LEARNING ACTIVITIES

Learning opportunities undertaken during training

GP training

Learning Activities Index

Educational Enhancement Activities

EV GP Training (EV) offers registrars the opportunity to complete the following educational enhancement activities:

- Peer Teaching Presentation
- Community Issues Project
- GP Audit

Rural pathway registrars who commenced GPT1/CGT1 prior to semester 2.2016 are required to complete all three of these activities.

All other registrars must complete at least one of these activities but can elect to complete more than one if they choose.

The activity must be completed by the end of core vocational training.

Registrars should document their intentions in their learning and training plans which should be discussed with their supervisor and training advisor.

Some practices may request that their registrar completes a particular activity during the placement and in this case, the activity must be finalised before the end of that placement.

Peer Teaching Presentation

Introduction

All doctors as they progress through their careers will have opportunities to teach and need to develop appropriate skills. The peer teaching activity will develop and refine these skills. Teaching is also a good way of learning. The process reinforces the tradition of passing on professional knowledge and skills to peers and juniors and improves confidence in the role.

Relevance for the GP's role

Both the ACRRM and RACGP curricula include teaching at every stage of professional development in acknowledgement of its importance for general practice.

Activity

Registrars who elect to undertake this activity will prepare and deliver a teaching session for a group of their peers. The term 'peer' can be interpreted broadly and might include other doctors or registrars, medical students, allied health or nursing staff. The teaching session may take any appropriate form and should be individualised to address the structure and learning needs of the group, with regard to choice of topic, session design, and level at which it is pitched and be based on adult learning principles.

The registrar should consider the provision of pre-reading, handouts, and follow up activities for the learners.

Opportunities for conducting a teaching session may include:

- In practice – possible learner groups include medical students, other registrars and medical staff and allied health professionals.
- Cluster group meeting - by making arrangements in advance with the regional facilitator.
- Peer learning workshop (GPT1 and/or GPT2) - by making arrangements in advance with the relevant workshop coordinator.

- As a Catch-Up (CUP) alternative by making arrangements in advance with the relevant workshop coordinator.
- Other opportunities such as study groups.

Intended learning outcomes include:

- Develop and deliver an educational activity for a group of learners.
- Demonstrate the effective use of basic teaching skills and learning resources.
- Design an evaluation for the teaching session.
- Use reflection as a learning tool to review the effectiveness of the chosen teaching methods.

Teaching Domains

- Structure, preparation and planning
- Level of participants
- Teaching methods and styles
- Cultural awareness
- Resources and learning aids
- Teaching and learning environment
- Communication
- Enthusiasm
- Interaction with participants
- Pace and timing
- Monitoring effectiveness
- Transfer of training

Further information on the content of these domains are outlined in *Appendix 1: Peer Teaching Planning Guide*.

Evaluation and Feedback

Evaluation of the session should be considered at the design stage. Common methods include:

- Surveys, immediate or later eg. Survey monkey
- Interview with groups or individual learners
- Peer reviewer (nominated prior to session)
- Self-reflection

Feedback should be sought about both the positive aspects of the session as well as areas that require improvement and based on the *Peer Teaching Planning Guide* (Appendix 1).

Submission Process

After the delivery of the session, the registrar will write a reflective exercise using the *Educational Enhancement Activities* form (Appendix 2) which must be submitted to the relevant Registrar Support Officer along with an electronic copy of any support documents (where available).

Learning Resources

- AGPT Article 'Planning a Teaching Event'
- AMC 'Teaching on the run'
- Jacques, David. (BMJ 2003; 326; 492-494). ABC of learning and teaching in medicine: Teaching small groups

Community Issues Project

Introduction

GPs have a role in the community other than just one-on-one consulting. As the discipline of general practice has evolved, its community-based context has remained absolute. In one sense, the GP is a mediator between medicine and the community.

In order to develop the acquisition of system-level and leadership skills the registrar undertakes a community issues project, with the advice and support of their supervisor.

Relevance for the GP's role

Both the ACRRM and RACGP curricula state that general practitioners have the potential to improve health at the community level, which requires them to have an understanding of the issues that impact upon a community's health.

