GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

Observing your registrar: refine your skills

Un-becoming a hospital doctor involves a measure of unlearning, and changing from doctor-focused and dogmatic to nuanced and patient-centred

The benefits of regularly observing registrar consultations

Caring for the patient in general practice involves a complete re-wiring of a registrars post hospital clinical persona. For this reason, plan to observe and review your registrar's patient interactions throughout their time with you - not just at the beginning of their term. Additionally, have the registrar observe you. Do not wait for them to approach you for help or, worse, respond to a poor outcome.

Why is it important to encourage the registrar to observe and analyse your consultation style?

Given that consultation style is the single most important skill registrars can learn in their time under your supervision, it makes sense for you to encourage the registrar to observe you in action, and indeed to sit in on and analyse the consultation styles of other members of your team. What questions you ask, what mannerisms you use, what time you give to establishing or ratifying your rapport with each patient are important micro skills to pass on. These skills are not concrete components of your consultation style, they change according to the individual patient and their specific situation or needs. The more exposure your registrar can have to different interaction styles and patient scenarios, the more natural and responsive their own consultation style will become.

The additional benefit of encouraging observation of others is to remove a blinkered focus on what's most important for them personally, namely for their exam success, and to help focus their conduct in a consultation into perspective. It is fundamental not only for the patient's health outcomes but also for their success and reputation and that of the clinic as a business. In other words, their observation of you and your peers at work should help them understand how each consultation they conduct needs to reflect on them as being:

- effective;
- efficient;
- likeable and trustworthy; and
- unlikely to be sued.

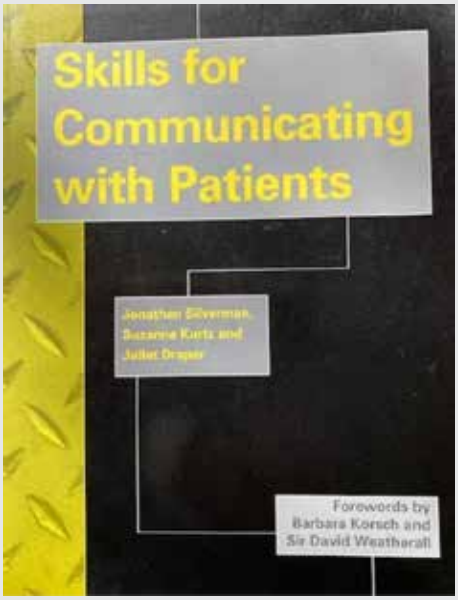
How do you make your observations meaningful throughout the registrar's time with you?

A structured model provides labels for the important elements of the consultation process. By teaching your registrar a structured model, these labels provide a check-list for the registrar to use in the consultation - setting the pace for their otherwise spontaneous patient interactions – and the reference points for your review of their performance and development of individual consultation style.

Cambridge-Calgary consulting model

5 check points:

1. Initiating the consultation
2. Gathering information
3. Building the relationship
4. Explanation and planning
5. Closing the session



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How can you best observe your registrar?

DIRECT OBSERVATION

Sit in on your registrar's consultations, whether the patient is in the room or being remotely consulted via Telehealth phone/video call.

- Where should you sit?
  - Way behind the registrar; or
  - Way behind the patient; or
  - Triangulated so you can pick up facial cues of both the patient and registrar?

  BUT
  - Registrar agency trumps personal preference: always let them choose where you will sit for the consultation
- Establish the agenda for the observation up front (yours and the registrar's)
- Take notes, but when it comes to the debrief immediately after the consultation, give focus to what you have observed about their interactive skills over content knowledge.

VIDEO RECORDING

With the patient's consent, the benefits of making video recordings of consultations for the registrar to review (both alone and in educational sessions with the supervisor) are many and varied.

Why isn't video used more for observing registrars?

Medico-legal issues relating to photographs or video taken of the patient, irrespective of consent given, mean that audio-visual recordings of the consultation must be stored on the patient file for no less than 7 years. The corresponding burden on the practice in terms of data storage needs to be weighed against the value these videos have in terms of being able to identify where communication falls down, unconscious tics, missed cues, etc.

