


# The prevocational supervisor's toolbox





We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.

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Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical speciality such that use of the term "GP" is taken to mean "RG" throughout.

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## Introduction

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The provision of supervisor tools to help educate learners has before now been largely aimed at the education of GP registrars in vocational training programs. Increasingly, GP practices are either starting with or supplementing their supervision by hosting medical students, sometimes in short block placements but in some regions in longitudinal clerkships spanning a full year. Community placements for postgraduate doctors also provide an opportunity for training practice teams to promote the adventure of general practice as a medical specialty and career path.

Whilst there are many commonalities in all levels of learner, and subsequently in the teaching and mentoring role of supervisors and practice teams, there are also some significant differences. This resource aims to bring awareness to these differences, to help training practices maximise the opportunity prevocational placements provide to infuse a passion for general practice in tomorrow's potential primary healthcare workforce.

Deakin Medical School has joined forces with GPSA to start the process of recalibrating key supervision resources - originally designed by GPSA for GP and RG registrars under funding by the Commonwealth Government – and add to these with new material. This project is being undertaken to enable practice teams to provide engaging, meaningful placement experiences for future vocational trainees at their unique and highly influential stage of career and education.

Although the terminology used through this guide has an emphasis on medical students, the content can also be applied to other levels of learner. Recognising that educating medical students is a team exercise, some sections of this content will be most utilised by the practice manager whilst others the GP supervisor. There is also material useful to the students themselves.

Some of this content, for instance, "Preparing the Training Practice for the Learner," will benefit from adaptation by individual practices or the institutions with which their students / learners are affiliated; others can be universally applied.

It is hoped that this supervision toolbox will be useful to all practices involved in medical student education; that it will act as a guide for practices newly hosting medical students, and as a refresher for those more experienced ones already playing a part in student education.

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## Learning opportunities in the clinical setting of General Practice

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Teaching in the clinical setting allows direct application of knowledge and skills to patient care and motivates learners to embrace self-directed learning. But more than that, through exposure to general practice as a professional environment with strong community connectivity, learners have the opportunity to understand the independent nature of this medical specialty and picture the exciting, varied and rewarding career they could have as GPs and RGs.

### The GP supervisor role

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The GP supervisor has been defined as ‘a general practitioner who establishes and maintains an educational alliance that supports the clinical, educational and personal development’<sup>1</sup> of their student or trainee.

The role of the GP supervisor is therefore diverse, and embraces elements of educator, mentor, role model, assessor, coach and pastoral carer.<sup>2</sup> How the different facets of this role apply to the medical student and prevocational contexts would potentially vary between institutions and types of placements, for example longitudinal integrated clerkships (LICs) compared with GP rotations. Specific requirements of the supervisor need to be confirmed by the learner’s education provider.





## Supervising medical students and prevocational learners in the GP clinical setting

Quality of teaching is enhanced by a knowledge of the principles of adult learning, appreciation of different learning styles and teaching methods, a clear understanding of the curriculum and a passion for teaching.

As well, the GP supervisor can support the teaching role by fostering a “culture of learning” in the practice. This includes providing ready access to appropriate resources and reference materials, and active involvement of the whole primary care team in scaffolding the learner.

Points of alignment guiding supervision across the educational spectrum from medical student to registrar can be summarised as 10 key educational principles and concepts<sup>4</sup>:

<b>1. Needs-focused training</b>	Directed toward meeting the health care needs and priorities of the Australian community.
<b>2. Learning as a continuum</b>	Integrates vocational training with undergraduate, postgraduate, and continuing medical education.
<b>3. Lifelong learning</b>	Encourages a commitment to continuous improvement of knowledge and skills throughout a general practitioner’s learning life.
<b>4. Experiential learning</b>	Emphasises training as a supervised ‘real world’ clinical experience of consulting with patients presenting with the common and significant conditions which exemplify general practice.
<b>5. Purpose-driven learning</b>	Clearly states purposes and curriculum requirements to enable learners to make informed choices about learning pathways.
<b>6. Integrated training</b>	Balances and integrates experiential, information based and reflective learning.
<b>7. Adult learning</b>	Uses models of learning based on a recognition of different learning styles and needs.
<b>8. Self-directed learning</b>	Expects adult learners to exercise significant autonomy in making choices about their learning.
<b>9. Feedback</b>	Requires high quality and regular feedback to learners on their performance as an integral and critical part of the teaching and supervision.
<b>10. Assessment</b>	Regular assessment of learner achievement of curriculum learning objectives during and at the end of training to determine satisfactory completion of training requirements.

