“Corridor conversations”: Exploring IP camera use in GP registrar education in a regional setting

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Definitions

- Internet Protocol (IP) camera
- External Clinical Teaching Visit (ECTV)
- Distant Supervision
- Workshops
Background

- Limited evidence of effectiveness of the use of IP cameras in GP supervision

- In a large dispersed geographical area such as Gippsland (40,000 km²), it is critical to deliver training programs that overcome existing geographical and temporal barriers.
Aims

We investigated the effectiveness of IP cameras in three training activities:

- ECTV
- Distant Supervision
- Workshops
Methods

- Individual interviews (26)
- Focus groups (3)
- Pre and post camera instillation
- Supervisors, registrars and patients
Methods

- Six regional sites in Gippsland, Victoria
  - Churchill
  - Cowes
  - Lakes Entrance
  - Leongatha
  - Maffra
  - Morwell
Analysis

• Qualitative research methodology

• Broad thematic analysis

• Constant comparison approach
Results

- Supervisors and trainees identified:
  - Time travel reduction
  - Emphasised that advantages should not jeopardise quality of supervision
  - Personal training visits have particular benefits including “corridor conversations”
  - Additional possibilities include extension to multi-site practices and involvement of specialists
  - Innovative applications to the supervisory educational process

- Patients responsive and active participants, impressed by the possibilities of such ‘sophisticated’ technology in regional areas.
Travel Time

‘I think the biggest benefit is .. not having .. to drive and have – if we’ve got say an afternoon session, if we spend two hours driving, it’s means that we’re reducing the amount of direct face-to-face contact we can have with a registrar.’ (Supervisor)
Time Travel

‘And it may work very well and then it would prevent or would say it was all a lot of um, travelling particularly in rural areas.’
(Supervisor)
Geographical Gaps

‘I was quite excited that it, it was possible to be able to get this infrastructure in so that we can actually start to supervise registrars remotely in those areas … I can see real benefits but if the technologies honed and we know how to use it well that we can start to bridge some of the geographically gaps.’

(Supervisor)
Quality Supervision

‘We are going to have to think of ways of making sure, even though this is happening, making sure that there is good supervision happening as well. That’s the main purpose of being here and for us doing it.’ (Supervisor)
Quality Supervision

‘In this setting where in the traditional setting the, the supervisor comes around and sits with us … when we do procedures, the camera can’t come with us… bearing in mind that it has its own limitations but, it, you know… doesn’t replace the, the face to face experience. In fact there is a risk of losing some aspects of the, the original process but if circumstances are limited this is your alternative.’ (Registrars)
Personal Engagement

‘To get out and smell the roses, go to another practice, see how they do things, just get a general impression ... you take back a different impression about how you might do something ... I’ve really enjoyed going to the different centres, meeting the different staff, the doctors, and of course sitting in with the registrars and just really seeing how they do it.’ (Supervisor)
Corridor Conversations

• ‘It’s always nice to shake someone’s hand and to encourage them to watch what’s going on.’ (Supervisor)

• ‘we’ve got to build capacity in for some of that … sort of pastoral stuff to happen’ (Supervisor)

• ‘… there have been times [in] clinical teaching visits where I’ve … seen things which I’m not sure I’d be able to see … via a camera.’ (Supervisor)
Less Intrusive?

‘One of the issues about ECTV is, can be having somebody else sitting in the ... can make the registrar who’s being visited a little bit more anxious and aware when there’s somebody sitting there.. it might lessen that anxiety a little bit if it’s done via camera.’ (Supervisor)
Additional Possibilities

‘It might mean that we can run debriefs and educations to a broader range of people and perhaps encourage them into training programs as well and it might have a lot of flow on benefits for those doctors who sometimes feel a bit left out.’ (Supervisor)
Patients Perspectives

‘It didn’t worry me at all’, particularly when it was in the terms of a ‘conversational thing about my health … it really was at a level which was quite discussable… I didn’t even think about it … it was unobtrusive, it wasn’t sitting in your face. I was shown it. Time was taken to show it to me. So it was really of no great consequence to me. I really didn’t care.’ (Patient)
Patients Perspectives

‘If I was having an examination for something serious and there’s another doctor watching, it’s quite beneficial because if they talk to one another it’s really like a double go isn’t it? In fact if I was having something serious I wouldn’t mind another doctor being present, and that’s really what will happen. You know I could see that if I had something bad with me, another specialist sitting on that screen up there looking at me, I would feel very comforted by that.’ (Patient)
Discussion

• Delivery of a training program by IP cameras has distinct merits and limitations

• Training providers must understand their individual contexts and training needs to accommodate this technology in their settings, including:
  – Coordination
  – Expectations
  – Evaluation
  – IT support
In conclusion
References


Thankyou

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