

# Exploring the in-consultation clinical and educational experience of Practice Experience Program (PEP) participants via an established patient encounter tracking and learning tool (PETAL).

Investigators: Alison Fielding<sup>1,2</sup>, Amanda Tapley<sup>1,2</sup>, Irena Patsan<sup>1,2</sup>, Rula Ali<sup>2</sup>, Annabelle Wood<sup>2</sup>, Mieke van Driel<sup>3</sup>, Elizabeth Holliday<sup>1</sup>, Andrew Davey<sup>1,2</sup>, Vanessa Moran<sup>2</sup>, Parker Magin<sup>1,2</sup>

<sup>1</sup>University of Newcastle, School of Medicine & Public Health, Australia; <sup>2</sup>GP Synergy, NSW and ACT Research and Evaluation Unit; <sup>3</sup>The University of Queensland, Faculty of Medicine, Primary Care Clinical Unit, Australia.

## 1. Aims and objectives

The overarching study aims were to:

- measure and describe clinically and educationally relevant features of Practice Experience Project (PEP) participants' in-consultation clinical and educational experience,
- compare PEP participants' in-consultation clinical and educational experience with that of Australian General Practice Training (AGPT) registrars, and
- assess PEP participants' perceived utility of the PEP Registrar Clinical Encounters in Training (ReCEnT) patient encounter tracking and learning (PETAL) tool.

## 2. Methods

Three cohorts of 2020/2021 GP Synergy PEP participants were invited to participate (n=178). Those who took part completed an online participant and practice questionnaire, and recorded data on 100 consecutive consultations using the ReCEnT-online platform. After completion of data collection and receipt of their feedback report, participants also completed a questionnaire eliciting perceived clinical and educational utility of PEP-ReCEnT.

All data were analysed cross-sectionally. Descriptive statistics were performed for demographic data (using percentages for categorical variables and means with standard deviation for continuous variables). Univariate comparisons between PEP participants and Term 3 AGPT registrars were conducted using chi-square and t-tests, with statistical significance set at p<0.05. At the time of writing, multivariable analyses for associations are yet to be performed, therefore only descriptive and univariate results are reported in this summary.

## 3. Results

178 participants were invited to take part, and of those invited, 15% (n=27/178) expressed interest and were signed up to complete ReCEnT-online. Of these, 8% (n=14/178) went on to complete all project requirements. In-practice encounter data can only be reported for a subset of 64% (n=9/14) of participants (representing the practices that provided confirmation as indemnified for research in accordance with RACGP practice accreditation standards): 900 encounters and 1,222 problems.

### 3.1. Demographics

Of the PEP participants who completed data collection, 57% (n=8/14) were male, and the average age was 42±9 years. 86% (n=12/14) of participants qualified as a doctor overseas and 86% (n=12/14) reported the ability to consult in another language (including Arabic, Hindi, Persian, Tamil). Most were completing the PEP fulltime (79%, n=11/14) over a 12–18-month period (86%, n=12/14). All participants indicated that they had worked at the specified practice before, of which 43% (n=6/14) were AGPT practices. Most were large practices with 6-10+ GPs (57%, n=8/14), and most routinely bulk billed all patients (64%, n=9/14). Practices were most commonly in inner regional areas (71%, n=10/14), and the average Socio-economic Indexes for Area Index (SEIFA) decile overall was 4 (with 1 indicating most disadvantaged and 10 most advantaged area).

### 3.2. Key in-consultation experience comparisons (PEP vs Term 3 AGPT registrars)

When compared to AGPT registrars, PEP participants saw significantly fewer female patients ( $p < 0.0001$ ), and significantly more patients aged in the 35-64 year ( $p < 0.0001$ ), and 65+ year age groups ( $p < 0.0001$ ). Consultation duration for PEP participants was 17.0 minutes per consultation, which is similar to that of AGPT registrars at 16.8 minutes.

PEP participants encountered chronic disease more frequently - 29% ( $n=360/1,222$ ) of total problems seen by participants were recorded as chronic disease, compared to 21% ( $n=14011/66826$ ) of problems for AGPT registrars. PEP participants were more likely to encounter musculoskeletal ( $p < 0.001$ ), digestive ( $p=0.010$ ), endocrine ( $p=0.019$ ), and cardiovascular issues ( $p=0.004$ ), than AGPT registrars.

PEP participants were also significantly more likely to seek sources of assistance when compared to AGPT registrars ( $p < 0.0001$ ). PEP participants sought assistance most commonly from in-practice supervisors, specialists and/or other health professionals in 26% ( $n=317$ ) of all problems encountered.

### 3.3. Utility questionnaire

The utility questionnaire was completed by all participants (100%,  $n=14/14$ ). Participants rated the overall educational utility of PEP-ReCEnT highly, with 79% of responders ( $n=11/14$ ) agreeing/strongly agreeing that PEP-ReCEnT helped them to understand how they were progressing in training. 85% ( $n=12/14$ ) indicated that they agreed/strongly agreed that participating in PEP-ReCEnT changed their clinical practice (e.g. time management, test ordering, medication prescribing, referrals).

## 4. Discussion

Preliminary findings establish that there are differences in the clinical and educational experiences of PEP participants when compared with Term 3 AGPT registrars. Our most striking finding suggests that PEP participants are significantly seeing more 'older' patients and are presented with more chronic disease when compared to Term 3 AGPT registrars.

Although lower-than-anticipated response rate was a limitation, these findings provide valuable insight into potential educational needs of participants. The findings should inform the ongoing development of the PEP at GP Synergy to better prepare participants for Fellowship exams and independent practice as a GP post-training.

Responses to the utility questionnaire suggest that PEP participants found taking part in PEP-ReCEnT to be educationally useful.

## 5. Implications

This study addresses the current evidence gap regarding the clinical and educational experience of PEP participants undergoing vocational training. Findings will be utilised to inform delivery of the PEP at GP Synergy. The findings may highlight the need for PEP program modifications that could be utilised by GP Synergy and other Australian Regional Training Organisations.

In addition, this project has modified ReCEnT-online and established procedures and methodologies that could be applied to other projects requiring documentation of in-consultation data in the future.

## 6. Future research

More research is required to explore the clinical and educational experience of PEP participants and to further investigate the comparison of participants' in-consultation experience with that of AGPT registrars. GP Synergy is in the process of conducting multivariable analyses of these results and is exploring the possibility of offering ReCEnT-online to PEP participants as part of their educational program during 2022.