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‘Learning together’: barriers, enablers and benefits

RMA23

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Acknowledgement of Country

We acknowledge the Traditional Owners of the land in which this meeting is taking place, and pay respects to their Elders past, present and their families.

Learning objectives

- At the end of this webinar, you will be able to:
  - Identify and understand the benefits, barriers and enablers of sharing uncertainty and ‘learning together’ from the perspective of GP/RG supervisors (GPSs) and GP/RG registrars (GPRs)
  - Develop skills in navigating uncertainty to encourage learning
  - Develop best practice strategies to support ‘learning together’ in the GPS-GPR alliance

Background

Reciprocal learning

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- ‘It is suggested that viewing supervision as a reciprocal learning process has potential benefits for supervisors, supervisees and the profession as a whole.’[1]
- ‘I learn from the GP registrar – adult education is lifelong and registrars are a ready source of recent knowledge.’[2]
- ‘Clinical student presence encourages clinicians to solidify their knowledge base, stimulates learning and causes them to re-evaluate their practice.’[3]

1. Carrington G. Ed Psych Pract. 2004
2. Ingham et al. Aust Fam Physician. 2014.
3. Waters L, Lo K, Maloney S. Adv Health Sci Ed. 2018.

Reciprocal learning

- ‘Supervising registrars provides very beneficial two-way learning opportunities for both the registrar and for the supervising GP, and also for other practice staff.’
- ‘Supervision opportunities are a unique chance to engage in reciprocal learning and professional development.’ [1]

1. Couch et al. BMC Health Serv Res. 2020.

Pairs activity

How willing are you to disclose uncertainty to your registrar?

Share a positive or negative experience

Reciprocal vulnerability

- GPS-GPR alliance
  - Cornerstone for successful GP training[1,2]
- Tensions can arise between
  - The need to maintain credibility
  - Willingness to expose vulnerability[3]
- Reciprocal willingness to be vulnerable may
  - Increase trust within the alliance
  - Improve help seeking and learning outcomes
  - Improve patient outcomes[3]

1. Jackson et al. *Med Educ, 2019;53:*874-885. 2. Wearne et al. *Med Educ, 2012;46*(12):1161–1173.
3. Molloy & Bearman. *Med Educ, 2019;53:*32–41.

Reciprocal vulnerability and trust in the GP supervisor-registrar alliance

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Questions

- What types of disclosures are made in the GP supervisor-registrar alliance?
- What types of disclosures build or erode trust in the alliance?
- To what extent is reciprocity valued by GP supervisors and GP registrars?

Method

- Participants
  - 20 GP supervisors (12 women and 8 men; 4 regional/rural)
  - 19 GP registrars (17 women and 8 men; 14 regional/rural)
  - Most states/territories were represented
  - All GP/RG training terms were represented
  - Most GP supervisors had up to 10 years supervision experience
- Procedure
  - Ethics approval (#2022-063)
  - One-to-one 60min semi-structured interviews
- Results
  - Qualitative thematic analysis

Disclosures about uncertainty

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- *If … it was used as a teaching tool, basically, a mistake can be used. For myself, learning from that, but also to be able to teach the lesson that I learned. (GPS)*
- *I decided to tell them [GPR] about a time I had a missed a diagnosis that ended up being lethal, I followed correct procedure but sometimes conditions can look like multiple things, especially if we are missing information' (GPS)*
- *'I talk about clinical errors like that all the time with registrars, no big deal, I think it is important for the relationship' (GPS)*
- *We would meet up once a week to kind of discuss any cases I wanted to discuss… and he was always interested in similar cases…where he'd, I guess, made mistakes or missed things or not been quite right…and he was very open in that. It was really valuable for me." (GPR)*

Reciprocity of disclosures

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- *I know, personally, often, if someone discloses something to me, I feel more likely to say, "oh, yeah, I've had a similar experience". So, and I'm more likely to disclose in the future. Yep, definitely. (GPS)*
- *I think it really helps when it's reciprocal. I can't imagine having just a one sided... you know, if I felt like I was the only one making disclosures. (GPR)*
- *Well of course, if my supervisor isn't willing to share I would feel really uncomfortable, you know? Otherwise it is just kind like being judged. (GPR)*

