

Supervisor discussion of PETAL results with registrars seems to help registrars prioritise gaps and action learning opportunities. However, it is recommended that there be further communication and training with registrars and supervisors to identify the benefit of this conversation. Likewise, additional efforts should be

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literature there were no published evaluations regarding the feasibility of implementing such tools across different general practice training contexts.

From those RTOs who used a PETAL tool, there was limited understanding about how useful these tools were to promote reflection and learning. This gap was also present in the broader literature. Such

knowledge is essential to ensure PETAL tools can be used to promote reflection and learning. Additionally,

research suggests that the involvement of supervisors in trainees' reflections may ent

Table 2. Overview of research questions mapped against data sources

Data source	Research Question						
	How registrars use a PETAL tool to reflect	What registrars reflect on	Changes associated with supervisor involvement	Usefulness of a PETAL tool for practising GPs	How a PETAL tool can be adapted to a remote supervision context	Acceptability of a PETAL tool	Feasibility
Pilot and interviews with registrars and supervisors	Y	Y	Y	Y		Y	Y
Registrar written reflections	Y	Y	Y		Y		
Registrar survey	Y		Y			Y	Y
Training organisation staff interviews / analytics	Y				Y	Y	Y

In order to answer each of the research questions results were triangulated across phases.

Summary of Findings

Table 3, overleaf, shows a summary of findings against each of the research questions. These are expanded on in the summary report following.

Table 3. Summary of key findings against research questions

Research Questions	Key findings
<p>4. How feasible is the use of a PETAL tool within Australian General Practice Training for assessment?</p> <p>d) How can a PETAL tool be adapted for use in a remote supervision context?</p> <p>e) How acceptable is a PETAL tool for stakeholders across different contexts?</p> <p>f) What are the costs of the implementation of a PETAL tool?</p>	<p>A PETAL tool can be feasibly implemented within the GP training context from a technical, economic, legal, operational and scheduling perspective.</p> <p>It can be successfully adapted and implemented within a remote supervision context.</p> <p>From a technical perspective a PETAL tool can be used for:</p> <ul style="list-style-type: none"> ○ Consultation data capture ○ Access to automated reports and submission of written reflection <p>From an economic perspective a PETAL tool requires investment of time from the GP training organisation, registrars, practices and supervisors to support implementation and maintenance.</p> <p>From a legal perspective a PETAL tool can comply with relevant standards and legislation.</p> <p>From an operational and scheduling perspective a PETAL tool can be integrated with existing GP training processes and infrastructure, but requires a clear training and communication plan and a robust project management process.</p> <p>A PETAL tool can be acceptable to registrars, supervisors and training organisations, and serves a number of purposes:</p> <ul style="list-style-type: none"> ○ Registrars find the tool useful to: compare their consultation profile with that of their peers and to identify gaps in practice/learning opportunities ○ Supervisors can use a PETAL tool for educational purposes.

Research Questions

Key findings

Shared documents used to ensure a co-ordinated approach to roll out included: a communication and training plan, a detailed timeline and schedule of activities and associated communication and information templates. A communication plan was implemented across both sites to raise registrar, supervisor and medical educator awareness of the GP Explore tool, including provision of short information and training videos and online FAQs. An optional training webinar was held for supervisors and uploaded for later viewing.

At GPEx, GP Explore was implemented as a part of the programmatic assessment framework for all registrars in general practice (GP) placements. However, due to the COVID pandemic, which placed additional burden on practices and registrars, it was made an optional activity for Semester One. At RVTS, GP Explore was offered via an opt-in process, and not included as a part of the programmatic assessment framework. At GPEx, GP Explore was offered to supervisors as an opt-in process.

The TELOS feasibility model was used to support planning, implementation and feasibility evaluation of the project. The TELOS model is used in business to assess the feasibility of a new opt

Table 5. Ongoing resource investments for GP Explore implementation and maintenance.

Resource/role	Description
Project management time (time estimated = 30 hours)	Project manager time to enable: Facilitation of the initial planning meeting and working group meetings Development and co-ordination of the implementation plan Facilitation of the communication plan* Co-ordination of training and resource updates and implementation Project troubleshooting* Evaluation and reporting Contracting and budget management
Project management time	For the initial roll out at a new site the following additional activities are required: Adaptation of training and communication resources Managing the pilot* Managing initial training activities (including train the trainer)*
Technical management time (time estimated from this project= 26 hours)	Technical manager time to: Participate in initial planning meeting and working group meetings Complete user enrolment* Complete automated communication set-up Provide technical support and troubleshooting* Manage updates to the tool as required. For the initial roll out at a new site the following additional activities are required: Adaptation of training and communication resources Technical support to the pilot* Delivering initial training activities (including train the trainer)*
Medical Educator time (time estimated= 15 hours)	Medical educator time to: Participate in the initial planning meeting and working group meetings Support the communication plan Facilitate training for new users * For the initial roll out at a new site the following additional activities are required: Facilitating initial training activities
Local administrator time (time estimated= 15 hours)	A local administrator from the site in which GP Explore is being deployed to: Participate in the initial planning meeting and working group meetings Ensure implementation plan and communication plan fits the requirements of the Io2 (o)-2.7 (e)-7 (l)-3.2 (o)-0.8 (2t023.1 (e)-78n)T27 1 Tf-0.003Tw 0e

Resource/role	Description
	Managing the pilot* Managing initial training activities (including train the trainer)*
Hosting cost	GP Explore is an

Standards for Training Organisations. Standards required evidence to be captured by the GP training organisation describing patient load and diversity (RACGP Training Provider Standards; Standard 1.1 / Outcome 1.1.2 / criterion 1.1.2.2, Standard 1.1 / Outcome 1.1.2 / criterion 1.1.2.3, Standard 2.2 / outcome 2.2.2 / criterion 2.2.2.2; ACRRM Training Organisation standards 4.1.1, 4.4.3; ACRRM Training Post Standards 8.5.1 and 8.5.3). GP Explore is able to capture and provide evidence of patient load and diversity.