Skills in presentation and communication to the community is essential, and need focus and development during the registrar's training, especially when educating and promoting the benefits of population-based health strategies.

Registrars who complete the community issue project will be better equipped to provide leadership in their community and have a greater understanding of the GP's broader professional and ethical role.

Activity

The registrar must:

- Identify an issue in the community in which they work
- Review relevant literature
- Liaise with their supervisor, and agree on the issue and project
- Formulate and deliver a project, or
- Initiate an investigation and make a short presentation.

The project should be tailored to the local community and be agreed upon with their supervisor. The registrar must complete the project during their time at a single practice.

Suggested activities include:

- Community health presentation
- Investigation of a community service
- Investigation of a local epidemiological issue
- Local media article/interview/web content

Registrars at the same practice or in the same locality may do a group project.

Intended learning outcomes

As the specific project is negotiated between the registrar and supervisor, the precise learning outcomes will vary. However, they may include:

- Understand the extended professional and ethical role of the doctor in caring for patients in the community in which he or she practises.
- Develop greater understanding of the community in which the registrar works and the local health priorities.

- Identify and respond to needs expressed by the community in which the registrar practices
- Demonstrate an ability to practice at a systems level.
- Participate in community-based health education and health promotion activities.
- Communicate effectively in a culturally safe manner with community groups.
- State the role of a medical advocate in the design and implementation of interventions that address the determinants of that population's health.
- Collaborate effectively with local networks of relevant professionals and community groups to contribute to the health, social and emotional wellbeing of the community as a whole.
- Develop confidence to take a leadership role in the community.

Evaluation and Feedback

The supervisor will be asked to review the project, and provide feedback to the registrar and EV on the *Educational Enhancement Activity* form, in relation to the following criteria:

- Formulation of the project
- Relevance
- Planning
- Data collection
- Implementation
- Delivery/report

A group project should be more substantial than an individual effort.

Submission Process

The registrar is to write a short report and reflection about the project using the *Educational Enhancement Activities* form.

The registrar may elect to make a presentation to the supervisor and/or other practice staff
The supervisor will write some brief comments and sign the form which is to be forwarded, by the registrar, to the relevant Registrar Support Officer.

General Practice Audit

Introduction

An audit is a systematic, critical analysis of the quality of medical care being provided, with a view to ensuring that the best quality service is being achieved, given available resources.

An audit involves a review of some aspect of care to consider what is working well and what could be improved. This is done by comparing results with an accepted standard, guideline or agreed best practice.

The audit 'loop' is closed by implementing changes to address identified shortcomings and then re-auditing to document improvements and assess the need for further change (Figure 1).

Figure 1. The audit process
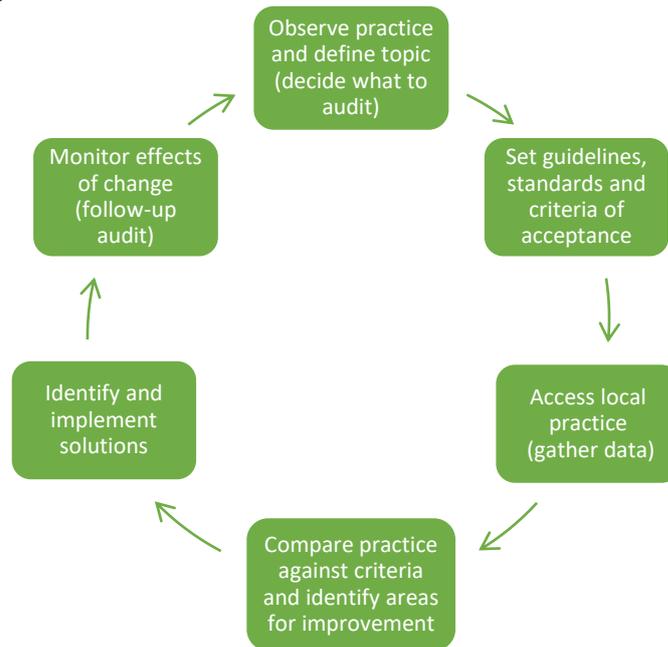
Periodical review, using the audit process, is a means of driving ongoing improvement to patient care.