Contrasting perspective

- *It is the registrars job to listen and mine to give advice. I don't believe my reciprocating is important, but the registrar should reciprocate to me for the benefit of their learning. (GPS)*

Disclosures build trust

- *I think feeling like, not that you have to feel equal, but feeling like you can have a back and forth exchange that is informed by both people's opinions builds trust for me. (GPR)*
- *The registrar asked me for advice about a patient….and showed their clinical reasoning, and then asked, for my opinion about "what do you think about it", basically, or asking, "is there anything I'm missing?"….So it built trust, because they wanted to double check and run by their, what they did, after having done all the work.' (GPS)*

Caveat

- *I think oversharing, which can sometimes undermine trust.... And so, I think you do need to be careful. (GPS)*

Summary

- Willingness to be vulnerable promotes help seeking and learning
  - ➢ But consider boundaries on professional versus personal disclosures
- Reciprocity in disclosures
  - Highly valued
  - Promotes mutual trust
  - Deepens the supervisor-registrar alliance
  - Promotes ongoing reciprocity
- Strategies to increase willingness to be vulnerable[3]
  - Brainstorming
  - Improvisation
  - Disclosures in the service of learning
  - Learning together…..

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Frames of reference for ‘learning together’

- GPS-GPR
- Macro
  - Learning methods and environment
- Micro
  - GPS-GPR alliance and relationship

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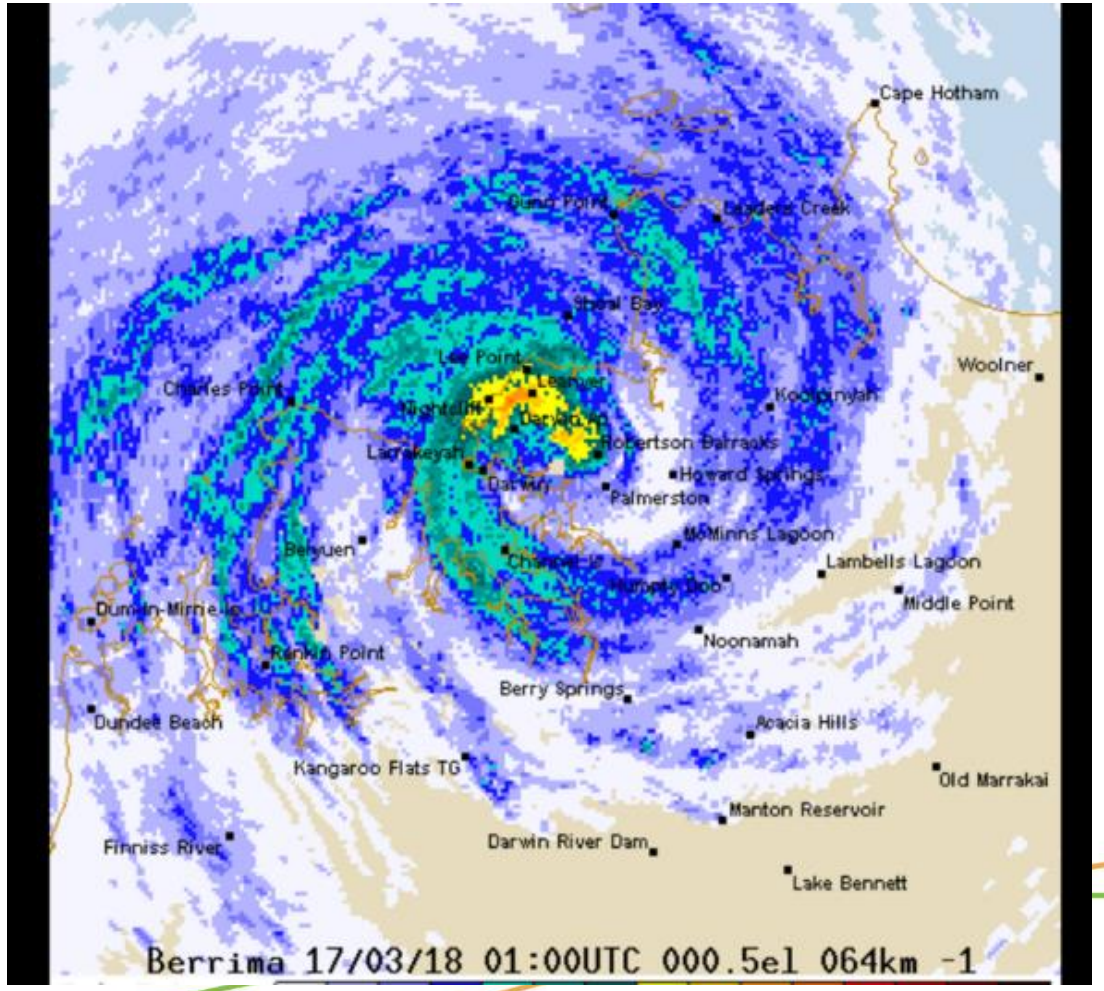
Learning together activities