## Same, same - but different

Supervisors of different levels of learner cannot approach the placement for each in the same way. Take for example the learning objective of 'Patient Autonomy' shown in Figure 1 below. While the same educational principle guides the learning here whether for a medical student, prevocational doctor or vocational trainee, there are nuanced but crucial points of difference in the supervision priorities. Applying these different priorities correctly and with confidence is what underpins the most rewarding placement experiences in general practice:

### The distinction between learning levels - what needs to be modelled, signposted and assessed

<b>Patient Autonomy</b>	<b>MEDICAL STUDENT</b>	Needs supervisor to <b>explain, then repeatedly signpost the role</b> this has in doctor-patient relationships
	<b>PREVOCATIONAL DOCTOR</b>	Needs supervisor to <b>model respect for patient autonomy</b> when communicating with patients
	<b>VOCATIONAL TRAINEE</b>	Needs supervisor to <b>model and observe/assess respect for patient autonomy</b> when communicating with patients







## Planning learning

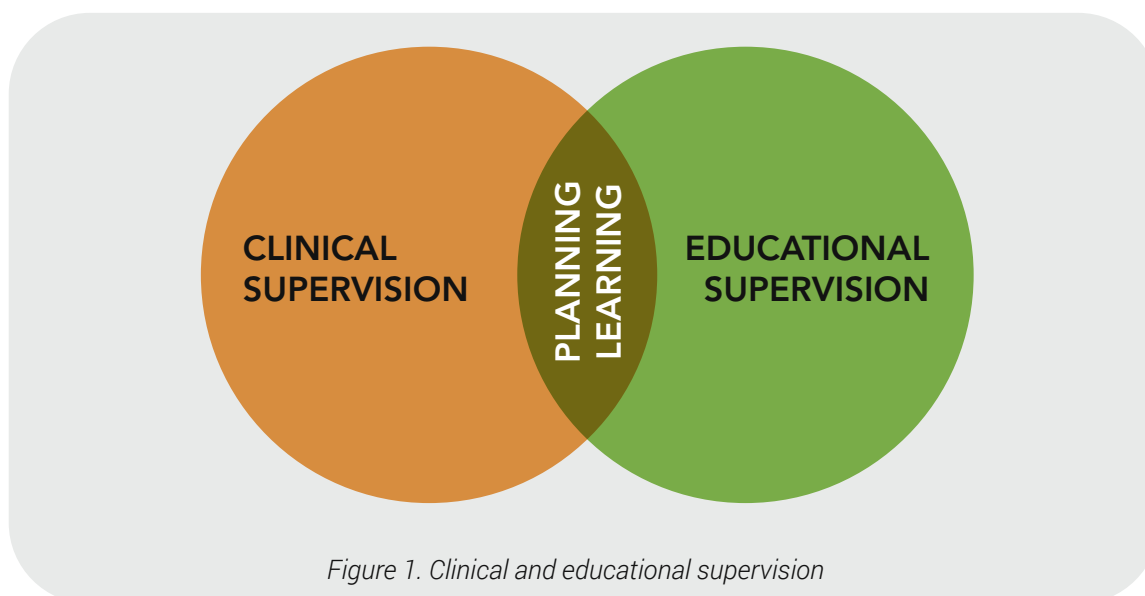
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### Supervision

There are two components of supervision - clinical supervision, ensuring that the patient is safe, and educational supervision, ensuring the learner is learning.

Supervisors must have clinical oversight of the management of the learner's patients, including quality of communication and patient safety.

Supervisors are also expected to guide the learner's educational development.



