Consultation review: what is the evidence available on methods to analyse consultations and provide feedback in the GP setting?

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Background

• Consultation review: is the observation, analysis and feedback of the learner’s consultation with a patient, with the aim of improving the learner’s future consultation
  ➢ Observation: focusing on direct methods
  ➢ Learners: medical students, PGPPP trainees, GP registrars
  ➢ Patients: real or simulated patients

  ▪ Undertaken by GP Supervisors and/or external clinical teachers in the practice setting

• Limited research on
  ➢ Most effective method to conduct consultation review;
  ➢ Most appropriate assessment tool;
  ➢ Feedback of information;
  ➢ How GP supervisors undertake consultation reviews
Research Questions for Literature Review

1. What direct observation methods are used for consultation review in a GP setting?
2. What resources/methods are used to analyse a consultation in a GP setting?
3. What models or approaches to feedback are used in this setting?
# Method

<table>
<thead>
<tr>
<th>Search Strategy</th>
<th>Pubmed, Embase, review of references, web searches, books</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion criteria</td>
<td>English language, GP setting, all levels of learner, Assessor/Examiners not restricted to GP supervisors. Patients as assessors excluded</td>
</tr>
<tr>
<td>Dates</td>
<td>1966-Oct 2011</td>
</tr>
<tr>
<td>Selection</td>
<td>Title scan, review of abstracts, articles retrieved</td>
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</tbody>
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Results

3093 Titles/Abstracts reviewed from PubMed and Embase using search terms
727 Titles/Abstracts reviewed from searches on PubMed of authors suggested by the Steering Group

Exclude articles not published in English language; not in general practice setting; and actual patient as rater/assessor

Research Question 1
19 articles on direct methods to undertake a consultation review

Research Question 2
14 articles on assessment resources to analyse a consultation

Research Question 3
11 articles on models or approaches to providing feedback
## What direct methods are used to collect data on consultation review in a GP setting? (Q1)

<table>
<thead>
<tr>
<th>Direct methods</th>
<th>Validity</th>
<th>Reliability</th>
<th>Feasibility &amp; Acceptability</th>
<th>Other (educational effect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting in on a consultation</td>
<td>• Highest validity</td>
<td>• Dependent on assessment instrument</td>
<td></td>
<td>• Evidence for clinical competence</td>
</tr>
<tr>
<td>Video review</td>
<td>• Greater Content validity than MSE • More natural • Not influenced by recording</td>
<td>• Acceptable level (0.8) • Similar to MSE • Generalisability coefficient 0.81 • 7 consultations to achieve rate reliability</td>
<td>• Technically equipped consultation rooms • Cost • Preparation onerous • Low feasibility</td>
<td>• Registrar &amp; trainer feedback raised no concerns • Patient and expert scoring differences</td>
</tr>
<tr>
<td>Using real or actual patients</td>
<td>• Difficult to determine</td>
<td>• Difficult to determine</td>
<td>• Difficult to find patients that matcher learner’s objectives</td>
<td>• Greater reliability for communication skills than SPs</td>
</tr>
<tr>
<td>Using standardised patients (SPs)</td>
<td>• 96% portray cases accurately &amp; believable • Low detection rate</td>
<td>• Good inter-rater reliability (&gt;0.8) • 2-3 sessions required to reach &gt;90% agreement • 91% agreement between SP &amp; independent assessor</td>
<td>• High acceptance</td>
<td>• Improved learner performance • No difference between SP &amp; roleplaying</td>
</tr>
</tbody>
</table>
What resources/methods do are used to analyse a consultation in a GP setting? (Q2)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Validity</th>
<th>Reliability</th>
<th>Feasibility &amp; Acceptability</th>
<th>Other (educational effect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Clinical Evaluation exercise (Mini-CEX)</td>
<td>• High face validity</td>
<td>• Reliability (0.8) after 7 encounters</td>
<td>• Supervisors &amp; learners satisfied</td>
<td>• Increased specific goals &amp; feedback for medical students &amp; Supervisors’ stringency of the assessment</td>
</tr>
<tr>
<td></td>
<td>• Lacks content validity</td>
<td>• Reliability (0.88) after 6 encounters with GPs</td>
<td>• Acceptable for raters &amp; practising GPs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No studies assessing content validity</td>
<td></td>
<td>• Acceptable for Registrars &amp; Educators</td>
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<td></td>
<td></td>
<td></td>
<td>• Can be substituted for an ECTV at no additional costs</td>
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<tr>
<td>Leicester Assessment Package (LAP)</td>
<td>• High face validity</td>
<td>• Acceptable levels of reliability (.0.8)</td>
<td>• Acceptable by medical students on GP rotations</td>
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<td></td>
<td></td>
<td>• A modified LAP (MLAP developed for formative assessment, but low generalisability (0.64))</td>
<td>2 hours to assess 6 consultations &amp; 1 hour to prepare</td>
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What models or approaches to feedback are used in this setting? (Q3)

Known approaches/models for feedback in GP

- Pendleton’s Rules
- Walsh’s Two by Two Feedback Grid

Teaching approaches with feedback components

- SNAPPS
- Five Step Microskills or one-minute preceptor
- Feedback cycle from Kolb’s Learning Cycle

Little examination of these feedback approaches

- Most evidence with Five Step Microskills
SUMMARY

• Video review with or without standardised patients (SPs) is a valid, reliable and acceptable way to undertake a consultation review.

• Limited studies that examined direct observation with real patients.

• Paucity of evidence on the assessment methods used to analyse a consultation in the GP setting.
SUMMARY

• 9 assessment methods used within a GP setting identified in the literature. Only two examined extensively:
  • Mini Clinical Evaluation Exercise (mini-CEX)
  • Leicester Assessment Package (LAP)

• However, the content validity of the mini-CEX and LAP for use in the GP setting remains unknown, as no known studies had examined this.
SUMMARY

• Known approaches to feedback or teaching approaches that include feedback components (e.g. Pendleton’s Rules, Walsh’s Two by Two Feedback Grid, SNAPPS, Feedback Cycle adopted from Kolb) are not supported by rigorous research.

• Studies suggest that the Five Step Microskills Model, a teaching approach with feedback components may increase the efficiency and effectiveness of teaching encounters in the GP setting, and it encourages preceptors to give more specific feedback.