# Peer review of practice (medical) observation form

### Participant details:

|  |  |  |
| --- | --- | --- |
| Name of observed doctor: | ACRRM number: | Email: |
| Name of observing doctor: | Position: | Email: |

### Observation details:

|  |  |
| --- | --- |
| Date: | Location |
| Duration in hours: | Type of theatre list: |

### Type of practice observed:

|  |  |  |  |
| --- | --- | --- | --- |
| **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**General practice | **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** Community health centre | **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** AMS | **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** Mental health service |
| **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** Outpatients clinic | **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** Hospital ward | **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** Other |

Observation and Feedback Focus Points (suggested by the candidate, in accordance with pre-observation reflection and identification of learning needs)

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of practice** | **Observations** | **Outcome of discussion** | **Action Plan** |
| **COMMUNICATION SKILLS AND RAPPORT** |
| Patient-centred |  |  |  |
| Adapts style to patient needs |  |  |  |
| Explores patient perceptions & expectations |  |  |  |
| Understands different cultural beliefs, priorities, and values |  |  |  |
| **HISTORY TAKING SKILLS** |
| Uses relevant and focused questions to appropriately explore patient issue/s |  |  |  |
| Thoroughly elicits the sequence of events |  |  |  |
| Symptoms analysis |  |  |  |
| Undertakes systems review |  |  |  |
| Considers PMHx, Rx, allergies, FHx and social history |  |  |  |
| **EXAMINATION SKILLS** |
| Relevant, organised, logical, thorough, efficient |  |  |  |
| Respectful, and mindful of patient safety, comfort and dignity |  |  |  |
| Steered by likely Dx and key differentials and related to patient functional capacity |  |  |  |
| **CLINICAL REASONING** |
| Accurate diagnosis or formulates plausible differential diagnoses list by appropriately weighting history and examination findings |  |  |  |
| Considers red flags, masquerades, and important diagnoses to rule in or out |  |  |  |
| Considers associated clinical conditions. Identifies severity of the condition |  |  |  |
| Relevant justifiable investigations clearly explained |  |  |  |
| **MANAGEMENT PLAN** |
| Appropriate explanation to the patient of diagnosis, plan |  |  |  |
| Safe, timely, reduces risk, supportive |  |  |  |
| Patient-centred |  |  |  |
| Evidence-based, best practice guidelines |  |  |  |
| Rational safe prescribing |  |  |  |
| Negotiated with the patient, individualised, considering patient perspectives and priorities |  |  |  |
| Includes preventive screening and health promotion where appropriate |  |  |  |
| Includes management of other continuing or acute problems where appropriate |  |  |  |
| Adheres to relevant legislation |  |  |  |
| Motivational, e.g., lifestyle change, where appropriate |  |  |  |
| Risks of non-compliance explained |  |  |  |
| Side effects and costs explained |  |  |  |
| Short- and long-term goals outlined |  |  |  |
| Provides relevant information |  |  |  |
| **FOLLOW-UP** |
| Safety nets |  |  |  |
| Negotiates appropriate follow up |  |  |  |
| Explained FU regarding investigations, referrals, next appt here |  |  |  |
| Use of recalls |  |  |  |
| **PROFESSIONALISM** |
| Boundaries |  |  |  |
| Communication with team |  |  |  |
| Working with team members, and other healthcare providers |  |  |  |
| Adhering to relevant protocols, legislation, |  |  |  |
| Medical records adequacy |  |  |  |
| Referral letter adequacy |  |  |  |
| Medicare billing |  |  |  |
| Understanding of the cost of different aspects of heath care |  |  |  |
| Confidentiality |  |  |  |
| Liaising with colleagues |  |  |  |
| Networks with local resources and supports |  |  |  |
| **OVERALL PERFORMANCE** |
| Overall comprehensive approach and competent across all categories and cases seen |  |  |  |
| Patient comfort and safety prioritised, |  |  |  |
| Uncompromising re asserting need to reduce patient’s risk of harm to self/others and assuring non-judgmental respectful support |  |  |  |
| Patient-centred |  |  |  |
| Sound clinical reasoning and comprehensive medical management |  |  |  |
| Has a positive impact on patient well- being, understanding of their condition and how to help themselves and what to do and when to return |  |  |  |
| Understands the role of therapeutic relationship, continuity of care, confidentiality, especially in small/rural communities |  |  |  |
| Understands the implications of referrale.g. rural context of distance, travel time and expense |  |  |  |

