A great guide is Pendleton's rules:

1. Briefly clarify matters of fact.
2. Learner goes first and discusses what went well.
3. Trainer discusses what went well.
4. Learner describes what could be done differently and gives suggestions for change.
5. Trainers describe what could be done differently and give options for change.

## Learn from Feedback

- Informal patient feedback to go back to doctor.
- Staff feedback.
- Learn from a complaint from a patient.

## Registrars as Teachers

Have you thought about registrars teaching medical students?

## Video Consultations

**Video is a mirror to the consultation.**

### Setup:

- See both the doctor and the patient a bit.
- Put the video in the back corner of the room so that the angle of the lens is wide enough.
- Wall mounted is best.
- Viewfinder facing the registrar.
- See legs if possible, so on review you can both see if there is any tapping of legs etc.

Make sure each patient consents in writing before they are videotaped.

- A sample is included as Appendix A
- Always stop the video for any examination.

### Review:

Watch the consultation with the registrar.

- If needed, press the “Pause” button at appropriate times for review.

### Analysis of the Video:

1. Set the scene before showing the tape. Prior knowledge of the patient, extenuating circumstances etc.
2. During the tape note very specific words and actions and their times. Supervisor needs to look as if they were the patient and be prepared to role-play the patient afterwards.
3. After showing the tape. Allow a few minutes to identify the one or two most important points for feedback, including what worked well.
4. Give feedback according to Pendleton’s rules:
  - What went right first.
  - If stop the video ask: Where should the consultation go next?
  - What would you do differently?

- Do we need to do anything today or in the next few days?
- What resources are available, especially locally?
- Offer to reverse role-play.
- How are you feeling?

## **Appendix A: Video Consultation Consent Form**

**Instructions:** Print on practice letterhead, enter the doctor details and photocopy for each patient.

Date: \_\_\_\_\_

Dear Patient

Today Dr \_\_\_\_\_ is videotaping a number of consultations as part of their ongoing professional development.

Dr \_\_\_\_\_ will be reviewing the videotape and will be discussing it with one of the other doctors from the practice and/or may discuss it with a Medical Educator or a small group of doctors from Gippsland Education and Training for General Practice.

Dr \_\_\_\_\_ will ensure that the content of your consultation remains confidential.

The video camera is focussed on the desk whilst you and the doctor are talking and not on the examination couch.

If you would prefer not to have the video camera switched on for all, or any part of the consultation, or if after the consultation you wish to have the tape erased, please let the receptionist or your doctor know.

**Please tick one of the following statements.**

I **consent** to have my consultation videotaped.

I **decline** to have my consultation videotaped.

Signed \_\_\_\_\_

Date \_\_\_\_\_