The value of *ad hoc* supervisory encounters: perceptions of GP-registrars, GP-supervisors and practice managers

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What are ad hoc encounters?

- Outside formal, protected teaching time
- “Corridor teaching” (Pearce, 2003)
- Focus on patient safety rather than learners’ educational needs (Molodosky, 2007)
- Patient may be present
What do we know from the literature?

- Supervision literature
  - Patient safety
  - Teaching
  - What people say they do
- Socio-cultural theories
- Ad hoc encounters
  - Models
  - “Most beneficial”
  - Underappreciated
Perceptions of ad hoc encounters: what do registrars, supervisors and practice managers say?
Findings

- Template analysis (King, 1998)
- Broad themes
  - Safety
  - Education

Dr Rebekah Evans GP registrar of the year, 2013
“Gesundheit.”
Just as a registrar, [ad hoc encounters are] really, really, really important. Like if I only could talk to Supervisor E on my one, two hours on a Tuesday and could not talk to him in between, that would just be horrible. You’d feel totally unsupported, you’d completely flounder. I can’t imagine how any registrar would survive not having someone to just ask.

(Registrar E, female)
Practice safety

- Reputation – linked with GP role in the community
- Business considerations
- Operational and admin issues
Ad hoc encounters are] certainly very good for teaching. There doesn’t seem to be much proof of, much study on how good, but they’re certainly rated very highly by all the learners. I would think there’s no doubt that they’re very good for teaching. (Supervisor D, male)

I think that [ad hoc encounters are] the best learning opportunity because you learn more when you have a question which is bothering you and you’re looking for the answer. You tend to remember this much better than when you sit down and read or talk with the supervisor. Registrar E
Education themes

- clinical
- ‘craft’ of being a GP
- assessment of the registrar
  - by the supervisor
  - self assessment
Clinical education
‘Craft’ of being a GP

I’m addicted to the internet because it’s more interesting than people.

Is there a pill you can give to everyone else to make them more interesting?

Doctors never want to treat the underlying problem.
‘Craft’ of being a GP
I mean if they ring and say ‘this guy’s got a sore toe and what do I do’, it’s obviously very different to ringing and saying ‘look there’s a man here and his right toe is inflamed, there’s some redness in this area and I think I should start an antibiotic and I’m thinking of keflex, but do you think I should start dicloxicil’. Massive difference in what I’m going to think of those two registrars...

(Supervisor D, male)
So what?

• in–depth, qualitative study in general practice
• adds to research which has focused on supervisors
  – perceptions of registrars beyond anecdotal feedback
  – practice managers
• ad hoc encounters as important learning opportunities and crucial in ensuring patient safety
• ad hoc encounters perceived as serving a range of practical purposes which benefit patients, registrars, supervisors and the practice organisation


Molodysky E. Clinical teacher training: Maximising the 'ad hoc' teaching encounter *Australian Family Physician* 2007;36(12):1044-6

Pearce C. Corridor teaching: 'Have you got a minute...?'. *Australian Family Physician.* 2003;32(9):745-7.

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