|  |
| --- |
| **REFLECTION AND DISCUSSION SUMMARY (See below for discussion prompts)** |
|  |
|  |
|  |
| **EDUCATION AND PROFESSIONAL DEVELOPMENT PLAN (SMART goals style)** |
|  |
|  |
|  |

Name (Observed) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Observed) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When complete please use the Report an activity function in your CPD portfolio to add this to your CPD record or email to pdp@acrrm.org.au

### TIPS FOR FACILITATING REFLECTION, DISCUSSION AND FUTURE ACTION PLANNING

* Create a respectful learning environment.
* Refer to the observed doctor’s initial goals and objectives for feedback.
* Base feedback on direct observation.
* Clarify any questions of fact
* Supportive, balanced
* Use specific, neutral language to focus on performance.
* Confirm the learner’s understanding and facilitate acceptance.
* Conclude with an action plan.
* Normalise feedback as part of quality care and professional development

**Pendleton’s feedback technique**

1. The learner describes what went well.
2. The trainer states what the learner did well.
3. The learner identifies what could be improved.
4. The trainer recognises areas for improvement and discusses how to achieve this.

**Good feedback**

**P**recise with attention to the specific

**R**elevant to practice

**O**utcome based with clear aims

**M**easurable where improvement can be assessed

**P**ossible/attainable

**T**ime determined, a clear period to achieve the outcome/s

**E**ncouraging and constructive

**D**escriptive

**Learner insight stages**

|  |  |  |
| --- | --- | --- |
| **Role of feedback in performance development** | **Learner** | **Role of feedback** |
| 1. Unconscious incompetence | Unaware of weaknesses | Helps learner recognise weaknesses |
| 2. Conscious incompetence | Aware of weaknesses but lacks skills to improve | Helps learner define and refine skills |
| 3. Conscious competence | Demonstrates competence but not fully integrated | Helps learner refine skills and encourages through positivefeedback |
| 4. Unconscious competence | Carries out tasks without conscious thoughts | Builds on strengths, identifies weaknesses |

**Discussion prompt examples:**

* I noticed that you <insert technique here>. What your reasons were for using this approach?
* How do you find <insert device/equipment here>?
* The team <insert statement re communication/collaboration>. <Insert statement re elaborating on how this changes when working with different teams>
* I noticed you <insert risk minimisation strategies here> and this prevented <insert specifics>. Have you had a similar case where the outcome was not as favourable?
* With the last patient I could see that <insert specifics>. How would you have managed <insert alternate scenario>?
* Can you tell me about a time when <insert specifics e.g. where a device failed, or a patient deteriorated, or you encountered a difficult airway or access?
* What did you do well?
* What would you change if you were to re-run that consultation?
* What could you do differently next time to improve/prevent …...?
* Things I saw that contribute to your effectiveness regarding…. included….
* Perhaps if you did less/more of ...…t could improve your effectiveness regarding ….
* Have you ever tried …...?
* Can I offer you something from my experience about …...?
* I was wondering what you were considering when you ….
* Label any subjective feedback, e.g. “I sometimes….”
* Opportunistically include best practice concepts, principles, and strategies.
* Discuss, negotiate, or suggest strategies to improve identified behaviours

**Reflection, education, and professional development planning prompts**

* After today’s discussion, can you identify two or three things you would like to change regarding your clinical or professional performance or knowledge?
* Do you already have any plans for ongoing professional development or education in the next year?
* How will you address these learning needs?
* What resources can you use to address these learning needs?
* What is a reasonable time frame to achieve these goals?
* How will you know when you have achieved your learning goals?
* Prompt the observed doctor to use SMART goals when planning, i.e., specific, measurable, achievable, realistic, and timely
* Considering patient and community unmet needs, doctor learning needs, future career path and interests