What types of ‘learning together’ activities can be used in general practice training?



Learning together activities

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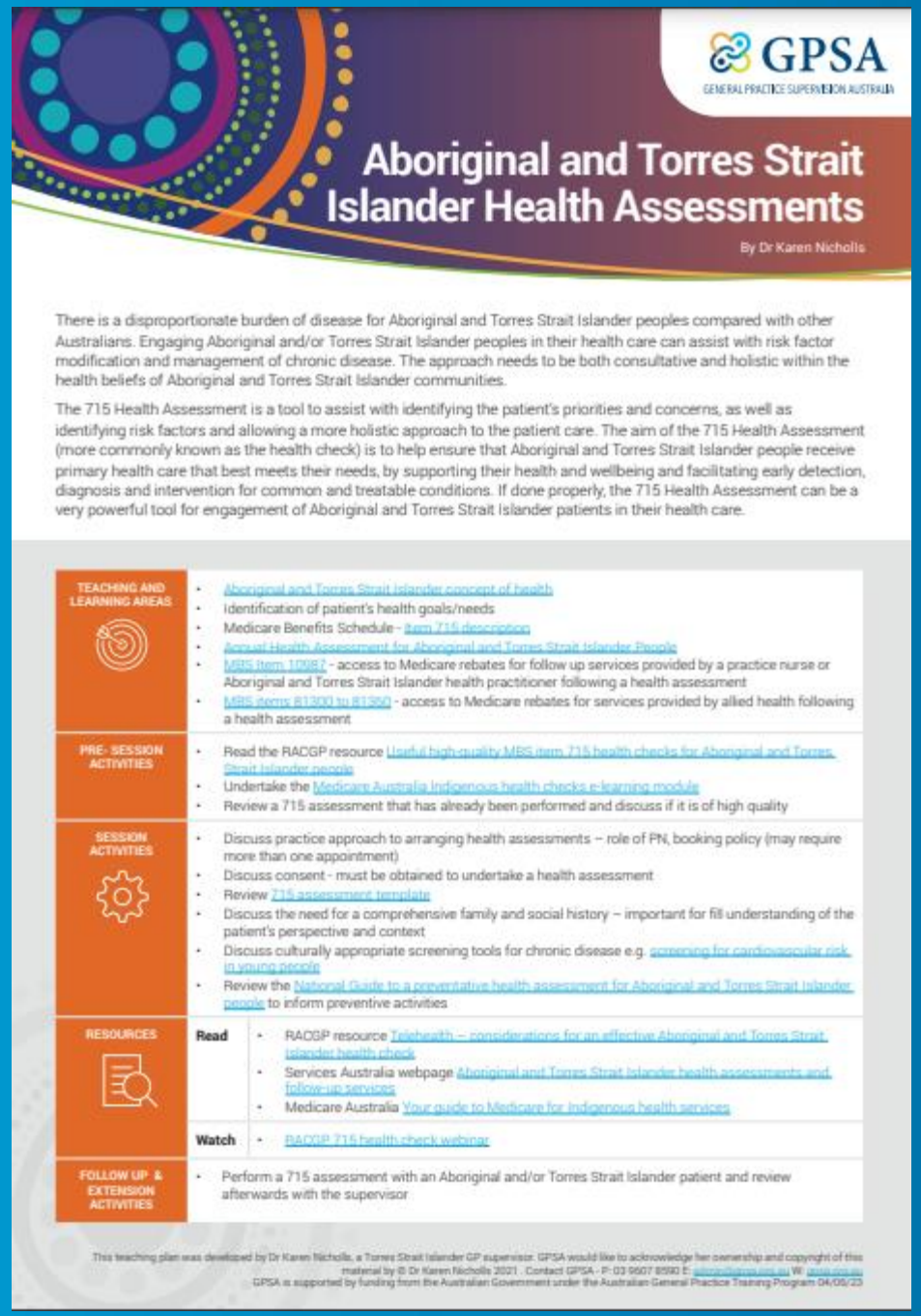
- Problem case discussion
- Reverse DO/video review
- Reverse RCA
- Reverse inbox review
- ‘Case of the week’
- Looking up resources together
- ‘Unpacking’ reasoning
- Linking workshop teaching to in-practice teaching
- Exam questions
- Reflection on joint education sessions
- Journal club
- Vertical integration