*Figure 1. Clinical and educational supervision*

### Planning considerations

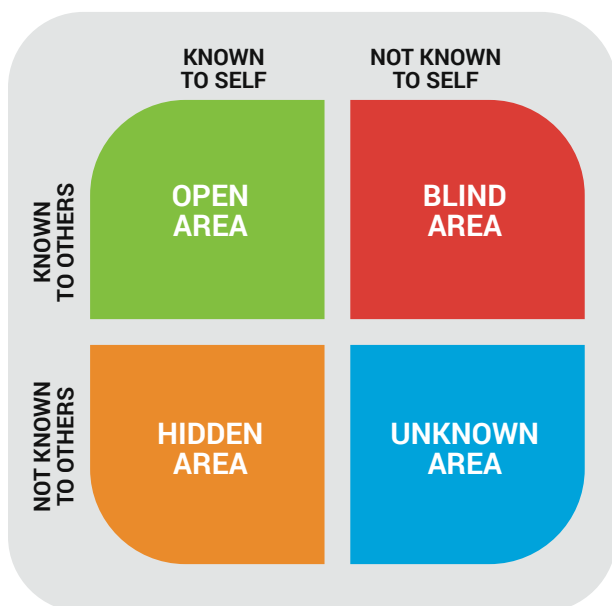
As each institution is likely to have its own requirements and expectations of the student's supervised practice experience, successful planning will rely on the supervisor's access to:

- overall placement learning outcomes
- curriculum materials clearly setting out what the student needs to learn in terms of knowledge / skills / attitudes
- assessment information

With access to the above, the supervisor's planning of their student's learning should include flexibility to allow for:

- unplanned learning opportunities
- formal and informal teaching involving the entire practice team
- sourcing and consolidating learning through regular planned sessions and student participation in team meetings / clinical review discussions
- ad hoc follow-up and reinforcement of learning in addition to any documented requirements set by the university / educational institution

## Johari Window



The Johari Window, created by psychologists Joseph Luft and Harrington Ingham in 1955, is a valuable tool for the supervisor seeking to understand the individual learner’s level of comfort with learning and their ability to identify and address their own blind spots.

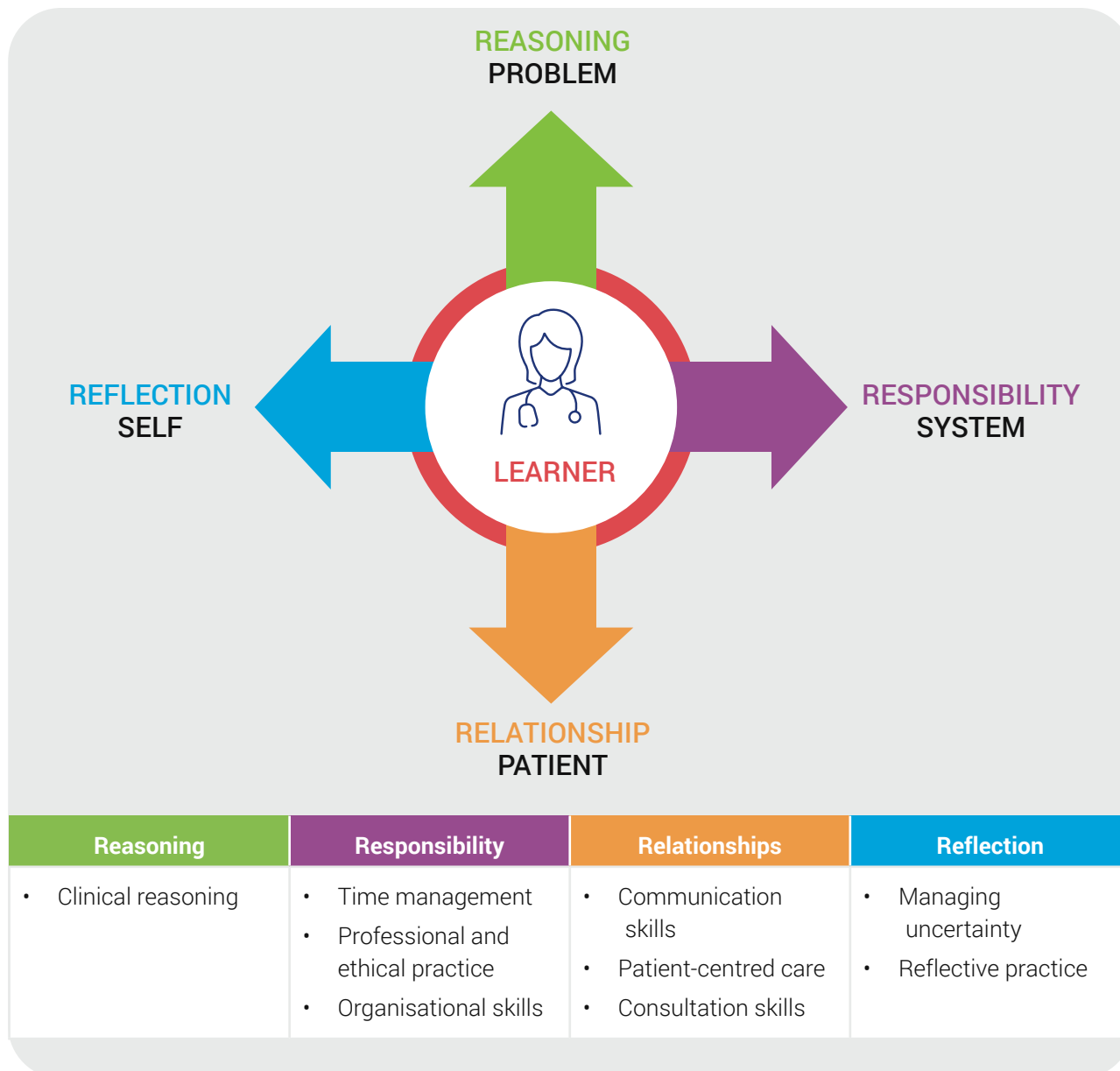
## Learning needs (vs wants)

