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Study protocol: The registrar clinical encounters in training (ReCEnT) study

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Abstract

Background: Patient encounters are the core learning activity of Australian general practice (family practice) training. Exposure to patient demographics and presentations may vary from one general practice registrar (vocational trainee) to another. This can affect comprehensiveness of training. Currently, there is no mechanism to systematically capture the content of GP registrar consultations. The aim of the Registrar Clinical Encounters in Training (ReCEnT) study is to document longitudinally the nature and associations of consultation-based clinical and educational experiences of general practice registrars.

Methods/design: This is an ongoing prospective multi-site cohort study of general practice registrars’ consultations, entailing paper-based recording of consultation data. The study setting is general practices affiliated with three geographically-based Australian general practice regional training providers. Registrars record details of 60 consecutive consultations. Data collected includes registrar demographics, details of the consultation, patient demographics, reasons for encounter and problems managed. Problems managed are coded with the International Classification of Primary Care (second edition) classification system. Additionally, registrars record educational factors related to the encounter. The study will follow the clinical exposure of each registrar six-monthly over the 18 months to two years (full-time equivalent) of their general practice training program.

Conclusions: The study will provide data on a range of factors (patient, registrar and consultation factors). This data will be used to inform a range of educational decisions as well as being used to answer educational research questions. We plan to use ReCEnT as a formative assessment tool for registrars and help identify and address educational needs. The study will facilitate program evaluation by the participating training providers and thus improve articulation of educational programs with practice experience. From the research point of view it will address an evidence gap – the in-practice clinical and educational experience of general practice trainees, determinants of these experiences, and the determinants of registrars’ patterns of practice (for example, prescribing practice) over the course of their training.

Background

Consulting with patients is the core learning activity of general practice (family practice) training in Australia. Registrars (general practice vocational trainees) learn by the “apprenticeship model”, seeing patients in the general practice setting under the supervision of accredited general practitioner (GP) supervisors. Ideally, the content of each registrar’s clinical experience should include “common and significant conditions” [1] and be similar to that of non-trainee (established) Australian GPs, as reflected in the curricula of the Royal Australian College of General Practitioners (RACGP) [2] and the Australian College of Rural and Remote Medicine (ACRRM) [3]. Indeed, the development of sound clinical reasoning skills appears to be dependent on exposure to ‘an adequate database’ of clinical cases [4].

However, in real life, the curriculum “walks through the door”, and anecdotally, the exposure to different patient demographics and presentations is highly variable between training practices and between one registrar and another. This variability is likely to have an impact on the comprehensiveness and quality of training.

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The content of clinical encounters in general practice have been described in studies from a number of countries [5-7], including the BEACH (Bettering the Evaluation and Care of Health) program in Australia [8]. Other Australian studies have specifically looked at patient encounters in the Aboriginal Medical Service context [9-11] and between urban and rural settings [12].

Reports of clinical encounters of registrars in general practice training are scarce. Despite the importance of the area both clinically and educationally, to date there have been no peer-reviewed publications on the content and nature of patient encounters with registrars in Australian general practice training.

The ReCeN'T (Registrar Clinical Encounters in Training) study aims to longitudinally document the nature and associations of consultation-based clinical and educational experiences of general practice registrars. In particular, it aims to identify variability in the clinical exposure between individual registrars, and explore associations of such variability. It will also establish the determinants, including clinical and educational experiences during training, of registrars’ patterns of practice (for example, prescribing practice) by the conclusion of their training.

Methods

Study design

The ReCeN’T study is an ongoing prospective cohort study.

Study aims

The study aims to document multiple factors (registrar, practice, patient, encounter, clinical, educational) in registrars’ clinical consultations and to establish associations of these factors. The study will establish determinants of a number of outcomes involving registrars’ clinical and educational activity.

Initial broad hypotheses to be tested include, that

- The demographics of patients seen by GP registrars in consultations (including age, sex, socioeconomic status (SES), Indigenous status, language other than English spoken, measure of rurality of residence) and the patient diagnoses/problems managed in consultations, will be associated with registrar factors (including age, sex, language other than English spoken, country of graduation, prior medical experience) and practice factors (including size of practice, measure of rurality of location).

- Consultation factors (including duration of consultation, number of problems dealt with, medication prescribed, type of billing, pathology tests ordered, imaging studies ordered and referrals made, and occurrence of violence within the consultation) will be associated with the above patient, registrar and practice factors.

- Educational outcome factors (including recourse to advice from the registrars’ supervisors or other senior clinicians, use of hard-copy or electronic sources of information, and generation of learning goals) will be associated with the above registrar, practice, and patient factors.

Setting

The Australian General Practice Training (AGPT) program is responsible for administering the vocational training for general practice in Australia [13]. This training is regionalised, with delivery of training devised to seventeen regional training providers (RTPs) around the country. Individual RTPs co-ordinate registrar training and provide discrete educational activities. However, the majority of registrar training activities occur in general practices, accredited and supported by their local RTP, rather than RTP educational activities.

The AGPT involves a minimum of two years (full-time equivalent) training post hospital experience. Minimum requirements for completion of training are three 6-month terms in general practice, and a further 6-month term in general practice or another discipline.

This is a multi-site study. The setting of the study is the accredited practices of three RTPs. The individual RTPs encompass major city and inner regional [14] practices (in the state of New South Wales), major city practices (in Victoria) and inner and outer regional and remote practices (in Tasmania).

Participants

All registrars of the three participating RTPs who are undertaking general practice terms participate. As well, registrars training in community-based, non-general practice positions participate. These include posts in dermatology, family planning, community psychiatry and the Prevocational General Practice Placement Program (PGPPP), where doctors training in the hospital setting undergo a specific placement in general practice [15].

Recruitment

Registrars are recruited by direct contact at regular educational release workshops at the three participating RTPs. Participation in ReCeN’T is part of registrars’ training requirements. Registrars also have the option of consenting to their data being used for research purposes (via an ‘opt-in’ consent process for the research aspect of the project).

Data collected

Variables for which data is collected can be considered as the registrar, practice, patient, encounter, clinical, educational and occupational violence factors.