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Aboriginal and Torres Strait Islander Health Assessments

By Dr Karen Nicholls

There is a disproportionate burden of disease for Aboriginal and Torres Strait Islander peoples compared with other Australians. Engaging Aboriginal and/or Torres Strait Islander peoples in their health care can assist with risk factor modification and management of chronic disease. The approach needs to be both consultative and holistic within the health beliefs of Aboriginal and Torres Strait Islander communities.

The 715 Health Assessment is a tool to assist with identifying the patient's priorities and concerns, as well as identifying risk factors and allowing a more holistic approach to the patient care. The aim of the 715 Health Assessment (more commonly known as the health check) is to help ensure that Aboriginal and Torres Strait Islander people receive primary health care that best meets their needs, by supporting their health and wellbeing and facilitating early detection, diagnosis and intervention for common and treatable conditions. If done properly, the 715 Health Assessment can be a very powerful tool for engagement of Aboriginal and Torres Strait Islander patients in their health care.

TEACHING AND LEARNING AREAS

- Aboriginal and Torres Strait Islander concept of health
- Identification of patient's health goals/needs
- Medicare Benefits Schedule - item 715 descriptors
- Annual Health Assessment for Aboriginal and Torres Strait Islander People
- MBS item 10987 - access to Medicare rebates for follow up services provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner following a health assessment
- MBS items 81300 to 81360 - access to Medicare rebates for services provided by allied health following a health assessment

PRE- SESSION ACTIVITIES

- Read the RACGP resource Useful high-quality MBS item 715 health checks for Aboriginal and Torres Strait Islander people
- Undertake the Medicare Australia Indigenous health checks e-learning module
- Review a 715 assessment that has already been performed and discuss if it is of high quality

SESSION ACTIVITIES

- Discuss practice approach to arranging health assessments – role of PN, booking policy (may require more than one appointment)
- Discuss consent - must be obtained to undertake a health assessment
- Review 715 assessment template
- Discuss the need for a comprehensive family and social history – important for full understanding of the patient's perspective and context
- Discuss culturally appropriate screening tools for chronic disease e.g. screening for cardiovascular risk in young people
- Review the National Guide to a preventative health assessment for Aboriginal and Torres Strait Islander people to inform preventive activities

RESOURCES

Read

- RACGP resource Telehealth – considerations for an effective Aboriginal and Torres Strait Islander health check
- Services Australia webpage Aboriginal and Torres Strait Islander health assessments and follow-up services
- Medicare Australia Your guide to Medicare for Indigenous health services

Watch

- RACGP 715 health check webinar

FOLLOW UP & EXTENSION ACTIVITIES

- Perform a 715 assessment with an Aboriginal and/or Torres Strait Islander patient and review afterwards with the supervisor

This teaching plan was developed by Dr Karen Nicholls, a Torres Strait Islander GP supervisor. GPSA would like to acknowledge her ownership and copyright of this material by © Dr Karen Nicholls 2021 . Contact GPSA - P: 03 9607 8590 E: admin@gpsa.org.au W: www.gpsa.org.au
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Teaching plans

