

Early Assessment for Safety and Learning (EASL)

Supervisor Guide

Introduction

As a designated supervisor, it is your obligation to ensure that your registrar's patients are safely managed. This document outlines the Early Assessment for Safety and Learning (EASL) that has been designed to assist you develop a safe clinical environment for your registrar's patients. It will also help you understand your registrar's learning needs.

There are some differences in EASL for registrars in the AGPT program and FSP programs. This guide is for supervisors of registrars in the AGPT program.

Foundation Level Registrar

The EASL assessment asks you to assess whether your registrar is at Foundation Level.

A registrar who is capable of consulting safely without review of every patient encounter is said to be at Foundation Level. A registrar at Foundation Level has the clinical knowledge, skills, and attitudes to assess common general practice presentations and has insight into the limits of their competency and accesses help when required. A Foundation Level registrar can practice safely provided they have reliable access to supervisory support and close oversight of their practice. A '*Clinical Supervision Plan*' for the registrar explains how they can access help, who to call for help, and when they are expected to call for help.

It is the combination of the assessment of a registrar being at Foundation Level and the development of a '*Clinical Supervision Plan*' that is essential to patient safety in early general practice terms.

Early Assessment for Safety and Learning (EASL)

The EASL has three components: 1) MCQ; 2) daily case discussions; and 3) direct observation of consultations. EASL is designed to help you make a well-informed decision about your registrar's safety to practice as a Foundation Level registrar and in developing the registrar's '*Clinical Supervision Plan*'. The EASL activities will help you design the '*when to call*' component of the '*Clinical Supervision Plan*' and your '*Teaching Plan*'.

1. Registrar MCQ

Just prior to commencing their GPT1 term, registrars are required to complete 70 multiple-choice questions that focus on serious illness and common presentations in general practice. A self-assessment confidence rating grid is embedded into the test to provide insight into the registrar's self-awareness.

Currently the outcome of this questionnaire is not routinely being sent to supervisors. Ask your registrar to share their report with you. The summary will help you understand your registrar's current clinical knowledge. Pay particular attention to areas where your registrar gave incorrect answers yet was confident that they were correct. This may indicate areas where a registrar may fail to call when they should.

You are not required to document this discussion, but it will contribute to your overall assessment of whether your registrar is at Foundation Level and inform the '*Clinical Supervision Plan*' you will develop for your registrar.

2. EASL daily case discussions

At the start of GPT1, each day you should discuss the care of a selection of your registrar's patients with them. In addition to discussing cases that your registrar wishes to discuss; you should select several consultations where they did not call you for help. Doing this may detect cases where you weren't called when you should have been called. Usually, this failure to call will be because your registrar was not aware of a particular clinical problem, management, or general practice process – a so-called 'unknown unknown'. It is more concerning if you discover cases where your registrar recognised that they should have called but failed to do so.

The timing of the daily case discussions with your registrar may be at end of a clinical session or at the start of the following day. While reviewing on the day will allow you to immediately remedy errors it is likely that one of you will be waiting for the other to finish consulting to start the case discussions. Reviewing the following day will allow you both to attend on time.

Case discussions should continue routinely until you have enough evidence to be confident that daily case reviews are no longer needed. The time spent on daily case discussion counts as teaching time.

Daily case discussions of selected cases will rapidly help you gain an understanding of your registrar's breadth of clinical knowledge and reasoning skills and if they are calling for help appropriately. You are not required to document the outcomes of the daily case discussions, but it will contribute to your overall assessment of whether your registrar is at Foundation Level.

You will likely identify areas that require further education and support that can be added to your 'Teaching Plan'.

3. EASL direct observation of consultations

A minimum of four consultations should be observed. These do not have to be completed in a single session and are ideally completed during teaching sessions in the first 4 weeks of the term. The focus of this activity is on the basic knowledge and skills needed to consult independently - consultation and communications skills, record-keeping, certificates, PBS and MBS rules, and the ability to make safe prescribing and management decisions with a patient.