### Managing the learner’s appetite for knowns vs unknowns

Known knowns	Known unknowns
<p>We all like learning more about stuff we know and are good at</p>	<p>We also want to learn about stuff we don’t know when:</p> <ul style="list-style-type: none"> <li>• we have clinical queries from patient encounters</li> <li>• it’s interesting</li> <li>• we are sitting an exam</li> </ul>
<p>The presentations the learner will see in the practice will drive this area of learning. This learning is unlikely to follow the timing set by their curriculum, requiring a flexible approach to the planning of their learning in order to maximise their placement experience.</p>	<p>The supervisor needs to remind the learner that not all presentations are readily relatable to the curriculum, and that there is a need for curiosity to explore what doesn’t fit.</p>

## Core skills

### The 4R framework of learning needs identification



## Adult learning theory

Responsibility for learners to:

- diagnose their own learning needs
- design their learning experiences
- locate resources
- evaluate their progress

**Learning is ultimately the learner's responsibility.**

***Learning planning is 'the deliberative process a learner engages in to identify their learning needs, set time aside to acquire new knowledge or skill, and undertake activities which move them toward attaining their goal'***

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-016-0736-8>

## Methods and tools to help identify learning needs

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- What is the learner's previous education and experience?
- Where did they go to medical school/ university?
- What and where has their work experience been?
- What are their expectations for this term?
- What are their motivations and fears?
- Supervisor formative assessment
- Parallel consulting
- Direct observation
- Case discussion
- Objective assessments e.g. Workplace Based Assessment

## Learning plans vs planning learning

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Learning plans are:

- used mostly as a log of activities rather than as a planning tool
- perceived as having little value for learners - a 'bureaucratic hurdle serving as a distraction rather than an aid to learning'
- process of learning planning valued more than the documentation

***More important to support trainees in planning their learning than to enforce documentation of this process in a learning plan***

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-016-0736-8>

## The supervisor's role in planning learning

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- Clarify and prioritise which aspects of the curriculum the learner needs to cover throughout their placement
- Identify strengths and weaknesses of the
  - Learner
  - Supervisor
  - Other members of the practice team including registrars
- Help the learner recognise and accept a learning need
- Help the learner recognise learning opportunities
- Help the learner reflect on their learning to achieve consolidation
- Help the learner apply their learning in different contexts

***Garth, B., Kirby, C., Silberberg, P. et al. 2016 "Utility of learning plans in general practice vocational training: a mixed-methods national study of registrar, supervisor, and educator perspectives."***  
BMC Med Educ 16, 211 (2016).

<https://doi.org/10.1186/s12909-016-0736-8>

## Preparing the practice for the learner

This section provides a quick reference to guide the planning for the medical student or prevocational learner – to ensure they feel safe, welcome, and ready to start their placement in the general practice clinical environment on their first day.

### Planning milestones

- 2-3 months before the placement
- 1 month before the placement
- 1 week before the placement
- Day 1-7 of the placement

### 2-3 months before the placement

Which member(s) of the practice team should at a minimum participate in/be responsible for these key tasks?