- Aboriginal and Torres Strait Islander Health
- Consultation skills
- Clinical
  - Presentation
  - Diagnosis
  - Patient Groups
  - General

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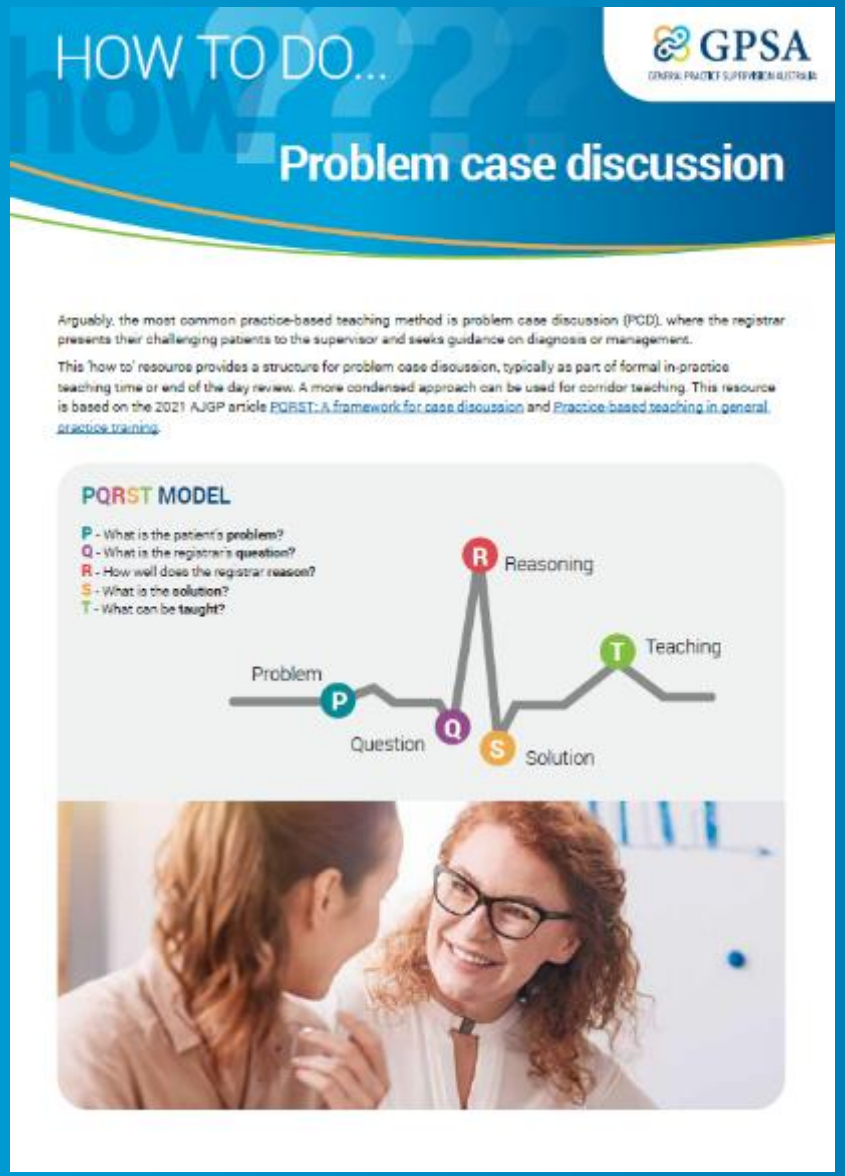
Webinars/FAQ/ podcasts

- Supervision
- Clinical



HOW TO DO...

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Problem case discussion

Arguably, the most common practice-based teaching method is problem case discussion (PCD), where the registrar presents their challenging patients to the supervisor and seeks guidance on diagnosis or management.

This 'how to' resource provides a structure for problem case discussion, typically as part of formal in-practice teaching time or end of the day review. A more condensed approach can be used for corridor teaching. This resource is based on the 2021 AJGP article PQRST: A framework for case discussion and Practice based teaching in general practice training.

