**Presentation title**

Exploring the content of different modalities of External Clinical Teaching Visits (ECTVs).

**Explain why your paper is relevant, important and of interest to GP22 participants**

Although face-to-face and remote ECTVs are perceived by registrars and clinical teaching visitors to have similar educational usefulness (data yet-to-be published), the clinical and educational content may differ by modality. This paper explores the relationship between registrar-reported observations of physical examination and ECTV modality, which is an important aspect of ECTVs.

**Take home message**

* Although face-to-face and remote ECTVs appear to have similar perceived educational usefulness, they may differ in clinical and/or educational content.
* Findings from our study investigating the content and perceived usefulness of ECTVs suggest observation of physical examination and subsequent discussion about this is less prevalent in remote ECTVs
* A hybrid model of ECTV delivery may be an important consideration for balancing benefits of remote ECTVs with comprehensive assessment and delivery of feedback.

**Background**

External Clinical Teaching Visits (ECTVs) are formative work-based assessments of GP registrars across Australia. ECTVs were conducted remotely during the COVID pandemic. Differences in clinical and educational content of different ECTV modalities have not previously been explored, particularly regarding physical examination. Physical examination constitutes an important aspect of, and a rich source of feedback within, traditional (face-to-face) ECTVs.

**Aim / Hypothesis**

We aimed to explore associations with the content of ECTVs (specifically the occurrence of physical examination being observed by a Clinical Teaching Visitor (CT Visitor)) and registrar/practice/ECTV factors, including ECTV modality. Of particular interest was any variability between face-to-face and remote modalities with regard to physical examination.

**Method**

Between 2020-2022, registrars from NSW/ACT, Northern Territory and Tasmania were invited to participate in a cross-sectional online questionnaire after completing (face-to-face or remote) ECTVs. Univariate logistic regression was performed.

**Results**

There were 1394 registrar responses (response rate 44%). Physical examination was reported not to be observed by the CT Visitor in 5.5% (n=9) of face-to-face ECTVs and 14.7% (n=133) of video ECTVs. Univariate analysis showed that a performance of physical examination being observed (dichotomised as no/yes) was more likely for face-to-face ECTVs(OR=3.68, 95%CI=1.84-7.35, p<0.001).

**Discussion**

There is a significant difference in prevalence of observing physical examinations between face-to-face ECTVs and those conduced remotely. Registrars reported physical examinations to be observed more regularly in face-to-face ECTVs than those conducted remotely. This has implications for considerations regarding the optimal delivery format of future ECTVs. A hybrid model of delivery may be appropriate.

**Conclusion**

Although registrars may perceive face-to-face and remote ECTVs to be similarly useful, there appears to be a difference in the delivery of content between these modalities.