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GENERAL PRACTICE SUPERVISION AUSTRALIA

FREQUENTLY ASKED QUESTIONS

WEBINAR GUIDE

Random Case Analysis

A review of a random sample of medical records with the registrar to assess their clinical knowledge, decision making and the quality of medical records.

Effective clinical and educational supervision of a GP registrar requires numerous methods and inputs. Random case analysis is one of these methods and is particularly effective in clinical supervision.

Why does the Australian GP supervision system use the term 'random case analysis'?

RANDOM	Enables identification of knowledge deficits the registrar is not aware of.
CASE	Not just a record of the case but it includes the registrar's recollection of events.
ANALYSIS	An exploration of the case to understand the registrar's decisions and performance in the consultation

Why is reviewing random case notes an effective tool for GP supervision?

Random case analysis ensures GP supervisors have a clinical oversight of the management of the registrar's patients, including quality of care and patient safety. Asking to see "yesterday's" or "this morning's" case notes gives the supervisor an opportunity to see the true detail of a registrar's documentation and to discuss gaps and/or explore areas for clinical and educational discussion.

How can I initiate a random case analysis with a registrar?

Ask the registrar to open their notes from recent appointments. For example you could ask the registrar to open their consultation notes from yesterday morning and explain that you would like to review these records together. It is important to use the review as an educational opportunity – it is not an interrogation!

When should random case analysis occur?

A random case analysis should occur when the consultation is still fresh in the registrar's mind, for example up to one or two days later. Don't allow too much time to lapse between the note taking and review. GPSA research has shown there is no point asking registrars about older consultations during a random case analysis. That is, a registrar is not likely to have a clear memory of what they were "thinking" if questioned about this aspect during a random case analysis a fortnight after the consultation.

What can random case analysis tell me?

This method of supervision will highlight if the registrar is failing to seek help when they know they should. Equally, random case analysis will reveal what the registrar is unaware they don't know (conscious incompetence). A random case analysis will indicate if the registrar is providing safe and effective patient care. The supervisor should keep in mind these questions:

- Are they (patient and registrar) safe in there?
- How can I be sure?

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Can GP supervisors be too confident in their assessment of their registrar's competence?

Yes. A survey of supervisors attending a Beyond Medical Education annual education workshop in 2016, indicated that most felt confident or highly confident about their ability to assess a registrar's competence, despite a low frequency of observation and audit activities. This feedback was surprising given that audit activities such as random case analysis are important and effective indicators of clinical competence.

GPSA feedback from supervisors also revealed that as they became more experienced at GP supervision, they became less confident about their ability to assess a registrar's competence. That is, as time lapsed supervisors were recognising that they couldn't simply assume a registrar's competence but needed to implement effective methods of detecting competence. This highlights the importance of using random case analysis as a supervision method to assess every registrar's competence, even those who seem to being doing well.

ARE WE TOO CONFIDENT?

Of the 91 respondents to the Beyond Medical Education workshop survey, 84 were training registrars at the time.

Key finding:

- 93% of supervisors rated their ability to assess registrar competence as either confident or highly confident despite a low frequency use of observation (only one-third used this method monthly) and audit activities.
- There was statistically a significant negative association between years supervising and confidence in assessing a registrar's patient safety.

Why do we have a training environment in general practice where many registrars are starting with a level of supervision that is too high for them?

There are two reasons for a training environment that is set too high for a registrar.

- **Historical:** GP training has not always been compulsory. Historically it was considered that anyone with a medical degree who entered a general practice was ready to see patients without being overseen or supported. For this reason, many supervisors slip into a historical mindset and mistakenly or complacently believe their registrar is more competent than they really are.
- **Time and money:** Supervisors may feel too busy to spend (more) time on clinical and educational supervision with their registrar. Some supervisors may worry that if a registrar is not seeing patients independently there will be a negative impact on the supervisor's/practice's earning capacity.

While these reasons may feel valid at the time, it is important to remember they go against the principal of clinical supervision which is to ensure your registrar and patients "are safe in there".

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FREQUENTLY ASKED QUESTIONS

Will using random case analysis give a supervisor confidence in their ability to assess a registrar's competence in patient care and safety?

