

## **Our Supervisors – their experience, skills and perceptions of need of education Results of a survey**

### **Authors**

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### **Introduction**

WAGPET, with the support of the Supervisor Forum, have been expecting GP Supervisors to undertake 12 hours of education per year. This number of hours caused some concern with Supervisors however the Supervisor Forum supported the requirement. A new Supervisor Education Framework and policy was developed in 2006 to enable planning of education and provide more opportunities for Supervisor education. Previously the mainstay of Supervisor education was Teaching on the Run sessions which were repeated. One significant element of the Framework was the addition of 'independent options'.

In 2007 the RACGP and ACRRM identified the requirement that Supervisors of general practice Registrars attend 18 hours of education annually to develop their skills as an educator and demonstrate commitment to teaching. This reinforced WAGPET's position that general CPD was not part of Supervisor education, but raised further concerns about the amount of time required.

### **Aims of the survey**

With the Supervisor Education Framework and the College requirements, WAGPET undertook a survey to present the framework and requirements to the Supervisors and get their feedback whilst also identifying Supervisor experience; self-assessment of their level of knowledge and skills and their likelihood to attend core education and independent activities.

### **Method**

A survey was developed and piloted. The final survey was made available online and also distributed by mail to 110 Supervisors (Primary and Secondary). This survey integrated into a RACGP Category 1 activity during 2007 as pre work along with pre-reading - Morgan S. 'A balancing act. The role of the general practice trainer' AFP 2005; 34(12): 19-22

### **Results**

Fifty-five (55) Supervisors returned the survey (50%) Of respondents 78% were male and 22% were female, and 60% metropolitan/outer metropolitan (30) and 40% rural (20).

In identifying their experience in teaching the respondents were divided into four groups according to years involved in teaching – little experience  $\leq 2$  years, moderate experience 3-5 years, experienced 6-9 years and very experienced 10 plus years. Taking into account the small numbers the levels of experience between metropolitan and rural Supervisors were similar.

Table 1 outlines the Supervisors experience in teaching registrars and students in one-to-one, small groups or via lectures. Sixty-two percent of supervisor respondents are

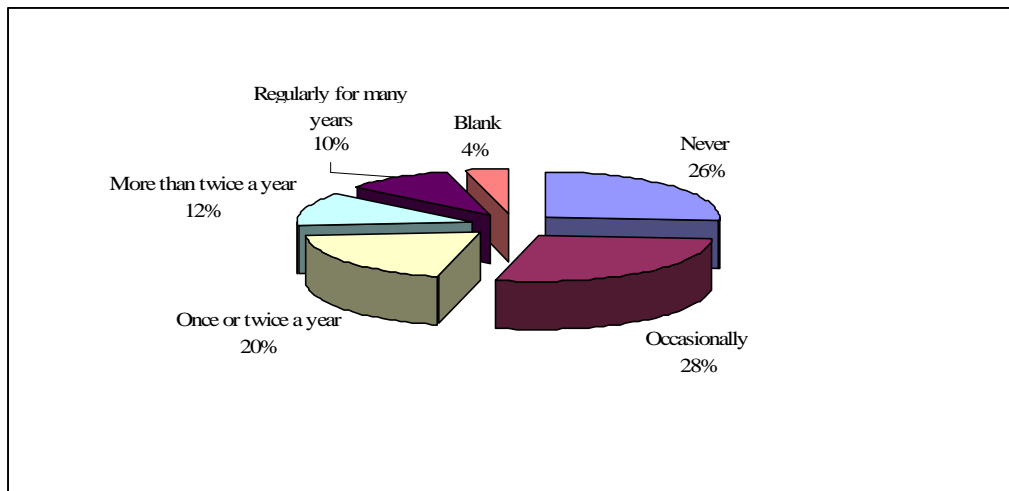
experienced/very experienced in 1:1 teaching of registrars and students. In terms of small group teaching however, the supervisors indicated that they had much less experience with 68% of supervisors having limited experience ( $\leq 2$  years) in small group teaching with registrars and 80% with limited experience in small group teaching with students. Of those with limited experience in small group teaching 77% (26) had less than 1 year experience with registrars and 90% (36) had less than 1 year experience with students.