PQRST MODEL

P - What is the patient's **problem**?
Q - What is the registrar's **question**?
R - How well does the registrar **reason**?
S - What is the **solution**?
T - What can be **taught**?

P — What is the patient's problem?
Ask the registrar to present the problem using a 'problem representation' format.
Probe for further information as needed.

TIPS	• Ensure the problem representation comprises 1. a description of the patient demographics and risk factors, 2. the temporal pattern of illness, and 3. the clinical syndrome. • Ensure the registrar also includes 'semantic qualifiers', e.g. acute/chronic; severe/mild; localised/diffuse; previously healthy/significant PMH.
EXAMPLE	Dan, a first term GP registrar, meets his supervisor Clare at the end of a busy Thursday to discuss some problem cases. Dan – *'Clare, can I please ask you about a patient I saw a couple of days ago. She is a 38 year old married schoolteacher with a history of rosacea who presents with gradually worsening pelvic pain over the past 2 weeks. She denies any other specific symptoms and there are no red flags like weight loss or fevers. A pelvic ultrasound ordered last week shows a simple cyst. She is concerned about ovarian cancer because her auntie was diagnosed with it aged 66'*

Q — What is the registrar's question?
Determine exactly what question the registrar is asking.

TIPS	• Also establish why the registrar asking this question. That is, ask yourself whether the registrar is seeking: – rescue (they are floundering and need 'saving'). – assistance (they have some understanding but are seeking your input); or – reassurance (they know what to do but just want to run it by you).
EXAMPLE	Clare – *'Thanks Dan, so what specifically do you want to ask of me?'* Dan – *'I guess I want to know what more I should do at this stage – that is, should I do more testing or refer her to the gynaecologist?'*

R — How well does the registrar reason?
Explore and assess the registrar's clinical reasoning skills.

TIPS	• See the 'How to... assess and teach clinical reasoning using case discussion resource. • Consider the comprehensiveness of the problem representation; how well the registrar synthesises and weighs the data; nature and appropriateness of the probable and differential diagnosis; approach to investigation and management plan; approach to the undifferentiated presentation; identification of the patient agenda; and incorporation of evidence.
EXAMPLE	Clare –*'How much weight do you put on the family history?', 'Is the appearance of the cyst on ultrasound consistent with serious pathology?', 'What is your understanding of the role of tumour markers in a case like this?'*

S — What is the solution?
Facilitate a solution to the registrar's question.

TIPS	• Ideally, 'ask before tell' by seeking the registrar's suggestion before offering help.
EXAMPLE	Clare – *'Before I say what I would do, what do you think is the best approach, Dan?'*

T — What can be taught?
Teach the registrar about the presentation or condition, when time.

TIPS	• Teach broad principles and 'wisdom'. • Model lifelong learning by looking up clinical guidelines.
EXAMPLE	Clare –*'Let's talk a bit about ovarian cysts. And let me show you an excellent guideline on this.'*

