



A qualitative exploration of the impact of telehealth in vocational general practice training

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Background

As Australia managed the ongoing effects of the COVID-19 pandemic, general practice adjusted the delivery of, and access to, healthcare for patients by offering increased access to telehealth services. Telehealth provides an alternative to traditional face-to-face consultations, using telecommunication for delivering telemedicine, medical education, and health education.

There is a significant evidence gap surrounding how the introduction of telehealth impacted on the general practice training landscape during the COVID-19 pandemic. A deeper understanding of this impact is required to further develop educational models that are appropriately adapted and inclusive of telehealth. This is essential given the likelihood that telehealth will remain a feature of Australian primary health care.

Aim and objectives

This study aimed to explore GP registrars', supervisors, and medical educators' (MEs') perceptions of how telehealth uptake (specifically GP-patient consults by phone or video conferencing) during 2020/2021 impacted on the clinical and educational experiences of GP registrars, and how this has impacted on the general practice vocational training model.

Methods

A qualitative research design used semi-structured interviews and Reflexive Thematic Analysis. Participants were recruited from GP Synergy, an Australian Regional Training Organisation. Registrars who commenced training in NSW/ACT during 2020/2021, and supervisors and MEs who were actively involved in training registrars over the same period were invited to participate. Up to 25 interviews (15 registrars and 10 supervisors/MEs) were planned to reach thematic saturation.

Interviews by phone or videoconference (via Zoom) were audio-recorded and transcribed. Data collection and analysis was concurrent and iterative, employing a process of constant comparison. Co-coding was undertaken (IP, LK) using NVivo software. Codes were grouped into themes and mapped to produce an overall understanding of the findings.

Results

Fifteen registrars, 5 supervisors, and 5 MEs were interviewed, achieving thematic saturation within the registrar sample. Five themes were identified, reflecting registrar, supervisor, and ME perspectives.

Theme 1: Lack of formal telehealth training

Many participants commented on a lack of formal telehealth training but acknowledged how difficulties due to the pandemic might have impacted on this, particularly the urgent and rapid changes with many unknowns.

"There was no training directed to me about telehealth, but then at the same time it's like, what are they supposed to do? I wouldn't expect them to do anything. Everyone was thrust into a difficult position, and I don't know if there are even any rules for telehealth. No one has had to do it before, so I guess we are all working it out." – Registrar

Theme 2: During a pandemic patient care and safety are prioritized over clinical learning

Most participants commented on the use of telehealth and its impact on training experience in the context of the pandemic. Registrars suggested that in-practice learning opportunities with their supervisor and with their patients while their supervisor was present, were still occasionally possible, but restricted by safety issues. However, we found that registrars without 'pre-COVID' training experience, lacked deep awareness into how the use of telehealth impacted on their learning opportunities. Concerns for managing practice safety and ensuring patient access to healthcare appeared to be prioritised over teaching/learning experiences at the time.

"... we have weekly practice teachings and didn't really happen during COVID because a lot of people would either be at home with COVID or everyone would just come in, do their job in their room, or if they had a good reason they would do it from home, so I think you miss that peer connectivity as well... and that opportunity for teaching just when you walk past someone or you know, calling the GP down the room and asking 'what do you think about this?'" – Registrar

Theme 3: Loss of in-person interactions led to loss of experiences, skills, and support

Participants valued in-person interactions with patients, colleagues, and peers for working, learning, and studying. Use of telehealth resulted in decreased face-to-face learning opportunities with patients, including rapport building, physical examination, and procedural skills; and also prevented regular contact with and support from teachers and peers.

"Yeah, it was mainly not being able to get the most out of my training experience... and deskilling quite a bit, especially with procedural skills and having to actively try to make up for that for my next Extended Skills term. Unfortunately, I'm treating my Extended Skills term as a catch-up rather than for learning additional skills on top of what I should already know." – Registrar

Theme 4: Variation in workload and skewed case exposure.

Participants commented on registrars experiencing a decreased case load due to COVID-19 and a decreased range of cases when practicing telehealth (e.g., fewer complex cases). Telehealth consultations tended to be simpler. Although registrars reported seeing a mix of cases when using telehealth, the distribution of cases appeared to be skewed toward simpler cases. This 'skew' meant decreased exposure and thus decreased learning opportunities.

"I suspect we might be seeing that now...some of the registrars have come to the end of their training or to the point of having their exams and the exposure is not that broad and not as broad as it could have been pre-pandemic, because they just haven't seen that breadth of general practice that we are used to seeing, which has implications for their learning because they don't then know what they've missed. That's a big black hole – unknown unknowns." - ME

Theme 5: Disruption of immediate feedback for learning.

Participants suggested that registrars were still able to seek advice from supervisors while using telehealth, but the feedback was often delayed. Rather than immediate feedback, registrars commonly sought feedback much later after the consultation (e.g., end of day or via email) and then had to call the patient back with an updated treatment plan.

"...it was harder to get them [supervisor] to come whilst the consultation was ongoing, so I usually would finish the consultation and then ask my supervisor for an opinion. If it was differing from my judgement, then I would call them [patient] back and explain the situation. It's a bit different from, I guess, if they were in person and you just tell them [supervisor] to come in and they just look at it with you. Usually, I would finish my consult, make a judgement, and then call the supervisor afterwards." – Registrar

Discussion

Overall, during the pandemic, registrars reported adapting and moving forward with learning telehealth as an important skill, while acknowledging challenges. However, they might not know what they don't know regarding the educational impact of telehealth. Most participants struggled to separate impact of telehealth versus Covid-19. Supervisors acknowledged that registrars (especially in term 1 of training) adapted to the situation (as did supervisors), while MEs were more likely to observe gaps later in training because of their connection with registrars throughout their training.

Implications

The insights provided by GP registrars, supervisors, and MEs suggest the urgent need to develop training for all registrars (and GPs) on the best use of telehealth. Although registrars and supervisors coped with the pandemic admirably, learning telehealth on the go, all could be better prepared for the future. Importantly, the study indicates the need for training of both registrar and supervisor in how best to manage the registrar-supervisor dyad and registrar-supervisor-patient triad, considered so important during in-practice registrar learning, particularly regarding receipt of immediate feedback. Methods are also needed to ensure that when registrars use telehealth frequently during a future public health emergency, their case exposure and skill development can be tracked and reviewed each term.

Future research

Future research is needed regarding how best to train registrars and supervisors in the art of using telehealth, both in preparation for any future pandemic, but also during non-pandemic periods. Research needs to focus on how best to maintain timely in-practice educational feedback for registrars when using telehealth, with or without patients 'virtually' present. Continuing to investigate the use of telehealth and its impacts on educational and training experiences of GP registrars' nationwide beyond the recent public health emergency will help to inform best practice education.