Clinical supervision using random case analysis in general practice training

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Background - Clinical Supervision

‘the provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee’s experience of providing safe and effective care’

AMEE Guide No 27
Kilminster et al
Med Teach. 2007 Feb;29(1):2-19
Background – RCA

- RCA has been described as ‘the most powerful teaching and assessment tool at our disposal’
- RCA allows identification and exploration of areas of unconscious incompetence
- RCA has educational utility for all stages of learner, and across all levels of competence
Background – RCA

- RCA is not widely used in Australian GP training
- No published literature on the clinical supervision and patient safety outcomes of training GP trainers in RCA
Aim

• We sought to assess the uptake, acceptability and outcomes of an educational intervention to train GP supervisors in the use of RCA
Method

- Two hour session on clinical supervision, with a specific focus on RCA
- New framework for RCA based on the five RACGP domains of general practice
- Supervisors completed a pre-workshop survey, and post-workshop survey three months later
- Unique coded identifier
- Workshop was delivered on three occasions, in March, May and October 2013
- Formal consent sought
Outcome Factors

• Satisfaction with the workshop
• Uptake and acceptability of RCA
• Value of RCA in a range of supervision areas:
  • communication
  • clinical
  • professionalism
  • patient safety issues
• Self-reported confidence of supervisors on their trainee’s safety with patients before and after the workshop
Data analysis

- Descriptive statistics including univariate analyses using SPSS version 21
Results

• 74 respondents returned a post workshop survey (response rate 80.4%)
  – 23% were female
  – mean of 22.4 years working as a GP
  – 70% primary medical degree in Australia
  – 8% of all trainers worked half-time or less
Results

• The workshop was rated as very or extremely effective by 78.8%
• Absolute increase of 53.0% to a total of 90.9% of supervisors using RCA after the workshop
• RCA was rated as a very or highly acceptable supervision method by 87% of supervisors
Results

• Supervisors highly rated RCA as a method for clinical supervision across a range of areas
Ratings on the value of RCA across different areas

Identify learning needs
Explore clinical reasoning
Improve medical records
Improve test ordering
Improve referrals
Identify clinical competence

- 0.0% = No answer
- 10.0% = 5 = excellent
- 20.0% = 4
- 30.0% = 3 = reasonable
- 40.0% = 2
- 50.0% = 1 = poor

5 = excellent
4
3 = reasonable
2
1 = poor
Results

• Supervisors identified a number of areas of unconscious incompetence
  – Clinical
  – Professionalism
  – Communication
  – Organisational
Results

• There was a statistically significant increase of supervisor confidence of trainee’s safety with patients after the workshop
• 29.8% of supervisors stated that using RCA had identified patient safety issues
• 15.8% of trainers responded that they were required to contact the patient or change management as a result of the process
Strengths and limitations

• Good response rate - 80.4%
• Two hour workshop session - moderate investment of time
• Utilised a new framework of RCA content analysis developed to cover all facets of the competent general practitioner
• Only supervisors from one RTP
Discussion

• Assessment of the registrar’s applied knowledge, and clinical reasoning skills, is perhaps the most tangible application
• Reinforces the educational utility of this supervision method in general practice training
• Highlight the opportunities for greater use in both formative and summative assessments of trainees
• Introducing ARCADO!