Table 1 Supervisor teaching experience

Years	Registrars 1:1	Registrars Small groups	Students 1:1	Students small group
$\leq 2$ years	10 (20%)	34 (68%)	13 (26%)	40 (80%)
3-5 years	9 (18%)	8 (16%)	11 (22%)	6 (12%)
6-9 years	9 (18%)	4 (8%)	4 (8%)	0
10+ years	22 (44%)	4 (8%)	22 (44%)	4 (8%)

When asked about experience in lecturing peers, registrars or students 54% of Supervisors indicated limited involvement, with only 10% regularly lecturing for many years. Figure 1

Figure 1 Experience in lecturing



Asked about their qualification the 78% (39) had more than 1 qualification, 46% with 2 or more qualifications. Table 2 outlines the main qualification in descending order. Of note is that 76% have an FRACGP, 16% a FACRRM with 4% of Supervisors (4) having both the FRACGP and FACRRM. Only two Supervisors had a specific education degree and three had Family Medicine/General Practice degrees.

Table 2 Main identified qualifications of Supervisors

	Number	%
FRACGP	38	76%
Diploma of Obstetrics	27	54%
FACRRM	8	16%
Family planning	7	14%
Diploma of Anaesthetics	6	12%
Grad Dip Family Medicine /Master of General Practice	3	6%
Education (PhD, Masters)	2	4%
Diploma of Child Health	2	4%
Diploma of Tropical Medicine and Hygiene	2	4%

Other qualifications included

- FRCGP
- B.Sc.(Hum.Bio)
- BSC Pharmacology
- Bachelor degree - Health science (complementary medicine)
- CASA Designated Examiner Certified Diving Examiner
- Advanced Aviation Medicine Certificate RAAF
- Australian Certificate of Civil Aviation Medicine
- Certificate in community health research
- Masters of Psychological Medicine
- Diploma of Sports Medicine
- Masters Degree in Sports Medicine
- Diploma In Geriatric Medicine
- Diplomas in nutrition (clinical)
- Fellow of the Australian Chapter of Palliative Medicine
- Graduate Diploma in Computing
- Diploma Occupational Medicine
- Graduate certificate of GP Psychology
- Certificate of Manual Medicine
- Management of drug addiction, Methadone/Buprenorphine therapy.
- Post Grad Med Certificate In Weight Control And Obesity Management.

The survey asked the Supervisors to rate the usefulness/education value for different teaching delivery modes and their likelihood of attending. Due to a survey design issue there were 3-4 non-responders in the likely to attend section. The percentage of Supervisor respondents who rated the following delivery modes as useful/very useful is shown in descending order in table 3.

Table 3 Useful/very useful ratings for education value of delivery methods

Perth based days	77%
Regional education - WAGPET/external educator	74%
Independent options	63%
Regional education - local educator	57%
Teleconferences	55%
Online	42%
Webconferencing	31%

Interestingly, regional education with an external/WAGPET educator was rated more useful than that with a regional educator.

The likelihood of attendance directly related to perceived value eg those Supervisors who rated the usefulness as not/minimal indicated that they were less likely to attend these type of sessions.

There was no correlation with rating of usefulness/educational value to the Supervisors' level of experience except for independent options. While numbers are too small for statistical significance there was a trend for those with an experience level of 3-9 years to indicate that independent options were useful/very useful compared to the less experienced and very experienced Supervisors.

The only correlation apparent between metropolitan/rural status and delivery mode was that metropolitan Supervisors appeared more likely to rate usefulness/value of Perth based workshops higher than rural Supervisors.

In the survey Supervisors were presented with examples of independent options and asked to rate their likelihood of undertaking these. Table 5 outlines the percentage of Supervisors who indicated that they were likely/very likely/definitely to undertake these.