Yes. GPSA workshop feedback from supervisors shows their confidence in assessing a registrar's competence increases significantly after implementing random case analysis. The pre and post workshop survey results also revealed 30 per cent of supervisors who implemented random case analysis identified patient safety issues.

RESEARCH EVIDENCE FOR RANDOM CASE ANALYSIS IN CLINICAL SUPERVISION:

PRE AND POST RANDOM CASE ANALYSIS WORKSHOP SURVEY RESULTS

- 88% of supervisors find it an acceptable method.
- Statistically significant increase in supervisor confidence in their ability to assess their registrar.
- 30% had identified patient safety issues using random case analysis.
- 16% had needed to contact a patient about management after using random case analysis.

What are the most reliable ways to assess if a registrar is unconsciously incompetent and be sure if they are practising safely?

There are various methods but the top-three effective supervision techniques are:

- **Audit of patient records:** Using this method as part of random case analysis will give you a good understanding of your registrar's clinical knowledge.
- **Audit of test ordering:** This is another technique which is valuable during random case analysis. You can ask the registrar about why they ordered certain tests. Registrars will often order tests for things they are uncertain about and an audit of test ordering will unveil to you their areas of clinical uncertainty.
- **Direct observation of consultations**: The benefit of sitting in on your registrar's consultations is you get to observe them in real time. This will give you an insight into their consultation and communication skills.

Other complementary methods of supervision include:

- Feedback from staff about the registrar.
- Review of video-recorded consultations.
- Fortuitously seeing the registrar's patients at a subsequent consultation.
- An audit of investigation results.
- Questioning the registrar's knowledge during teaching encounters.

How many supervisors use random case analysis as part of their clinical teaching?

Feedback from GPSA workshop reveals about one-third of GP supervisors who attend used random case analysis pre-workshop.

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FREQUENTLY ASKED QUESTIONS

What domains on the RACGP "Star of General Practice" model does random case analysis work best?

While you should explore all points of the "star", domains 2 and 5 give the clearest picture of registrar competency and patient safety during a session of random case analysis. These domains allow the supervisor to ask the "why" and "what if" questions of their registrar.

