The unannounced standardised patient methodology

A potential feedback tool for registrar training

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BACKGROUND
The external clinical teaching visits (ECTV) remain the primary method of monitoring registrar progress and provide valuable feedback. The unannounced standardised patient (USP) methodology may represent an innovative tool to assess registrar performance and provide feedback that could complement the current ECTV program.

OBJECTIVE
This article provides an overview of current feedback processes in registrar training, presents a review of the literature on the USP as an innovative performance assessment tool, and proposes its potential application for general practice registrar training as an effective audit and feedback tool.

CONCLUSION
The USP methodology has been thoroughly tested, validated and embraced by many countries. Recently, the USP tool has been described as the validated, gold standard methodology to discriminate among variations in the quality of clinical practice. Most studies have used the USP tool to assess actual performance of practising doctors, with minimal attention being given to its potential as a feedback/ teaching tool. The use of the USP for this purpose represents an opportunity for further research.

While The Royal Australian College of General Practitioners (the RACGP) is no longer responsible for the delivery of general practice training, it sets the curriculum for training programs and defines the standards required to be an accredited training provider.[1] One such standard is the provision of regular formative assessment with constructive feedback to registrars on their performance.[2] Many important benefits of formative assessment and feedback have been described. Much of the registrar's on-the-job learning in general practice occurs alone and mostly unobserved. Appropriate feedback is often necessary to prevent registrars feeling uncertain or confused.[3] Furthermore, since a registrar may not identify problems with their consulting or communication skills, the quality of care provided to patients could be compromised.[4] It has long been thought that the lack of effective feedback in early training may increase the tendency for doctors to resist external review and become defensive when challenged.[5]

Summative assessments versus formative assessments

Summative assessments determine whether a person has attained a required level of knowledge at the end of a stage of their learning, whereas formative assessment aims to provide feedback to the learner as to how they are progressing toward the required standards.[6] In this way, formative assessments clarify learning needs and help formulate a plan to address these needs. In relation to formative assessments in general practice training, the RACGP standards stipulate that a clearly documented remediation process is provided to registrars assessed as having unsatisfactory progress. Herein lies one of the primary dilemmas, with the formative assessment indirectly affecting the final summative assessment. This can cause the learner to lose trust in the 'teacher' and discourage the self reflective approach needed for effective learning.[6] Although the purpose of remediation is to ensure that registrars become competent to practise unsupervised in general practice – which is also in the best interest of the registrar concerned – its impact on formative assessment needs to be considered.

Formative assessment in general practice training

Currently, the primary method of formative assessment in the general practice training program is the external clinical teaching visit (ECTV). This involves a pre-arranged visit by an experienced general practice medical educator to directly observe a registrar at work. The RACGP stipulates that a registrar requires four such visits over the first 12 months of their training and a further one to two in the final 12 months. The goal of an ECTV is to identify interpersonal or clinical

skills the registrar may need to improve, and to provide encouragement when they are performing well.[7] Although evidence of the ECTV's educational value has been reviewed and accepted,[8] some have raised doubts about its actual delivery of learning objectives.[9]

Limitations of ECTV

Having an ECTV can provoke a great deal of anxiety for registrars,[7] which may not be ideal for learning. Also, the presence of an observer will affect the consultation, with the registrar likely to act differently to their usual practise. Finally, there is always variation in the clinical cases that are booked in for the ECTV session. This may mean the assessment report is not representative of the usual range of patients seen and the assessment cannot be standardised between registrars. Despite these limitations, the ECTV is currently accepted as the best option for formative assessment. Hays and Wellard[6] highlight many key issues facing the choice of assessments in general practice training and suggest an alternative model of 'in-training assessments' could complement the current formative and summative assessment methods.[6] They conclude that development and evaluation of the full range of assessment methods represents a priority issue to improve the quality of training. This paper outlines the unannounced standardised patient (USP) as a new performance assessment and feedback methodology for registrars.

What is the unannounced standardised patient?