Relevance for the GP's role

The audit is an accepted tool for ongoing quality improvement. Clinical audit and associated skills are included in both ACRRM & RACGP curricula (see Intended Learning Outcomes below).

Clinical audits can be used to meet Quality Assurance and Continuing Professional Development requirements post-fellowship. Ongoing self- evaluation, through the auditing of clinical practice, is one way that a GP can demonstrate commitment to lifelong learning.

Activity

Registrars who elect to complete this activity will be required to conduct an audit into an aspect of practice at the clinic in which they are working. This is a whole-practice audit and should not focus on individual practitioners.

The audit should include:

- A needs assessment
- The development of the audit question
- Identification of an appropriate standard or guideline
- Data collection
- Analysis of the data and comparison with the standard
- Suggestions for interventions to improve performance

In order to make the question relevant to the practice in which the registrar is working, the registrar should discuss the focus of the audit with his or her supervisor and, if appropriate, the practice manager.

Due to the time constraints, there is no requirement to implement the interventions and 'close the loop' for this task, although registrars who are working for more than six-months in the same clinic may wish to do so.

The aspiration is that the practice will implement the interventions and monitor their effect. Subsequent registrars at a practice may repeat an audit, after introduction of any suggested interventions, to 'close the loop'.

The registrar will present the findings to the practice, which will be supported by a formal 'report' in the registrar's choice of style. The 'report' could be the slides and notes from a PowerPoint presentation or based on the IMRAD format (Introduction, Methods, Results (Findings) and Discussion). Other formats are acceptable.

The submitted report/presentation should demonstrate that the registrar has:

- Understood the audit process
- Identified a relevant audit topic
- Developed an appropriate audit question
- Identified an appropriate standard against which to compare current practice
- Collected relevant and appropriate data
- Analysed the data with respect to the standard
- Reported findings in a clear manner
- Suggested interventions for improvement, if appropriate
- Reflected on the assessment task

Intended Learning Outcomes

The registrar will be able to:

- Critically reflect on his or her clinical performance in the provision of health and medical care for patients.
- State the role of clinical audit in the continuous quality improvement of one's practice and that of a medical practice.
- Demonstrate the ability to conduct a clinical audit using basic audit methods to evaluate and suggest improvements for clinical practice.
- Benchmark practice against local and national evidence-based standards.
- Develop skills in gathering data.
- Demonstrate the use of clinical software to retrieve patient data for quality improvement activities.
- Manage related ethical and legislative requirements regarding patient privacy issues.
- Disseminate the results of an audit to peers or other health professionals.
- State the role of a medical advocate in the design and implementation of interventions that address the determinants of that population's health.

Evaluation and Feedback

The supervisor will give private verbal feedback to the registrar and complete written feedback on the *Educational Enhancement Activities* form. The supervisor may indicate that the audit is of high quality.

As the presentation will be given to the practice, the registrar may also receive verbal feedback from other members of the audience (ie other than the supervisor).

Submission Process

Once the audit findings have been presented to the practice, the registrar will complete the *Educational Enhancement Activities* form, including a summary of the audit and a brief reflection on the completed task. The report should be signed by the supervisor and then forwarded the relevant Registrar Support Officer.

Learning Resources

Guidance will be provided by GP supervisors. Further detailed information about clinical audits is available on:

- http://www.health.vic.gov.au/clinicalengagement/downloads/pasp/literature_review_clinical_audit.pdf

DISQ and CFET Surveys

Introduction

Feedback has a crucial role in a registrar's learning by encouraging the registrar to think about their performance and ways to improve it. Feedback obtained from multiple sources has been found to be a reliable way to assess a doctor's performance.

RACGP registrar are encouraged to undertake one or both surveys:

- Doctor's Interpersonal Skills Questionnaire (DISQ) can be undertaken in GPT1
- Colleague Feedback Evaluation Tool (CFET) can be undertaken in GPT2

The combination of the DISQ and CFET surveys will give a 360 degree assessment of a doctor's professional skills, and interpersonal and communication abilities.