Domain 2 – Applied professional knowledge and skills

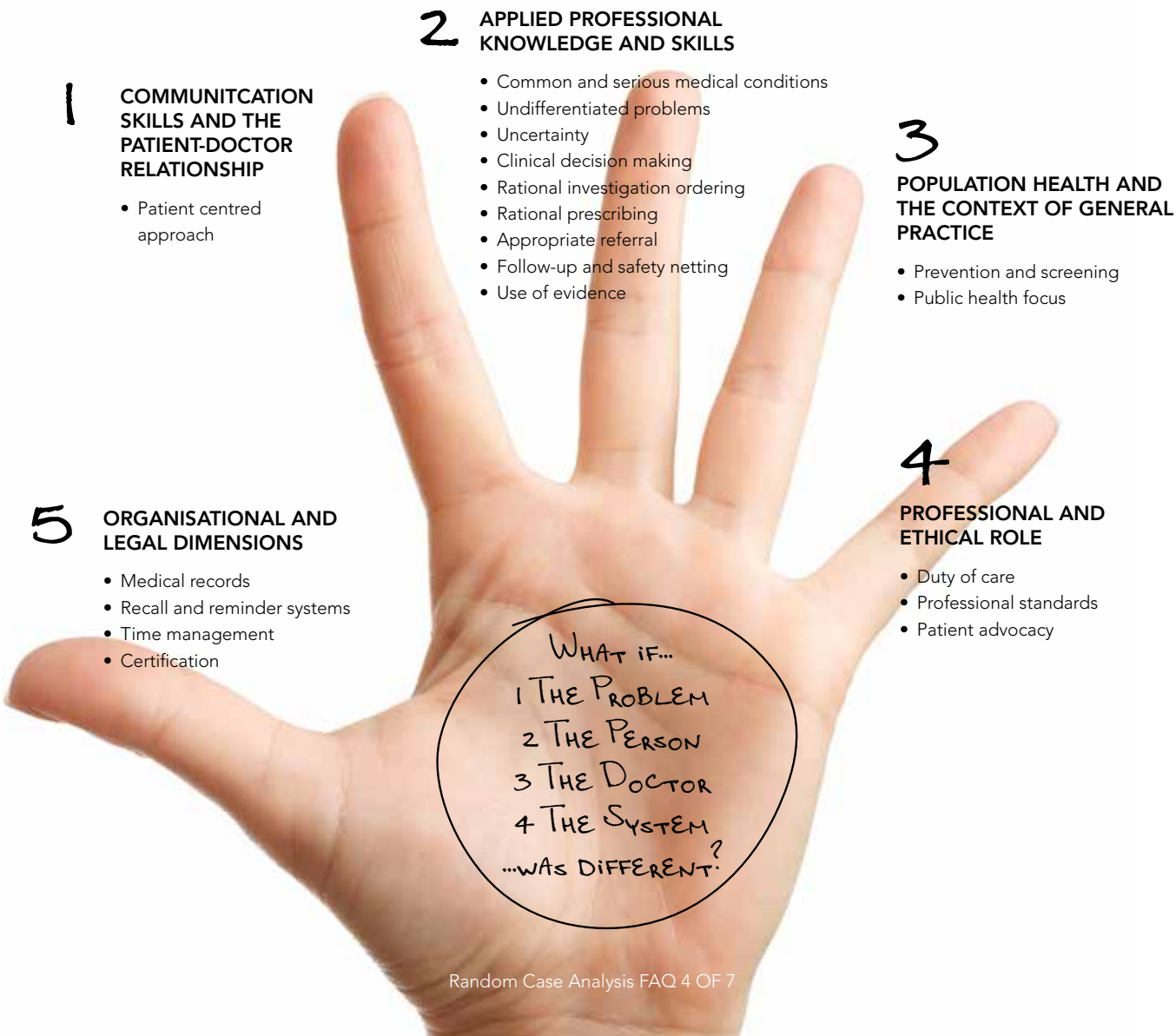
This domain allows the supervisor to assess the registrar's applied professional knowledge and skills.

Domain 5 – Organisational and legal

This domain allows the supervisor to assess the quality of notes and medical certificates written by the registrar.

Examples of questions include:

- What if the person was different?
- What if the system was different?
- What if you did have access to an x-ray immediately?
- What if you hadn't had that experience of sending a patient home with a sore throat and them coming back later with tonsillitis? What if it wasn't tonsillitis but glandular fever?



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FAQ

FREQUENTLY ASKED QUESTIONS

A guide to random case analysis

"Let's look at your notes from yesterday morning."

At a suitable time, and in an appropriate setting such as the privacy of your office, ask your registrar to open their notes from some recent appointments. Here is the process you can follow:

- **Clarify** – What did you know about this patient before?
  - Had you seen them before?
  - How was the day going for you then?
  - Is there anything else that is not in your notes that you can remember now?
- **Explore** – Use the "Star of General Practice" domains and ask "why" and "what" questions. Explore further by asking "what if" questions.
- **Assess** – Use the registrar's answers and notes to assess their clinical competency.

CASE STUDY

Take for example this 'case' on William Smith.

William Smith, 13/07/57	
History:	• Epigastric/lower chest pain on and off for two weeks • Burning into chest – especially after meals • Can be there at rest, but also when walking • Uses Voltaren daily
Exam:	• BP: 154/79 PR: 78 regular • Abdo exam – mild epigastric tenderness
Surgery Test:	Normal ECG
Actions	• ECG • Prescription – Nexium 40mg 1 daily
DX:	* ? peptic ulcer, ?GORD
Management:	* Start Nexium – 4 weeks * Review if gets worse
Reason for Attendance:	* Epigastric pain

CLARIFY

Example questions:

- What did you know about this patient before?
- Was this patient an extra/emergency?
- Was his wife with him?
- There are no notes to say that you did so, but did you examine his liver?
- Can I look at the ECG?

EXPLORE DOMAIN 1 – COMMUNICATION SKILLS AND THE DOCTOR-PATIENT RELATIONSHIP

Example questions:

- What was the patient's gender?
- What was the patient's concern?
- Was he worried about his heart?
- Was the patient happy with his consult?
- What do you think the patient expected the outcome to be?
- Was the patient happy with your plan?