Task	Practice principal	Practice Manager	Supervisor	Practice Nurse	Current Student
<b>Meeting</b> Meet with the student / learner to identify learning and personal needs and strengths, weaknesses, and interests	✓	✓	✓	✓	✓
<b>Student/Learner Profile</b> Obtain the student / learner's biography, preferred name / pronouns, and a photo for inclusion on the practice's website	✓				✓
<b>Workcover/ insurances</b> Set up for Workcover and the Transport Accident Commission (TAC) or other, by State, as necessary	✓				
<b>Hospital walk-through</b> Show the student / learner through the hospital and outline the relationship between the practice and the hospital as it relates to their upcoming placement	✓				✓
<b>Introduction to community</b> Show student / learner around the community, introduce to points and people of interest / relevance to them	✓	✓			✓

## 1 month before the placement

Which member(s) of the practice team should at a minimum participate in/be responsible for these key tasks?

Task	Practice principal	Practice Manager	Supervisor	Practice Nurse	Current Student
<b>Expectation setting</b> Have a discussion with the student/ learner to elicit their understanding of their rights and responsibilities with respect to the upcoming placement then provide them with a customised Code of Conduct that sets out the expectations around attendance and behaviour in the practice	✓	✓	✓		✓
<b>Practice software</b> Setup the student/learner in the practice's medical software program, including an appointment book		✓			
<b>Accommodation</b> Ascertain from the university or workforce agency what if any accommodation arrangements are in place for the student /learner	✓	✓			✓





## 1 week before the placement

Which member(s) of the practice team should at a minimum participate in/be responsible for these key tasks?

Task	Practice principal	Practice Manager	Supervisor	Practice Nurse	Current Student
<b>Accommodation handover</b> Show the student / learner their accommodation and verify they have been provided a list of contacts for any help during their stay					✓
<b>Prepare the practice team</b> Call a team meeting to ensure the practice team – including any allied health workers – are aware of the start date for the student / learner, have seen their profile and understand the role they will individually play in providing a high-quality placement experience	✓	✓	✓	✓	✓
<b>Practice comms</b> Add the student / learner to the practice staff list and emergency response plan*		✓			
<b>Consulting room</b> Ensure this is properly equipped	✓		✓	✓	
<b>Practice policies</b> Ensure the student / learner is provided a copy of all practice policies including the Bullying & Harassment policy	✓	✓			

\* For longer placements, such as the Deakin RCCS, their details should also be included in the hard copy version of the practice handbook should one be available

## Days 1-7 before the placement

Which member(s) of the practice team should at a minimum participate in/be responsible for these key tasks?

Task	Practice principal	Practice Manager	Supervisor	Practice Nurse	Current Student
<b>IT arrangements</b> Ensure appropriate IT infrastructure has been ordered/is available, setup the student /learner with logins, passwords, email	✓	✓	✓		✓
<b>Translation services</b> Ensure the student/learner is registered for access to the Free Interpreting Service from the Department of Home Affairs	✓	✓			
<b>Orientation checklist</b> Tick off things that have been completed, arrange and schedule further orientation for remaining items over the coming days/week	✓	✓	✓		
<b>Familiarisation with WBAs</b> Ensure the university/workforce agency requirements are well understood by all parties	✓		✓		
<b>Hospital induction</b> Visit the hospital with the student/learner so they can do their induction			✓		

*\* For longer placements, such as the Deakin RCCS, their details should also be included in the hard copy version of the practice handbook should one be available*



## Sample orientation checklist for students / learners

Use and adapt this orientation checklist for your student / learner when they commence with your practice.

Practice organisation	Completed ✓
History of practice and general structure	
Introduction to all staff and their roles	
Method for staff and student/learner introduction to patients	
Practice information sheet, including contact details for team members	
Practice and procedures manual	
Facilities	
Lunchroom facilities, toilets	
Car parking arrangements	
Fire/emergency procedure, duress alarm	
Working conditions	
Working hours, breaks, integration of practice and student/learner rosters	
Explanation of student/learner role in practice team, including professional conduct expectations and dress code	
Policy and procedure for leave/absence arrangements	
Student/learner teaching - dedicated time blocked off	
Sign-off of Practice Policies, including but not limited to: Confidentiality, Social Media, Digital, Infection Control, Grievance, Social Inclusiveness Competency, Aboriginal and Torres Strait Islander Cultural Competency	
Explanation of practice policies in regard to Social Inclusiveness Competency and Aboriginal and Torres Strait Islander Cultural Competency	
Safety information	
General safety rules and OH&S guide/manual	
Overview of medical and non-medical emergency procedures	
Reporting of incidents, accidents and hazards	
Blood and body fluid precautions/spills protocols	
Procedure for needle stick injury	