Rural pathway registrars who did not complete the relevant survey by the end of semester 2.2016 are still required to finalise this activity.

For ACRRM registrars, it is **mandatory** to complete a summative Multi-Source Feedback (DISQ and CFET) assessment during Core Generalist Training. ACRRM registrars must refer to the Fellowship Assessment Handbook available on their website as completion is a prerequisite for Fellowship. ACRRM registrars contact CFEP Surveys direct to enrol in the summative MSF assessment.

Relevance for the GP's role

General practitioners work in multi-disciplinary environments, where good teamwork is necessary to ensure that patients receive high-quality, patient-centred care. Seeking 360 degree feedback reflects a willingness to embrace the team-based ethos of the general practice environment and critical self-reflection to maintain professional practice standards.

Activity

Doctors' Interpersonal Skills Questionnaire

DISQ gives GPs structured patient feedback on their interpersonal skills within the consultation, such as listening, showing respect and clarity of explanations.

Registrars receive a package containing written instructions to registrars, supervisors and reception staff. The survey is completed in accordance with a standardised process involving the agreement of the practice and the voluntary consent of patients. The receptionist/practice manager administers a questionnaire to 50 consecutive patients after the patient's consultation with the registrar. These are then sent direct to CFEP Surveys for analysis.

<u>Colleague Feedback Evaluation Tool</u>

CFET is a questionnaire, completed by team-members, that focuses on the doctor's professional skills, such as clinical ability, keeping up-to-date, working within limitations, teamwork, commitment, and probity.

The registrar completes a self-assessment and nominates 15 colleagues (medical and non-medical) with whom they have regular contact to complete the survey. The survey is completed online and respondents' feedback is confidential. The registrar should nominate subordinates, peers, and supervisor within their immediate work circle. The CFET survey has a comprehensive 'Self-Assessment' that the registrar should complete.

Intended Learning Outcomes

The registrar will:

- Demonstrate effective communication skills and appropriate levels of professional skills.
- Demonstrate the ability to continually appraise and reflect on their performance in clinical and nonclinical practice.
- Be able to seek feedback from patients, general practice peers and team members and integrate it into ongoing professional development.
- Understand basic descriptive statistics for describing and interpreting results of survey data.

Evaluation and Feedback

The registrar receives a comprehensive report from CFEP Surveys, with an analysis of the data presented in various ways. The registrar's data is benchmarked against a larger dataset and interpretation of the findings is required.

Further feedback stems from the discussion between the registrar and their supervisor. The registrar is expected to reflect on all the feedback they receive and identify areas for further development, which should be recorded in the registrar's learning plan.

If a registrar identifies significant performance deficits, the relevant Registrar Support and Progress Coordinator will provide advice and support. As a guide, scores of four or more items in the lowest quartile of the DISQ or six or more items in the lowest quartile in the CFET, are considered significant.

Submission Process

Both surveys can be arranged direct with CFEP Surveys, an independent organisation specialising in patient and colleague feedback surveys for health professionals. The registrar or practice requests an *AGPT Application* form via email (details provided in the contacts section).

The DISQ and/or CFET surveys may be requested by EV as a result of assessments during training. In this instance, EV will organise the survey(s) to be ordered which must be completed within four months from the notification date.

The practice may also request that the registrar completes one or both surveys. This should be arranged direct with CFEP Surveys and must be completed before the end of that placement so that the results are discussed with the supervisor and actions are agreed on.

EV will reimburse the registrar for the fees only on submission of a copy of the report and associated *DISQ and CFET Survey Feedback* form (Appendix 3).

Learning Resources

CFEP surveys' website is: http://www.cfepsurveys.com.au/

Relevant articles:
- Greco, M., Spike, N., & Powell, R. (2002). Assessing communication skills of GP registrars: a comparison of patient and GP examiner ratings. *Medical Education*, 36(4), 366-376.
- Narayanan, A., & Greco, M. (2007). What distinguishes general practitioners from consultants according to colleagues? *Journal of Management & Marketing in Healthcare, 1*(1), 80-87.