Regardless of the format of the observation, always ask the registrar about what went well and what didn't go as well as they wanted, and always make one or two suggestions.

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RACGP clinical competencies for the RCE

Observing and reviewing your registrar's consultations enables you to cover most of these competencies:

1. Communication and consultation skills
2. Clinical information gathering and interpretation
3. Making a diagnosis, decision making and reasoning
4. Clinical management and therapeutic reasoning
5. Preventative and population health
6. Professionalism
7. General practice systems and regulatory requirements
8. Procedural skills
9. Managing uncertainty
10. Identifying and managing the significantly ill patient

RCGP (UK) consultation observation tools

It is noted that 3, 4,10 and 11 below are identified as the aspects of the consultation that registrars tend not to do naturally and need the most help with.

1. Encourages the patient's contribution
2. Responds to cues
3. Places complaint in appropriate psychosocial context
4. Elicits patient's ideas, concerns and expectations
5. Includes or excludes likely relevant significant condition
6. Appropriate physical or mental state examination
7. Makes an appropriate working diagnosis
8. Explains the problem in appropriate language
9. Appropriate management plan
10. Patient is given the opportunity to be involved in significant management decisions
11. Seeks to confirm patient's understanding
12. Makes effective use of resources
13. Conditions and interval for follow-up are specified

Common consulting errors to watch for

- Don't interrupt the patient's opening statement ("the Golden 60 seconds");
- Intrusive use of the computer;
- Problems with rapport;
  Do I know significantly more about this person as a human being than before they came through the door?
- Not screening for other problems
- Is there something else? (NOT "is there anything else?")
  Heritage J, Robinson J, Elliott M, Beckett M, Wilkes M. Reducing patients' unmet concerns in primary care: the difference one word can make. J Gen Intern Med 2007;22:1429-33
- No agenda setting (patients with a list)
- Closed questioning style
- Not eliciting Ideas, Concerns and Expectations (ICE)
- Not exploring psychosocial issues
- Missing cues
- Examination issues
- No clear synthesis or working diagnosis
- Poor structure to the consultation
- Unbalanced consultation (not giving due weight to the 2 halves of the consultation)
- Not coping with uncertainty
- Time management issues
- Absence of shared decision making; and
- Patient's understanding not confirmed.

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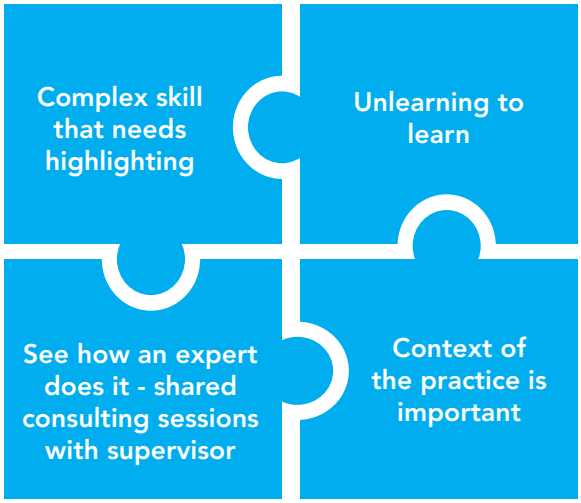
Shared decision making:

- Does the patient want to be involved in choosing the best management plan?
- How to avoid "You're the doctor"
- "There are some **options** here"
- Pros and cons of each option
- Consider using decision aids (www.patient.info)
- Two **experts** in the room
- Negotiate the best option for that particular patient

Teaching shared decision making to registrars



Evidence for shared decision making

Resources

- GPSA Guide: Practice-based teaching
- GPSA Consultation Skills Toolbox
- RCGP (UK) consultation observation tools
- GPSA Webinar Observing Your Registrar: Refine Your Skills
- Consultation Video
- Aminated Consultation Video

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 21/08/22