<b>Use of practice equipment and systems</b>	<b>Completed ✓</b>
Telephone and Telehealth system, fax, photocopiers and scanner	
Appointment system and booking procedures	
Requests for referral letters, x-ray, pathology and other tests	
Procedure for following up ordered tests	
Familiarisation with patient record systems and procedures	
Computer - medical software program	
<b>Supervisor</b>	
Overview of practice philosophy and clinical focus, types of patients and offsite facility responsibilities	
Learning objectives for the placement	
Understanding of local professional networks, hospital/ practice interaction, and key persons with special interests/skills	
Preferred communication channels, including for secondary/ alternate supervisor	
Reference books/online resources	
Expectations regarding feedback: how, when and from whom the student should seek it, and how the supervisor and practice team plan to support the student by providing it	
Expectations of learning and supervision opportunities in practice	
How WBAs will be conducted and completed throughout the placement	
Parallel consulting arrangements	
<b>Nurse</b>	
Tour of treatment room	
Oxygen and emergency room equipment, PPE	
Process for organizing sterilisation of equipment	
Specific equipment: speculums, hyfrecator, spirometry, liquid nitrogen, ECGs, etc	
General recall and reminder systems	
Practice nurse appointments	
Vaccinations, data entry, and cold chain maintenance	
Contaminated wastes, sharps disposal	
Infection control/use of spills kit (donning of PPE etc.)	
Explanation of contents of drug cupboard	
Care plans and other processes for chronic disease management	

Student/Learner signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Monthly Placement Check-In: P.L.O.D.

### Pastoral Care and Performance Review Template

Student name	
Date of review	
<b>Priorities/observations since previous review (to be completed before the review)</b>	
<b>Supervisor comments</b> <i>Note here the specific types of presentations/ examinations the student sought out help for/ failed to do so: update each month</i>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Practice Manager/ Principal comments</b>	<hr/> <hr/> <hr/> <hr/>
<b>Practice Nurse comments</b>	<hr/> <hr/> <hr/> <hr/>

Review conducted by: \_\_\_\_\_

#### **Top Tips:**

##### **Ask, Listen, Address, Document, Inform: keep it simple!**

Scaffolding the learner is a whole-of-practice responsibility.

What one team member observes another may overlook: when the observation is of a learner in distress, and this is neither communicated nor addressed, **a lack of documented process can put everyone in the practice at risk.**

Reviews can be undertaken by any authorised member of the practice team with a working relationship with the student (e.g., GP supervisor / practice manager / practice nurse) but ideally all key members of the team should contribute their comments ahead of the next review.

The questions in the coloured boxes are intended as prompts to guide a constructive discussion about Goals, Opportunities, Obstacles and Decisions; the grey boxes provide space to document your observations and highlight any red flags/ follow-up needed.

By making these reviews a regular, non-threatening part of the placement experience, this 15-30 minute check-in can save hours of frustration and/or conflict resolution through the early identification of any brewing issues or misaligned expectations.

## P - Positives

How have things gone since we last spoke?

What are you enjoying about general practice?

How have your consultations stimulated learning from your curriculum?

Do any of your patient interactions stand out for you?

### **Provide feedback and document it: STUDENT'S POSITIVE CONTRIBUTION?**

P1 | to team/practice culture/performance

P2 | improvement since previous month

## L – Learning Opportunities

What can the practice team do to make this a better learning experience for you?

Are there any particular topics we could assist you with learning?

Can you identify any help or supports that would make the next month easier for you?

Are there any directions you feel unclear about?

### **Provide feedback and document it: STUDENT'S SUGGESTIONS/NEEDS?**

L1 | team/practice culture/progress

L2 | clinical/professional/university

## O - Obstacles

How is your work/life balance?

Do you have any concerns in terms of safety?

Are you having any interpersonal issues we can help with?

Are you feeling bullied or threatened?

### **Provide feedback and document it: ANY CONCERNS OR ROADBLOCKS?**

O1 | progress/behavioural/professional skills

O2 | concerns/complaints raised by team/patients

## D – Decisions

What have you learnt about yourself this past month?

What can you do to improve your placement experience / relationships?

What can we do to help make next month (even) better?

Can you identify some goals for the next month?

### **Provide feedback and document it: OUTCOMES AND AREAS NEEDING ATTENTION?**

D1 | areas needing focus for learning

D2 | impact (if any) of student's reflections

D2 | attitude toward feedback



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