ACRRM Online Modules

ACRRM provides registrars with a growing selection of interactive modules through ACRRM Online Learning.

Registrars are required to complete at least **four** FACCRM recommended online modules before the end of core vocational training.

The online learning modules must be approved by ACRRM as suitable for training, these are marked on the Educational Inventory as 'FACRRM recommended.'

For more information on this activity, please refer to ACRRM Fellowship Training Handbook

Procedural Skills Log

Procedural skills are an important component of the competencies required for independent general practice. Most training environments provide the opportunity to gain at least some of these skills.

ACRRM registrars, satisfactory completion of the CGT logbook is a **mandatory** requirement for fellowship. The CGT procedural skills logbook is available through ACRRM's My Training Portfolio section in 'My College' dashboard. Registrars must achieve certification at specified competency levels or higher for:
- 100% of the essential logbook procedures, and
- 75% of the important logbook procedures

ACRRM registrars undertaking an **AST in Emergency Medicine** are also required to satisfactorily complete the EM AST procedural skills logbook. Details are provided in the ACRRM Fellowship Assessment Handbook available on the ACRRM website.

For other registrars, EV provides a *Procedural Skills Log* (Appendix 4) designed to flag important procedural skills for independent general practice. It also provides the ability for the registrar to record their progress in acquiring these skills.   Registrars can access this log through EV Help.

The procedural skills log groups procedures into 'Essential' and 'Desirable'. It is intended that this tool be used by registrars, in discussion with their supervisor, to maximise opportunities for learning these skills at each placement.

Contact Details

EV GP Training

Rural Pathway enquiries:	**General Pathway enquiries:**
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For key program staff contact details, visit https://www.evgptraining.com.au/about-us/our-team/key-program-contacts/

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Appendix 1 – Peer Teaching Planning Guide

This form aims to assist you in the preparation of your peer teaching activity. It is designed around broad headings, domains that relate to aspects of teaching and learning that EV values. Successful peer teaching sessions benefit from thorough thinking, preparation and planning.

A peer reviewer (facilitator, supervisor or another registrar) should use these headings to provide you with feedback about your presentation and your facilitation of the discussion that follows.

Domain	Indicative areas to consider	Notes
Structure, preparation and planning	- Am I clear why this teaching and learning activity is necessary? - What are the learning goals or objectives? - What are the key points that I want to signpost? - What aspects of the Colleges' curricula does the session address? - Have I left enough time for preparation and planning so that I can present the material in a well-organised form, so that participants can follow the structure?	
Level of participants	- What knowledge do I have of the participants' knowledge and skills, i.e. the level they are at? - How will I connect the content with participants' prior knowledge and understanding? - Do I have content that will engage, challenge, and deepen the learning of learners who are at different levels?	
Teaching methods and styles	What are the 'best' teaching methods and styles for delivering the learning goals or objectives? E.g. a variety of activities, such as a mix of large and small group techniques, demonstrations, quizzes; visual; verbal; logical, kinaesthetic, musical, interpersonal, and intrapersonal learning styles.	
Cultural awareness	What am I going to do to integrate cultural awareness into the session? E.g. including examples where a GP has to be aware of specific issues when working with patients from culturally and linguistically diverse backgrounds.	
Resources and learning aids	- What resources do I need to help participants understand the material? E.g. IT equipment for myself; handouts for participants. - Have I got references for the presented material, so that participants can follow-up areas of personal interest?	

Teaching and learning environment	• How do I want the room arranged (e.g. arrangement of chairs; sightlines)? • Am I planning any changes to the environment during the session (e.g. break-out groups, small group activities, hands on activities)? I.e. have I considered what arrangement(s) is best suited to the teaching method(s)? • How will I ensure that the environment is comfortable (e.g. lighting, heating, and ventilation)?	
Communication	• Have I taken steps to ensure that I am clearly heard by all participants? E.g. consider tone and volume of voice; any jargon is understood; use of culturally specific phrases.	
Enthusiasm	• What do I need to do to ensure that I present the material in an enthusiastic way that sustains the participants' interest in the subject matter?	
Interaction with participants	• How will I establish rapport with the participants? • What will I do to create opportunities to interact with participants? E.g. by inviting questions and exploring participant initiated ideas.	
Pace and timing	• What do I need to do to ensure that I keep to time and that the material I plan to cover flows at an appropriate pace?	
Monitoring effectiveness	• How will I ensure that I monitor participants' progress and understanding was during the session, and take any responsive action? E.g. making provision for participants who appeared to be passive, experiencing difficulties, bored, or annoyed.	
Transfer of training	• What am I going to do to facilitate the transfer of learning to the workplace? I.e. specific techniques for integrating education; ensuring that reference materials, handouts and resources are utilised away from the training session.	

