

MULTI-SOURCE FEEDBACK (MSF) – A 360 DEGREE VIEW OF REGISTRARS' PROFESSIONALISM

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Feedback about performance is a key part of a registrar's training. Such feedback can come from a variety of sources. Multi-source feedback (MSF) is a unique way of registrars receiving feedback from their medical colleagues and peers, other clinicians, managerial and administrative staff, and their own patients. Some RTPs are beginning to use MSF as part of the training process for registrars.

The aims or learning objectives for participants of this workshop will be that they:

- Have an understanding of the principles of MSF
- Know how to use MSF in the context of a learning environment
- Have an awareness of the challenges using MSF.

The workshop content will be:

- An overview of MSF
- Examples drawn from RTPs who have used MSF.

The workshop structure will be as follows:

- 20 mins — interactive presentation
- 20 mins — small group exercise
- 15 mins — feedback to larger group
- 5 mins — summary

References:

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- Evans R, Elwyn G, Edwards A, Review of instruments for peer assessment of physicians, *British Medical Journal*. 2004; 328: 1240-1245
- Lockyer J, Multi source feedback in the assessment of physician competencies. *Journal of Continuing Education in the Health Professions*, 2003; 23(1): 23: 4-12.

VIRTUAL PATIENTS - STOP ME IF YOU'VE HEARD THIS

Dr Hung The Nguyen
Northern Territory General Practice Education

Electronic virtual patients (VPs) developed several decades ago, as highly interactive computer simulations of real-life patients. Recently, branching VP is made possible through the development of VP players that can "read" concept maps in which cases are authored. VP authoring systems have become easier to use and more available to the teacher without special IT skills. In VP cases, the learner takes on the role of the health practitioner and makes key decisions in the patient narrative during data gathering, assessment, and diagnostic and management phases of the consultation. Whilst there are many e-learning tools, which can support aspects of health education, it has become recognized that only the VP can both facilitate and assess the development of clinical decision-making, and mimic the role of the practitioner.

The questions becomes whether VP is suited for vocational training where decision-making is contextual and reliant on multiple sources of information. This presentation includes a demonstration of a VP case developed for GP registrar training at NTGPE.

WHEN A CHILD GOES TO THE DOCTOR: DEVELOPMENTAL SURVEILLANCE

Adj Assoc Prof Michael Fasher
WentWest

Australian children attend GPs much more frequently than they attend any other health professional except in the first six months of life when the ratio is 50:50 with nurses in the community. It is a challenge to ensure that this quantity of contact results in an optimal impact on the wellbeing of the children and on the capacity of their families to nurture them.

This workshop is one of a series developed by WentWest to further this aim. The series has the overarching title of "When a child goes to the doctor". This particular workshop focuses on child development. It assumes that developmental medicine has been poorly taught and is of little interest to registrars. It is intended to rekindle their fascination in a typical developmental trajectory from the earliest moments of life, to quicken their skills in detecting deviation from a typical trajectory of development and to give them resources that will enable them to reinforce typical development and to make a difference when a child's development departs from the typical trajectory.

The workshop outlines a conceptual framework of development, invites discussion of video vignettes of children on a typical developmental trajectory and a discussion of video vignettes of children whose development is atypical.

At WentWest this first hour is followed, after a break, with a second hour exploring constructive intervention, an example of care planning and a pointer to the local Division's e-list of local supports for families with a developmentally disabled child. For the purpose of this presentation the written material for this latter session will be provided by way of an example, as a handout.

When they are finalized, it is intended that the first two workshops in the WentWest series "when a child goes to the doctor" namely, "doc he's hot" and "developmental surveillance" will be available at no cost to all RTPs.

THE UPROOTED

Dr George Zaharias
Victorian Metropolitan Alliance

Starting with the small number of convicts that came with the First Fleet, followed by the early settlers, later the gold seekers, the post war waves of migration and more latterly, the boat people, Australia is a land populated through migration. The history of Australia is replete with stories of displaced peoples. People, and the Indigenous people are also among them, forging a new life in the midst of a harsh landscape. Each story unique but all having common themes: the harshness of life in the home country (which is the primary impetus for migration), the turmoil of displacement, the hardship of finding root in foreign soil and the difficulty of coming to terms with a new environment.

For us, as doctors, it can be particularly challenging to manage patients from other cultures and who have more than just language difficulties. What does it mean to be uprooted? How does it feel to be a stranger in a strange land? How does one even begin to understand?

Using different narratives and by engaging the participants in an interactive discussion, this workshop will explore:

- What it means and how it might feel to be displaced
- How we, as doctors, can become more sensitive to peoples and the needs of individuals from other cultures
- How we, as medical educators, can teach cultural awareness to our registrars.

In this "Unplugged Workshop" version, simple narratives (storytelling) will be used and discussion will be around these.

GP GRIEF COUNSELLING SKILLS - HOW TO SIT IN THE DARK WITHOUT THE NEED TO TURN ON THE LIGHT

Dr John Buckley
Central & Southern Queensland Training Consortium

This is a demonstration of part a teaching session on grief counselling for GP registrars. I recently described the skill mentioned in the title and was asked "How do you teach that?" The response is to present this workshop. The focus is on two key skills, active listening and self-awareness. After an introduction we will work in groups of three, having an active experience of listening and being listened to. The group will come together to debrief near the end of the hour. The issue of educational safety in teaching this topic will be discussed. Due to the sensitive nature of this work numbers will be limited so as to allow a safe learning environment to be created and supported.