

Aim and objectives

The transition from hospital to primary care is a difficult one, learning to link “the vast amount of accumulated medical knowledge with the art of communication” (Murtagh, Rosenblatt, Coleman, & Murtagh, 2018). This qualitative research was designed to follow the journey of a cohort of Victorian registrars in their first GP term. Exploring and more fully understanding the lived experience has a vital contribution to make for GP training programs, supervisor professional learning and quality care. Our research questions are:

Can we follow a group of registrars through this transition and gain insights into learning and becoming a primary care practitioner? What are the personal and professional changes that take place? S

What do these registrars describe as key learning moments? **Are there themes/commonalities within these key learning moments that are shared by a number of registrars?**

Can we thus gain insights into general practice training which may inform the ongoing development of GP training?

Method

This descriptive research is based in narrative inquiry (Clandinin, Cave, & Berendondk, 2017) and follows a cohort of 12 registrars who were recruited from a mid-year intake group of 25. Participants were registrars in the two Victorian General Practice Training Organisations who were undertaking their first six-month General Practice term, and included males and females of a variety of ages; registrars from teaching practices in urban and rural Victoria and who work full and part time. Three stages of data collection added rigour: initial interviews; fortnightly audio reflections in response to prompts; and exit interviews. These were conducted by one researcher (CB) over a period of six months. Data analysis by the research team (GP researcher, 2 x Social Science researcher, Academic Medical expert, GP Medical Educator) initially used Constant Comparative Analysis (Glaser, 2008). Each team member listened to and read transcriptions of interviews and reflections from which themes were negotiated and stories selected to consider and explore the GPT1 experience.

Results

All twelve of the registrars come to medicine and general practice from unique individual backgrounds and context, and their journey through the first six-month term is to a large extent dependent on and shaped by that previous experience. There is, nonetheless, some shared themes within these narratives and we have grouped these broadly under the headings of “Becoming a GP – Why; What and How”. The “Why” relates to the data from the initial interview. The “What” are the characteristics and features of being a GP which the registrars are learning; and the “How” focusses in on the learning experiences that contribute to that “becoming”. In this summary we do not have room to include the stories themselves.

1. **Why.** The registrars express a number of reasons for choosing general practice, which include being influenced by role models either during their training or general life. The variety and breadth offered by general practice is an attraction. The longitudinal nature of primary care, with continuity and longer-term relationships was also common attraction. The flexibility to follow one’s interests and tailor practice to those interests was raised, which included an improved ability to incorporate family and other aspects of living into a life with “balance”. Registrars also compared the environment of General Practice variably to Hospitals, GP being a much “nicer” places to work, including: less hierarchy and power differential; a more congenial atmosphere; and greater acceptability of individual need and difference, from both staff and patients.

2. **What.** Registrar stories tell the shift to becoming an independent decision maker involves a lot of anxiety. Registrars of course wanted to be safe, which their stories say is about knowing limits, knowing when to ask and being supported, which in turn is dependent on the registrar-supervisor relationship. Many reflections were about becoming safe, becoming “comfortable”, and as a result, anxiety becoming manageable. Many stories are about “taking responsibility”, including managing and balancing the “weight of responsibility”. Becoming a patient centred practitioner was a huge change most registrars reflected on. A big part of the challenge is the amount of knowledge that registrars felt they need to have. An overwhelming experience at times, however manageable once each registrar learnt the “right approach” (for them). Stories strongly identified there was a tension experienced between being a “good” doctor and making money. Learning to value their time, manage time, the “busyness” and the messiness of general practice emerge regularly in reflections through similar and different stories and contexts.

3. **How.** The quantity and quality of learning that takes place within the first GP term is huge. In looking back on the term registrars invariably reflected on the enormous change they experienced. Thinking through their stories we identify that it is through “doing” that they learn, particularly the repetition of “doing”, and reflection on the “doing”. Learning is relational, and dependent on the ability of the registrars to interact with patients, supervisors, peers, medical educators, and others. This is maximised when done within a safe (“nice”) environment with the guidance of their supervisor. Great variety in the levels and types of supervision were experienced, however, the majority of registrars found the supervision very helpful. The learning in the workshops was valued highly, content and importantly the opportunity to meet their peers face to face and share experiences. Change and learning occurs while registrars are experiencing a variety of other things in their life, and this context is crucial to the quality of the learning. The emotion associated with the learning is expressed and articulated by all the registrars and is extremely relevant to key learnings.

Discussion

Becoming a GP is a complex process – a metamorphosis – one that evolves in a unique way for each registrar. The transformation from Hospital doctor to thinking and behaving like a GP is relational, both personal and professional; contextual – place and experience; and emotional - anxiety, responsibility & being comfortable. The stories participants tell illuminate their negotiations of discomfort, GP work, perceptions of self and inform a tentative model of training which includes explicit reflection. Using the stories of GPT1 registrars demonstrates the dynamic nature and basis of the GP training and the adaptability of reflection as a learning and teaching strategy. Evidence indicated surface reflection through to deep critical self-reflections enabled registrars to tell their stories in various ways: as a case study, personal anecdote, memory of a troubling situation or a positive interaction, and it is important that a safe place is created in which this can be a regular part of practice. Thinking through the stories in this research provides evidence of the importance of the reflective process in “becoming” a GP; the holistic nature of learning - emotion and social connectedness together with the cognitive – and the important impact that these can have on quality GP training, as well as primary care.

Implications

The implications for policy and curriculum developers, medical educators and supervisors include immediate programmatic concerns. Highlighted in this research is the unique role that reflection plays in making explicit the nuanced learnings that contribute to quality training experiences of the GP registrar. This knowledge can be used to review, then embed promising practice and innovation at the organisation level or in curriculum planning and implementation. The varying levels of supervision experienced by registrars, particularly in the early weeks of the term are thought-provoking and add to the current discussion around safety in early general practice training. In Australian GP Training the most common supervision is level three, that is, the registrar chooses when to ask for help. In our project three of the twelve registrars experienced either level one or level two supervision for a period of time and found it very helpful. Also highlighted in this study is the social/relational aspects of learning. Without prompt all twelve registrars made clear the importance of the face to face workshops as a source of significant learning, in particular the chance to meet with their peers. In an era where there is a push to on-line learning, this is an important finding.

Future research

Becoming a GP is not only a complex, but ongoing story, perhaps a neverending story. The findings from this study have identified areas for research relevant to the ‘apprenticeship’ model of GP training. Each participant positively responded to the value of sharing regular reflections with an interested and neutral party. Retelling the research with another cohort may also authenticate findings. Previous studies have shown safe & supportive relationships, as well as the role of the facilitator, as important factors in reflection (Brookfield, 1992; Taylor, 2008; Jokikokko, 2009; Malkki, 2010). Following this cohort across the total GP training experience will provide further insights into the ongoing story of “becoming” a GP. Research shows identities are asserted performatively through continual interactions. Providing this GP cohort an opportunity for regular reflection through all GP training placements can impact positively on the quality of key learning experiences. As can including a focus on the registrar-supervisor relationship, and its role in the development of GP identity. Research which conceptualises the challenges of reflection for registrars opens new directions for registrar and supervisor training around the integration of the cognitive, relational, contextual and emotional perspectives of General Practice.