Other notes:

Appendix 2 – Educational Enhancement Activities Form

Registrar: ....

Practice: ....

Supervisor: ....

Date: ....

Activity: Peer Teaching / Community Issues Project / GP Audit *(delete as appropriate)*

Abstract
- Teaching topic/Community issue/Audit question
- Goals of the project
- Activity (summary of project)
- Outcome and evaluation

Supporting documents   **Yes/No** (email to Registrar Support Officer for upload)

Reflections
- Why did you choose this activity?
- What did you learn from this activity?
- What feedback did you receive?
- What changes have you made?

Supervisor Evaluation - Community Issues Project or GP Audit only

Expectations

Community Issues Project

- Outlines a project that addresses a public health problem or the health needs of a special group in the local community
- Consults with supervisor or other local health care providers in developing ideas for community project
- Develops and maintains a project plan that is realistic given the time available for the project
- Finds and uses relevant literature in support of the project
- Identified any ethical issues that impact the community project

GP Audit

- The registrar identified an audit **topic** that was relevant to the practice.
- The registrar developed an audit **question** that was appropriate for the task.
- The registrar collected data that was relevant and appropriate to answer the question.
- The registrar identified an appropriate standard against which to compare current practice.
- The registrar analysed the data appropriately with respect to the standard
- The registrar suggested appropriate interventions for improvement based on the available evidence.
- The registrar reported the finding in a clear manner.

Comments and advice:

This is a high quality presentation that warrants posting as a resource to others. ◯ Yes ◯ No

Supervisor signature:

Appendix 3 – DISQ and/or CFET Reporting Form

Registrar:	
Supervisor:	
Practice:	
Date:	

To fully review your results, we suggest you work your way through the tables and graphs in the Patient Feedback and/or repeat with your Colleague Feedback, you may find this a useful exercise for future professional development.

Which four questions received the highest and which four received the lowest ratings?			
Patient Feedback		**Colleague Feedback**	
Highest	**Lowest**	**Highest**	**Lowest**
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
In which areas were you stronger? Were you surprised by this?			
Patient Feedback		**Colleague Feedback**	
In which areas were you weaker than you expected?			
Patient Feedback		**Colleague Feedback**	
Are the ratings given to you by one group higher than the ratings of other groups?			
Patient Feedback *(Consider genders, age groups, first vs. subsequent patient visits)*		**Colleague Feedback**	

How did your scores compare with your peers? Were you surprised by this?	
Patient Feedback	**Colleague Feedback**

Are there any recurrent themes in the patient and/or colleague comments? Do they indicate specific areas of strength or where future development may be helpful?

Are you perceived by patients and/or colleagues as you would expect?

Reflecting on your strengths and weaknesses, identify areas you intend to further develop. List your specific goals. These goals should also be included in your learning planner.
1.
2.
3.
4.

Supervisor to complete

Please confirm you have discussed these results with the registrar.　　　◯ Yes　　◯ No

Comments:

Supervisor signature: _____

Appendix 4 – Procedural Skills Log

Registrar: _____

EV provides a procedural skills log for registrars as a guide and tool to aid them in acquiring the procedural skill necessary for independent general practice. It is intended that this tool be used by registrars in discussion with their supervisors in order to maximise the opportunities for learning procedural skills at each placement. The log groups procedures into essential procedural skills and desirable procedural skills. The list was developed using a Delphi approach with Gippsland supervisors.

