

Supervised Clinical Attachment (SCA) Supervisor guide (2008–2010)

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1 Introduction

A GP has identified you as having skills and knowledge they wish to develop by undertaking a Supervised Clinical Attachment (SCA). The GP is required to complete all of his/her own record of participation so that the role of supervisor remains focused on teaching.

2 What is a Supervised Clinical Attachment?

A Supervised Clinical Attachment involves a GP identifying another health professional who has specific skills s/he has decided to update. The RACGP QA&CPD Program criteria for a SCA require the GP to have a minimum of 10 hours contact time with the supervisor. This usually means the GP leaves his/her practice for a brief period of time to work under supervision with you in your clinical setting.

The aim of this activity is to update specific areas of knowledge and skills by working alongside health professionals in the chosen area of attachment. SCAs are designed to provide an individualised learning experience. They are an active, hands-on mode of learning, where the examples, scenarios and problems are real cases. GPs have the opportunity to identify individual learning objectives and utilise the supervised environment to investigate, learn and increase their skill base in a manner that is unique to them.

3 QA&CPD Program Supervised Clinical Attachment criteria

- Generally a one-on-one learning environment between a GP and a supervisor
- The supervisor does not need to be a clinical 'expert' but may be another health professional with highly developed skills in a specific area
- Generally arranged by the GP who contacts a hospital, organization or specialist
- Can be organized by an education provider who will be responsible for administrative processes only
- Minimum of 10 hours contact with the supervisor is required
- Some of the contact hours can be delivered face-to-face, or a combination of face-to-face with other media such as web cams, video, video phones, teleconferencing, case study discussions over the phone, email or online discussion groups
- During the attachment, GPs should complete the aid to reflection on learning, considering practice systems that will support consistent use of new skills and knowledge, and have the form signed by the SCA supervisor (not provider)
- GP completes appropriate SCA forms for their clinical attachment, outlining the area of the attachment that was undertaken. On completion of the SCA, the GP submits the form to their state faculty QA&CPD unit.

4 What is expected of the Supervisor?

There are nine steps in the SCA for a GP (see item 5 below). As a supervisor you will be required to assist the GP with four of these steps. In summary you will:

- be provided with a copy of the GPs needs and learning objectives (step 5.3)
- asked to discuss cases at the end of each day of the attachment (step 5.6)
- sign-off summary forms for each day (step 5.7)
- asked by the GP to assist them with their final reflection (step 5.8).

It is important that adequate time is allocated to all reflection times. If time is limited and a face to face discussion cannot occur, it is recommended that follow up phone calls be made after the SCA

to ensure that the GP has any unanswered questions dealt with. This reflection or debriefing time also allows the GP to implement new knowledge and/or skills into his ongoing practice. GPs may also seek advice from you on:

- future attachments and education
- resources for their practice and patients
- further reading and research.

This additional advice will assist the GP to expand on what they have learnt whilst under your supervision.

5 Additional information - Steps in the SCA for the GP

5.1 Identify special skills or areas that require updating

Identifying the special skills or areas that GPs wish to update can be achieved in a variety of ways. The following are some suggested reasons that a GP may wish to undertake a SCA:

- learning plan completed and specific area for upskilling identified
- increase in particular cases not usually seen at the practice
- adverse event assisted GP to become aware of a need to upskill
- GP wants to increase confidence in managing particular area
- GP cannot access continuing professional development offered by education provider due to competing demands
- GP wishes to structure learning and timing of activity to suit their individual needs
- GP may prefer one on one teaching and learning environment
- GP wants to develop a better understanding of services offered to improve effectiveness of management and referrals
- GP finding a particular area of practice challenging therefore wants to regularly discuss best practice management strategies with a specialist.

5.2 Identify a health professional willing to supervise

Many GPs choose to attach to a service they already have a relationship with. If a GP is unsure of where to find a potential supervisor for a SCA they should consider the following:

- Contact your state QA&CPD Program Co-ordinator
- Contact your local Division of General Practice
- Talk to colleagues about individuals or services to approach
- Contact specialist Colleges and ask for contact names
- Contact specialist that you make regular referrals to.