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au W: gpsa.org.au
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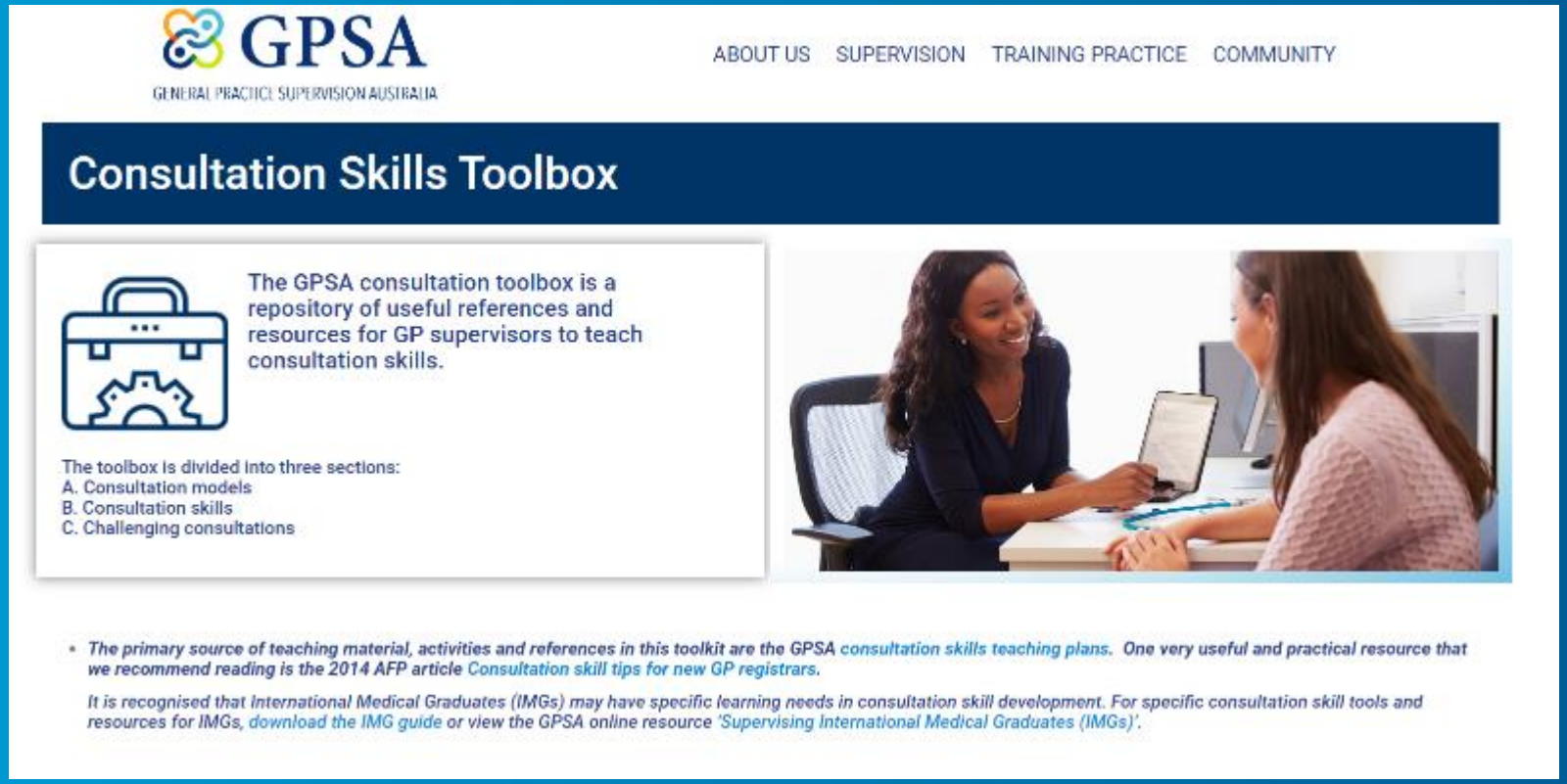
How to… resources