Operational Feasibility

GP Explore used existing staff and infrastructure to facilitate roll out across both sites. It was able to be accessed through existing online learning platforms at both GPEX and RVTS. Short informeaning24Ou.nfoxu. u-3 1.7 (g P)0.6 (g24Ou)-0b1.8 (.)-3t (n)-2

focussing

<p>Training organisation workload</p>	<p>Automated reporting enables timely training organisation use of data while reducing burden on staff (who do not need to synthesise individualised data for each registrar and training post)</p> <p>GP Explore was an existing tested tool which could be adapted to meet local needs</p>
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Registrars and Supervisors

Stakeholder acceptability was investigated through exploring users' uptake and satisfaction. d

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formative assessment framework, and had previously been an assessment completed by registrars and supervisors. At RVTS it was implemented for the first time as an opt-in activity.

Within the pandemic, this was considered a high rate of registrar uptake for use of the GP Explore tool to capture consultation data. Submission of a written reflection using the GP Explore tool had a lower rate of uptake, particularly at RVTS

Supervisors who were interviewed commented on the benefits of GP Explore as an educational tool to assist supervisors to support registrars. They saw it as a unique assessment that enabled them to better understand registrar patient mix, provide insight into registrar's consulting style at a broad level and identify opportunities for education and skill development.

reflection will be further explored in the following section - *Role of PETAL tools within the assessment portfolio*.

2. Role of PETAL tools within the assessment portfolio- Summary and Discussion

This project showed that a PETAL tool can be used within an assessment portfolio to promote reflective practice. The evidence from this project indicates that registrars were able to demonstrate each stage of experiential learning, as described by Kolb

Table 10. Data supporting the ability of a PETAL tool to support each stage of Kolb's learning cycle.

Stage of Kolb's learning cycle	Evidence from current project
Experience	The PETAL tool was seen by the majority of respondents to capture realistic data, aligned with a registrar's consulting experience.
Reflection	Registrars were able to produce a quality reflection based on their PETAL data.
Conceptualisation	The PETAL tool was able to prompt identification of gaps and learning opportunities and documented actions.
Experimentation	A PETAL tool can lead

which could be considered in future tool development. In addition, while comparisons with other colleagues were discussed by 41% of respondents, this kind of comparison would require an understanding of what consulting profiles other colleagues within the practice had, which would likely require a conversation with the supervisor. This is discussed more broadly below- *Supervisor involvement with a PETAL tool*.

Assessment of the submitted reflections indicated that registrars could produce a quality reflection by using a PETAL tool. The highest quality reflection within this project scored 17 – out of a possible 18 – points on the REFLECT rubric (Wald et al, 2012), the tool which was used to assess the quality of written reflections. REFLECT scores indicated

While it seems there are potential benefits of the written reflection for some registrars

the written reflection and being able to, or motivated to implement these actions. Despite 90% of reflections containing documented 'proposed' actions, from the survey we found that only 41% of registrars reported that they had already implemented, or planned to implement, the actions identified in their reflection.

The survey found that 69% of registrars who did neither made, nor planned to make, any changes cited "lack of data

Registrars also indicated through the survey data that a PETAL tool provided a useful process to raise concerns about their consultation profile with their supervisor (30%). This aligned with the finding from previous ERG research that explored workplace-

Summary of the role of PETAL tools within the assessment portfolio

Overall, this project indicates that a PETAL tool can be used by registrars to support experiential learning according to Kolb's model through:

- capturing data to inform reflection (experience)
- promoting quality reflection (reflection)
- enabling identificati

Finally the REFLECT empathy sub-scale resulted in lower ratings and it is pondered whether this is less relevant to a PETAL reflection which assesses aggregated consultation data. It may be useful to tailor the REFLECT rubric if it were

Limitations associated with this research included:

Studies were conducted during a pandemic, which may further bias the types of individuals who participated. On the one hand, it is likely that only those who were *exceptionally* eager to participate in this research did so rather than those who were 'just' eager because of the extra demands they faced. Alternatively, those who became less busy as a result of the pandemic would have had extra time in which they could have participated. Both of these factors would have skewed the results.

A further implication of conducting these studies in the pandemic was that participants' views may have been skewed by a higher workload and a highly dynamic situation (e.g. viewing GP Explore more negatively because they lacked additional time to engage)

The quality of the written reflection was assessed within this project as a proxy for reflection quality. It is acknowledged that this is an imperfect proxy.

team would like to thank the registrars, supervisors, practice managers and training organisation staff who supported this project and participated in this research during this stressful time. A special note of thanks to those RVTS remote, solo registrars who participated in GP Explore. The uptake of the GP Explore tool and the research participation, within this context, was to be commended. We would like to thank the project Steering Group and Working Group who shared their wisdom and showed flexibility, d shdhs, d

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