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FREQUENTLY ASKED QUESTIONS

CASE STUDY cont.

EXPLORE DOMAIN 2 – APPLIED PROFESSIONAL KNOWLEDGE AND SKILLS

Example questions:

- What was your diagnosis?
- What other diagnoses did you consider?
- Did you feel comfortable with the decision you made?
- What differentials did you consider?
- Why did you order an ECG and what did it tell you?
- What follow-up arrangements do you have?
- You have recorded "Review if it gets worse." Is this what you told the patient, or were you more specific in your safety netting?

There are endless questions that can be asked in this domain to determine the registrar's knowledge and skills. For example, in this case the supervisor can determine if the registrar can read ECGs and his understanding of heart disease.

EXPLORE DOMAIN 3 – POPULATION HEALTH AND THE CONTEXT OF GENERAL PRACTICE

Example questions:

- What is the impact on the patient's gender on presentation and management?
- What was your diagnosis?
- What are the RACGP Red Book screening guidelines for this patient?
- What is the likely diagnosis of people this age?
- What is the patient's alcohol intake?
- What is his occupation?
- Are there social stresses for this patient?

EXPLORE DOMAIN 4 – PROFESSIONAL AND ETHICAL ROLE

Example questions:

- Did you consider calling for a second opinion?
- Why did you not seek a second opinion?
- What is your duty of care here?
- Why is he seeing the registrar and not his usual doctor?

EXPLORE DOMAIN 5 – ORGANISATIONAL AND LEGAL

Example questions:

- Do the typos in your notes matter?
- Are your notes clear about what you are considering?
- What item numbers did you bill and do your notes justify the billing?
- If you miss a diagnosis, what would the coroner say?
- Should he have been allowed to drive?
- Should you have asked for a second opinion?
- How long was the consult? What if you had taken more time?
- What are the PBS indications for the prescriptions provided?
- Can the quality of your notes stand up to scrutiny?
- Is the quality of your notes good enough for another doctor to take over the care?

If you discover in this domain 5 that the registrar was uncertain and didn't seek help, alarm bells should ring about their professional and ethical behaviour.

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CASE STUDY cont.

ONCE YOU HAVE EXPLORED THE FIVE DOMAINS (ABOVE), ASK "WHAT IF" QUESTIONS

Example questions:

- What if the pain didn't occur after meals?
- What if the person has a past history of ischaemic heart disease?
- What if you hadn't been running so far behind that day?
- What if you had access to point-of-care Troponin testing?

The "What if" questions are very good for helping registrars understand the system that they are working in. That is, it can help them establish the differences experienced in urban versus regional general practices and regional versus rural general practices.

ASSESS THE REGISTRAR'S CLINICAL COMPETENCY.

Your notes review should have given you a clear picture of the registrar's competence level. You can also assess the outcome of the random case analysis session. Ask the registrar for immediate feedback about what they gained out of this teaching session.

How many cases should be covered in one session of random case analysis?

How many cases you explore will depend on the circumstances. If your aim is to use the session as a learning experience, there is no need to predetermine the number of cases to be explored in the session. You may find that the first case the registrar opens provides enough to talk about and explore for the entire teaching session. Or the discussion may lend itself to discussing more cases.

Alternatively, if your aim is to access the registrar's competence and to determine if the registrar and patients "are safe in there", you should aim to review as many of the registrar's cases as possible.

Does random case analysis work in small group sessions, for example with two or three registrars?

Random case analysis is suited to one-on-one sessions between the supervisor and registrar. This allows the supervisor to explore that registrar's clinical knowledge in a 'safe environment'. That is, it will not be conducive to an individual registrar's learning if they feel vulnerable to exposing what they don't know to their peers.

Can a supervisor use reverse random case analysis?

Opening your own notes for discussion with your registrar could be beneficial as a teaching method, however reviewing and questioning the registrar's notes will give you an indication of their competence and registrar/patient safety.

Does this resource need to be updated? Contact GPSA: P: **03 9607 8590**, E: admin@gpsa.org.au, W: gpsa.org.au
GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 14/02/22