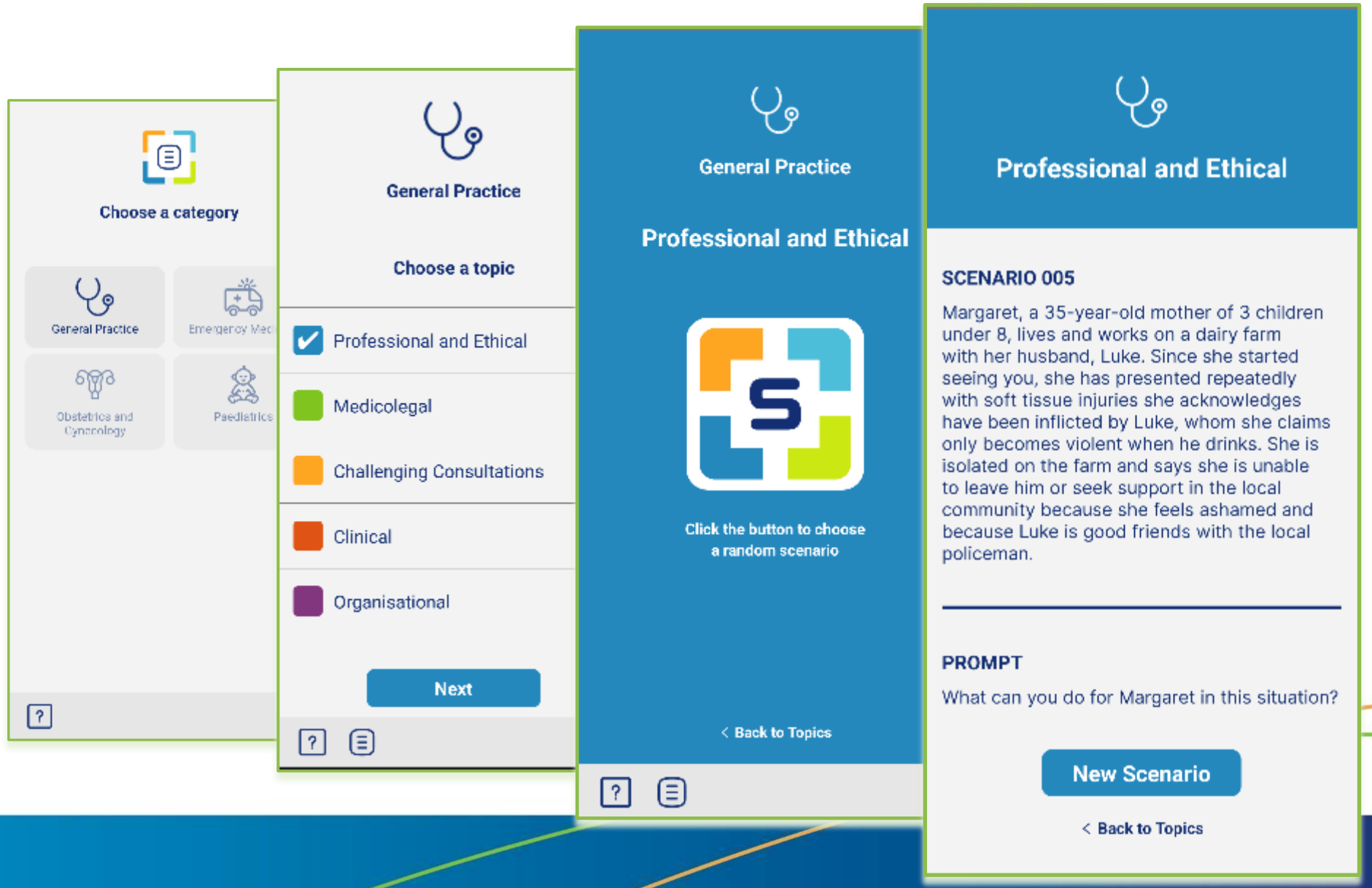
- Problem case discussion
- RCA
- Clinical reasoning
- Feedback
- More to come…



Toolboxes

- Consultation skills
- IMGs

Scenario: the app



Games

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ABOUT US SUPERVISION TRAINING PRACTICE COMMUNITY

Clinical Reasoning: The (Online) Game

Introduction

Welcome to Clinical Reasoning: The (Online) Game, the fun learning resource designed to help the medical student and GP in Training to develop their clinical reasoning skills!

Number of players:

1-2

Aim:

To take a randomly-generated presentation and practice diagnostic reasoning using different reasoning methods to generate a broad list of differential diagnoses. As more cards are drawn and more information becomes available, this differential diagnosis list will be refined. The game ends when it is no longer possible to explain all the information with a single diagnosis.

Purpose:

This game is not competitive. There is no 'right' answer. You win by sharpening your clinical reasoning skills.

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Small group activity

- What are the enablers of greater sharing of uncertainty and learning together?
- What strategies can we use?

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Discussion

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- Educational intervention
  - Pre-activity
  - Webinar 1 – Diagnosing dementia
  - Between webinar activities
  - Webinar 2 – Managing dementia
  - Post-activity
- Invitations to GP supervisors and GP registrars
- Pre- and post-intervention survey

‘Tuesday tute’

- 20-minute clinical update
- Based on GPSA teaching plan
- Prompt for in-practice teaching
- Linkage with workshop teaching

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Questions

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