Table 5 Supervisors rating of likely/very likely/definitely to undertake these independent options

Procedural skills upskilling	90%
GPET conference attendance	77%
GP Supervisor coordinated small group discussion	67%
External education eg RACGP facilitator course Level IV Workplace trainer certificate	66%
Online education	45%
Post Graduate Certificates/Diplomas/Masters	44%
Structured peer to peer practice visits	44%
Conference presentation	41%
Peer education session observation and feedback (1:1 or small group teaching)	40%
Writing assessment questions	41%
Peer to peer ECT visits	39%
Research	27%

Procedural skills was highly rated as it clearly supports their CPD and current practice. More of a surprise was the interest in GPET conferences, small group discussion and external education options. There was a very small number of Supervisors (2-4) who indicated that they would definitely undertake some of these options.

As part of the Education Framework a number of core components were identified for Supervisors, ECT visitors and regional educators. In the survey Supervisors were asked to rate their perceived level of knowledge and skills across these areas and their likelihood of attending education sessions related to these. The areas where over 50% of Supervisors rated themselves as experienced/very experienced were:

- orienting the registrar to the practice
- education theory
- philosophy of general practice
- direct observation and feedback
- teaching practical skills
- self care

It is interesting to note that apart from orienting the registrar to the practice only a small number (2-4) Supervisors rated themselves as very experienced in any of the other areas surveyed.

There were a number of areas where over 60% of Supervisors felt their experience level was satisfactory or higher but many still indicated a need to attend further education. These areas were:

- mentoring skills
- assessment/appraisal
- negotiation/conflict resolution
- the poorly performing registrar
- the registrar at risk
- ethical decision making

There were two core areas where there was a correlation between Supervisor experience level and perceived knowledge and skills. Very experienced Supervisors (10 years +) indicated a higher level of knowledge/skill in dealing with the poorly performing registrar. Supervisors with 6 years or more experience indicated a higher level of experience in teaching practical skills.

In the survey the Colleges requirements from the standards were outlined and the Supervisors asked to nominate what they believed was an appropriate minimum amount of training. Eight Supervisors did not respond. The average of the times nominated was 11 hours. Table 6 shows the distribution of responses.

Table 6 Supervisor's suggestions for minimum annual education requirements

Education hours	Number	%
3 – 4 hours	2	5%
6 hours	8	19%
8 hours	5	12%
10-12 hours	17	40%
15-18	10	24%
Total	42	

The numbers were too small to identify a significant correlation between experience of the Supervisors and the minimum education hours nominated, however very experienced supervisors (ie 9 of the 15 answering this question) did make up 60% of those who nominated 8 or less hours. There did not appear to be any significant difference between metropolitan based and rural based Supervisors.

Barriers in attending education/training sessions identified by the Supervisors (47) included:

- Time and work commitments 53%
- Distance 34%
- Having relevant activities for the level of experience 15%
- Family commitments 15%
- Inappropriate workshop times 11%
- Repetitive workshops 9%
- Inadequate reimbursement 6%
- Cover 4%
- Lack of trainee despite requirement 2%
- Inadequate notice of meetings 2%

Thirty seven Supervisors identified a range of ways that they felt WAGPET could help to reduce these barriers. These themes correlated with the barriers identified and included:

- Flexibility of meeting timing – longer sessions, weekends 38%
- Provide a variety of activities – including online, teleconferences 19%
- Reimbursement – continue, increase 13%
- Regionalisation 8%
- Advance notice of meetings 8%
- Accept other activities 5%
- Formal recognition/career path 5%
- Ongoing registrars to committed practices 5%

## Discussion

Almost two thirds of the Supervisors who responded to the survey were in the experienced/very experienced group and this may have biased the results.

Interestingly, despite being experienced in 1:1 teaching with registrars/students our Supervisors are much less experienced in small group teaching and are less likely to be lecturing regularly. This is interesting given that WAGPET is encouraging Supervisors to be involved in the regional small group teaching. This suggests that

there might be a need when encouraging Supervisors to take on this small group teaching role to provide specific learning opportunities and to improve medical educator support when they are undertaking a small group session.

Asking Supervisors about their qualifications revealed a breadth and wealth of experience and interest. This presents a challenge for WAGPET to better identify and involve those Supervisors in teaching both face-to-face and in development of online modules or presentations in other distance education modes.