As this is the first time you have sat in and observed your registrar, it is likely that they will be apprehensive about your perceptions of their performance. How these initial interactions transpire can impact on your relationship with your registrar and on future feedback conversations throughout the term. Start by explaining the purpose of the assessment as it is important that your registrar feels that you are committed to their improvement. Reassure your registrar that, although your preference is that they go as far as they can in the consultation, you are available to assist if they are struggling. Commence with your registrar's self-appraisal and address their questions about their performance before raising issues that you have observed. At times it may be wise to leave feedback on some issues to a later time. There are cultural

differences in how feedback occurs. It can be valuable to discuss and appreciate any differences between your and your registrar's experiences and expectations about the provision of feedback.

Your assessment of each observed consultation is recorded in the Training Management System (TMS). After logging in to the TMS select '*EASL Direct observation and performance summary*' in the assessments tab and then select '*observations*' to open the form for your completion. You are required to assess whether the registrar is competent at 'Foundation Level'. Foundation Level is achieved when a registrar is competent to consult without review of every consultation and can be trusted to call for assistance when required. To assess this, for each competency area ask yourself, 'can I trust my registrar to either manage this independently or call me for help if needed?' If you can, then they are at Foundation level. The [EASL competency rubric](#) explains Foundation level in more detail.

All the observations are not expected to be completed in a single sitting and the overall performance assessment may need to be delayed until you have had time to complete the other components of EASL. A draft of the direct observation assessments can be saved by clicking Save as draft on the right-hand side of the page.

Submitting the EASL Summary

The summary of your EASL activities (EASL MCQ, EASL daily case discussion and EASL Direct Observations,) is recorded in the performance summary tab of the EASL Direct Observation assessment. This should be completed within the first 4 weeks of your GPT1 registrar starting in your practice. This is your declaration that the registrar is safe to practice at Foundation level – to consult without review of every consultation but with review as needed according to an agreed clinical supervision plan.

If, by the end of 4 weeks you are not confident that your registrar is safe to practice at Foundation level then please indicate on the performance summary that you have moderate or significant concerns with your registrar's performance. Submitting this will notify your local Medical Educator who will then contact you to discuss if you need assistance. In some circumstances you may wish to contact your local Medical Educator directly rather than waiting for them to receive a notification through the performance summary.

Your registrar will need to identify at least one learning goal based on the feedback you have given over the EASL activities. Please guide your registrar to identify their goal(s) and complete this tab of the EASL Direct Observation Assessment

Once all three tabs of the EASL Direct Observation and performance summary assessment have been completed you can finalise the assessment by pressing submit.

Clinical Supervision Plan and Call for Help List

A '[Clinical Supervision Plan](#)' describes how the practice will ensure that a registrar receives support to manage patients once they are at Foundation Level and no longer under direct supervision. It describes how they will receive support for patients they are not yet competent to manage alone. It's an important document for the registrar and all members of the supervisory team.

The Clinical Supervision Plan is developed, reviewed, and revised by the supervisory team in consultation with the registrar. It is created by answering three questions:

- When should the registrar call for help?
- Who should they call?
- How should they make contact?

The initial Clinical Supervision Plan, particularly the 'when to call' component of the plan, will be informed by what you have learnt about your registrar through the EASL assessment. The RACGP's '[Call for Help List](#)' is another useful resource to help you develop the plan. The 'Call for Help List' contains indicators and scenarios identified by supervisors and recent registrars as reasons for a registrar to contact their supervisor for assistance. Your registrar has been asked to complete a self-assessment of their confidence to manage the clinical problems on the list and share this with you.

A new clinical supervision plan should be developed for every new registrar term as each registrar has a different degree of competency. The clinical supervision plan will likely need to be adjusted as a registrar's competency changes over time. The practice's circumstances may also change from term to term.