5.3 Supervisor receives QA&CPDD SCA supervisor guide

The QA&CPD Program has developed a SCA supervisor information guide. The guide should be sent or given to the supervisor before the SCA to ensure that both parties are aware of their responsibilities.

5.4 Develop learning needs and learning objectives

The needs assessment is a brief argument as to why the topic is an important clinical practice area for the GP to review. Once the need has been established specific learning objectives should be formulated. A supervised clinical attachment is more effective if specific learning objectives have been identified.

The QA&CPD Program has adopted a 'systems approach' to patient safety in the 2008-2010 triennium. Previous QA&CPD programs have taken a 'person approach' by focusing predominantly on improving GPs' medical knowledge and skills. The new systems approach also considers the environment in which a GP works and assists them to implement safeguards that aim to improve reliable and high standards of patient care. The emphasis on improving practice systems also responds to GPs' expressed concerns that while many educational activities are stimulating, it was unclear that all improved patient care.

Using the ear nose and throat SCA example from the handbook Dr. Derwent's systems approach learning objective/s could have been:

- Develop a check list to ensure that all patients treated for grommets receive appropriate brochures prior to procedure.
- Develop reminder system to ensure that all patient brochures are updated with latest evidence based practice guidelines

5.5 Record learning needs and learning objectives

When the needs and learning objectives have been developed and finalised they should be documented on the 'defining your needs' form. This stage of the SCA should be completed before the SCA commences.

5.6 Supervisor receives a copy of learning objectives and needs

A copy of the 'defining your needs' form should be sent to the supervisor. The supervisor copy should encourage communication between the GP and supervisor to assist in a more productive attachment. The form should be used as a guide for how much time the GP may need to spend on particular cases. It may also assist the GP and supervisor to plan for additional time required outside of the observation of cases during the attachment. It is a common mistake for many GPs and supervisors to underestimate the time required to fulfill learning needs. Therefore thorough communication about needs and learning objectives can lead to a more successful SCA.

5.7 Complete SCA session summaries

For each session of the attachment the GP will record his/her observations and the outcomes of their review session with the supervisor. The record of observations should be documented on the session summary forms during the SCA ie: at the end of each day or after each case. GPs may need to photocopy separate sheets for each day of the SCA. Items that need to be record are:

- Date of the session
- Location of the session
- Hours spent with supervisor
- Name, qualification and contact details of the supervisor
- Brief description of patients seen during the day including
 - Age and sex
 - Key features of the presentation
 - Key learning points/management
- Major points of discussion between the GP and supervisor

It is important to ensure that all patient notes are confidential therefore patient names should be omitted. Each session summary document must be signed off both the GP and supervisor at the end of each day. The signing off period is often a good time to reflect together on the days cases and raise any questions that may need to be addressed in following sessions or through further research.

5.8 Completes final SCA reflection

At the end of the SCA the GP is required to complete the final reflection form. It is highly recommended that the final reflection form be completed by the GP in the presence of the supervisor after the end of the final session. The GP should record

- reflective comments on the extent to which they have met their stated learning objectives
- key areas of learning and new skills you have acquired through this attachment
- actions planned as a result of the discussions
- reflective comments of how the new knowledge and/or skills will be implemented consistently and reliably back at their practice to ensure patient safety
- areas of further development the wish to pursue and key resources they been alerted to
- reflection on ways the SCA could have been improved
- general comments from supervisor

The final reflection form needs to be signed by both the participating GP and the supervisor.

5.9 Submit completed documentation to state faculty QA&CPD unit

At the end of the SCA the GP needs to collate the following:

- SCA application form
- Defining your needs form
- Session summary forms for each day of the SCA
- Final reflection form

It is recommended that the GP photocopies all of the forms to keep as a record of their SCA.

Once all forms are completed, collated and copied, the original record of the SCA should be submitted to the GPs state faculty QA&CPD Unit for adjudication and allocation of 40 Category 1 points.