Distance education modes rated poorly compared to face-to-face activities, suggesting that our supervisors seem to prefer to meet together or choose what they want to do. There may be other contributing elements. For example the low rating for teleconferences may also be related to previous poor experiences. Webconferencing may be too new to have Supervisors value this as a delivery mode. At present the scarcity of online options may have also contributed to its low rating.

It is likely that the Perth based days were most popular because they are accessible for metropolitan Supervisors and rural supervisors were more likely to attend as it is a full day (more distance and time effective). Accessibility may explain the perception of metropolitan Supervisors that they are more useful/valuable, equally many metropolitan Supervisors may have had a positive experience previously (again due to accessibility).

Regional education was also rated highly but Supervisors seemed to appreciate external/WAGPET based educators over local educators. This did not relate to Supervisor level of experience. There may be a perception that WAGPET/external educators have more education focused experience for these sessions.

The high rating for independent options – along with Supervisor's written comments suggests that this area could be expanded and also better marketed. The reason for Supervisors with 3-9 years experience rating independent options more valuable is not clear.

There was a clear message for WAGPET to consider the range and availability of independent options for Supervisors. This has commenced with Supervisors supported to attend Balint training or conferences eg Ozzawa; acceptance of examiner training attendance, exam question writing, other education courses; development of a Category 1 activity for Supervisors who conduct regional education; exploring the opportunity to offer Level IV certificate courses; developing our workshops and teleconferences into online modules; considering use of the registrar peer visit/ECTV protocol for Supervisors.

While there was only a small number of Supervisors who identified that they would definitely undertake peer to peer visits, peer ECT visits, assessment writing, small group discussion these are the very Supervisors WAGPET need to be supporting as possible 'champions' of these options.

In all the core topic areas surveyed apart from orienting the registrar, very few Supervisors chose the option – 'very experienced'. In reviewing the survey it was noted that very experienced was also linked to 'could teach this'. It may be that while

Supervisors feel they are experienced ie they have a high level of knowledge and skills they do not feel experienced enough to actually teach the topics which are much less clinical. This may also correlate with the trend for our Supervisors to have more 1:1 teaching experience than small group teaching experience. Certainly WAGPET should ensure that those Supervisors who did feel that they were very experienced are identified and encouraged to be involved in peer training.

The survey clearly identified a number of areas where Supervisors felt that they could benefit from further education and indicated that they were likely/very likely to attend education and these need to taken into account in planning the two yearly education cycle - mentoring skills, assessment/appraisal, negotiation/conflict resolution, the poorly performing registrar, the registrar at risk, ethical decision making.

It was encouraging to note that 40% of Supervisors were nominating the current WAGPET requirement with 24% accepting that 15-18 hours was appropriate. These figures may be biased by the group of Supervisors who chose to complete the survey being those most likely to accept the College or WAGPET requirements. In addition the numbers were too small to identify any significant correlations between metro/rural or level of experience. The possible trend for very experienced Supervisors to consider that they need a less rigorous education requirement does make some sense given their level of 10 or more years in registrar training.

Extrapolating the survey results suggests that there is at least a third of our Supervisors feel the annual requirement is excessive. The challenge is to provide effective means of education provision with the now increased requirements not just for these Supervisors but also for the remaining Supervisors who are managing to fulfil WAGPET requirements and those who are very experienced. This could include further developing independent options (especially for the very experienced Supervisors) and reconsidering remuneration. Equally the Colleges may wish to consider whether their current annual requirement is indeed evidence based and appropriate. For example, this level of education requirement is much higher than the minimum requirement for the RACGP QA&CPD triennium.

Many of the barriers to attending education identified were not unexpected. The suggestions to overcome these barriers in many cases were already integrated into the Education Framework but had not been implemented. It would be interesting to see if survey responses would be different now, after 18 months of implementation.

### **Conclusion**

While the survey response was low and many of the findings were not unexpected, this process was valuable in identifying Supervisors' experience and perceptions, and getting specific feedback. It also provided an opportunity to introduce the new Education Framework. The results have lead to some modification of the framework and expansion of independent options available. The results have also reinforced our current aim - to provide a diversity of education for a diverse group of Supervisors. A further survey after 2 -3 years of implementation of the Supervisor framework may provide an insight into its impact and result in further changes.