While the use of this procedural skills log is not compulsory, it is highly recommended.

ACRRM pathway registrars are required to complete the procedural log provided through My Training Portfolio.

Procedure	No Familiarity	Observed	Done under supervision	Done independently
Essential				
Cardiovascular				
Intravenous access				
Set up and record 12-lead ECG				
Venepuncture				
ENT				
Ear toilet-dry mopping				
Epley manoeuvre for BPV				
Removal of ear wax				
Syringe external auditory canal				
Musculo-skeletal				
Application of a forearm back-slab				
Application of aluminium finger splint				
Application of arm sling				
Application of cervical hard collar				
Intramuscular injection				
Removal of a plaster/fibreglass cast				
Soft tissue injury strapping				
Nervous system				
Infiltration of local anaesthetic				
O&G				
Insertion of Implanon rod				
Perform a PAP smear				
Removal of Implanon rod				
Removal of IUD				
Ophthalmology				
Application of eye-patch				
Irrigation of eye				
Removal of corneal foreign body				

Procedure	No Familiarity	Observed	Done under supervision	Done independently
Removal of corneal rust ring				
Removal of sub-tarsal foreign body				
Pathology				
Take & prepare - Cervical swab				
Take & prepare - Fungal scraping				
Take & prepare - High vaginal swab				
Take & prepare - Post nasal swab				
Take & prepare - Throat swab				
take & prepare - Wound swab				
Respiratory				
Administer O2 via face mask				
Nebuliser therapy				
Perform peak-flow measurement				
Perform spirometry				
Skin and Subcutaneous Tissue				
Application of Burns dressings				
Application of wound dressing				
Cryotherapy of skin lesion				
Dermatoscopy				
Drainage of acute paronychia				
Excision of superficial skin lesion				
Gluing of laceration				
Pare skin callus				
Punch biopsy of skin lesion				
Shave biopsy of skin lesion				
Subcutaneous injection				
Suture of deep laceration				
Suture of superficial laceration				
Wound debridement				
Urgent Care				
CPR Adult				
CPR child				
Defibrillation				
Insertion of oral airway				
Mouth to mask ventilation				
Mouth to mouth ventilation				
Reduction tension pneumothorax				
Urological				

Procedure	No Familiarity	Observed	Done under supervision	Done independently
Insert hormonal implant into male abdomen				
Desirable				
ENT				
Anterior nasal packing				
Cautery for nasal bleeding				
Insertion of wick into ear canal				
Re-insertion of avulsed tooth				
Removal foreign body from nose				
GIT				
Drainage of perianal abscess				
Drainage of perianal haematoma				
Musculoskeletal				
Application of a below knee back-slab				
Application of a forearm cast				
Application of a scaphoid cast				
Application of below knee cast				
Injection of carpal tunnel				
Injection of plantar fasciitis				
Injection of sub-acromial space				
Injection of tendon sheath				
Injection/aspiration of knee				
Injection/aspiration of olecranon bursa				
Injection/aspiration of pre-patellar bursa				
Injection/aspiration of shoulder				
Injection/aspiration trochanteric bursa				
Injection/aspiration of small joints				
Reduction of dislocated finger				
Nervous System				
Digital nerve block				
O&G				
Insertion of hormone implant via trocar /cannula				
Insertion of IUD				
Vaginal delivery				
Ophthalmology				
Use Slit lamp				
Skin and Subcutaneous Tissue				
Avulsion of toenail				

Procedure	No Familiarity	Observed	Done under supervision	Done independently
Curettage of skin lesion				
Drainage of subungual haematoma				
Electrocautery of skin lesion				
Evacuation of haematoma				
Excision of a lipoma				
Excision of sebaceous cyst				
Intradermal injection				
Partial toenail removal				
Removal of a fish hook				
Removal of a ring from swollen finger				
Removal of subcutaneous foreign body				
Wedge resection of in-growing toenail				
Urgent Care				
Endotracheal intubation				
Insertion of laryngeal airway				
Insertion of nasopharyngeal airway				
Urology				
Female urethral catheterisation				
Male urethral catheterisation				
Suprapubic aspiration (child)				