Snippets for Supervisors April 2014 eNews

Roman Races and Registrar Learning: What's the Connection?

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Now that the first term of the GP training year is well underway, it is a good time for registrars to think beyond the initial stage of surviving the first few weeks in general practice. Rather than just reacting and learning from the patients that are booked in, it is worth reviewing and plan learning for the rest of the term. This is where the connection with Rome comes in. The word ‘curriculum’ comes from the Latin currere verb ‘to run’ – the curriculum is the course of a race. Just like a curriculum vitae which maps the course of someone’s professional life, an educational curriculum is designed to map someone’s learning.

Both Colleges have put significant work into devising their curricula. The intent is for registrars, supervisors and medical educators to know what knowledge, skills, attributes and behaviours future GPs should attain (1, 2). Historically GP training has presumed that the ‘curriculum walks through the door’ for GP registrars and there has been an expectation that registrars will see a range of patient presentations across the curriculum during their training terms.

The suspicion that this may not always be true has been confirmed by the Registrar Clinical Encounters in Training (ReCEnT) project, led by GP Training Valley to Coast and run by a team of collaborating RTPs and Newcastle University (3). Registrars are asked to record the details of 60 consecutive patient encounters mid-way through each training term. They then receive a feedback report with information about how their clinical experience compares with other registrars and national data from the BEACH study (4). See http://olle.aogp.com.au/pluginfile.php/6560/mod_resource/content/0/Users%20Guide%20to%20the%20ReCEnT%20Feedback%20Report_AOGP.pdf for an outline of the information registrars receive.

Specific findings are that registrars’ experience of chronic paediatric conditions is limited (5). And at the other end of the spectrum, Prof Andrew Bonney’s work has shown why elderly people might not choose to see registrars (6). Patient choice is clearly important but so is making sure that this generation of registrars is competent to look after the young and old in the future. Andrew’s work suggests ways of ensuring registrars get the experience they need (6).

The older patients in this sample wanted:
• information regarding the length of stay, experience and qualifications of GPRs
• to know GPRs worked closely with their regular doctors
• to know that continuity of care preserved with their usual doctor if they consulted a GPR.

They were more likely to see a GPR:
• if they thought their regular GP was happy for them to do so.

They were more likely to be highly satisfied:
• if they felt confident, knowing that their record was readily available
• if the GPR communicated well.

They were more comfortable with GPR chronic/ complex management:
• if there was simple contact with their usual GP at the time of the consultation.
I hope that the diversity of general practice continues – it is what makes it interesting but some registrars are placed in areas or practices where gaining the full spectrum can be difficult. But there are some steps that supervisors can take to actively encourage their patients to see the registrars.

Do you have a teaching tip or snippet you would like to share with supervisors via eNews? If so, please contact susan.wearne@gpet.com.au