The USP is an actor or lay person trained to portray a patient scenario in a standardised and consistent fashion, who presents to a doctor for a routine consultation and assesses different aspects of the doctor's performance.[10] A recent paper reviewing the USP methodology highlighted its advantage over other methods of assessing performance.[11] The USP tool has been defined as the validated, gold standard methodology to discriminate among variations in the quality of clinical practice.[12] The USP method has been thoroughly tested, validated and embraced by many countries. General practice in Australia has been slow to embrace the USP methodology, possibly because of unfounded fears coming from a poor understanding of the tool. A Victorian research group made some positive moves by using announced standardised patient visits to GPs in actual practice to evaluate a training program dealing with Guidelines for Assessing Postnatal Problems (GAPP).[13] It is interesting to note that 46% of the GPs rated the simulated patient as "the most useful element of the program"[14] and many GPs commented that they would have preferred the simulated patient visit to be unannounced.

What is the potential value of USP methodology?

Unannounced standardised patient methodology can be effective in evaluating performance and providing valuable feedback. A Canadian study showed that when medical students were faced with a USP in their general practice placement, followed by appropriate feedback, this had a dramatic effect on later assessed competence.[15] The authors noted that they found no published studies looking at the use of USPs as teaching tools and concluded that the use of USPs represents a "potentially powerful intervention (that) could be applied to a range of clinical issues".[15] Similarly, the authors of the GAPP study recommended that the use of simulated patients be considered in educational programs aimed at changing GP behaviour.[14] This notion of using assessment tools to directly impact on learning is gaining acceptance, but scarcity of research in this area represents a challenge for implementation.[16]

Benefits of the USP methodology for GP training

Unannounced standardised patients can provide a formative assessment with minimal interference to the registrar and the practice in which they work. Since the registrar would be unaware of the USP, levels of anxiety are likely to be reduced. The USP methodology also removes the expected behavioural change that occurs as a result of direct observation, thereby making the formative assessment results more representative of actual practice. The all important feedback process could occur anytime following the visit of the USP.

General practice registrars may not be seeing a representative proportion of the aged care and chronic disease management patients presenting in general practice. This observation is being analysed through a registrar sample taking part in the Bettering the Evaluation and Care of Health (BEACH) study.[17] A skewed patient population for registrars hinders their RACGP Fellowship examination preparation and ultimately their clinical competence in actual practice. The USP methodology may represent part of the solution to this problem. Unannounced standardised patients could simulate key clinical cases to registrars in actual practice as a formative assessment exercise to ensure their standardised exposure to all important and common general practice presentations.

What are the barriers to using USPs in general practice training?

The primary barrier for introducing the USP methodology in the general practice training program would be the potential opposition by registrars. It is expected that this may stem from the deceptive nature of the USP methodology, combined with uncertainty regarding the effect of a 'poor' performance assessment on their progress in the training program. Therefore, acceptability for registrars is likely to be strongly related to the purpose of the USP assessment. Using the USP methodology purely as a teaching tool, with the results of the assessment being available solely for the registrar being assessed, would probably be more accepted than if a poor performance lead to remediation ramifications, as is currently the case with ECTVs. The 'deception' issue can be minimised by a requirement of the

registrar's written consent to participate in this teaching exercise, and possibly making it an optional formative assessment for registrars.

Rigorous and systematic feedback is not only something that registrars deserve, but would most likely welcome if it were aimed as a teaching tool, particularly if the case was relevant for the Fellowship exam.[4] Consultation with registrars would assist in overcoming the barriers by addressing their concerns and refining the USP methodology as an acceptable teaching tool.

Limitations of the USP methodology

One of the greatest benefits of the USP methodology may also be its most significant limitation for use in general practice training. The USP methodology accurately measures performance of the doctor being assessed. The medical education literature clarifies that performance refers to what a doctor does in actual clinical practice; whereas competence is what a doctor is capable of doing. If the general practice training program aims to ensure that GPs are competent to practise unsupervised in Australian general practice,[2] then the USP methodology, which measures performance, will not be an accurate measure of unsupervised competence. The Cambridge Model further elaborates on these constructs: that performance is a product of competence, combined with the influences of the individual doctor, and the influences of the system (eg. facilities, remuneration).[18] This model highlights that although competence is an essential prerequisite for performance, other factors need consideration when analysing assessed performance.

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