

Taking GP Supervisor Professional Development to Teaching Practices: Findings from a feasibility study

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Aim and objectives

We designed a novel form of professional development for GP supervisors to overcome perceived 'problems' with the extant, dominant form of professional development, i.e., workshops. Facilitated by a medical educator in training posts, and based on a quality improvement cycle, the intervention was designed for high impact, which would release the pressure on supervisors to attend external events, negate the transfer of training problem, focus exclusively on educational content that is targeted at supervisors' needs, provide information about actual performance, and embrace the possibility of including members of the supervisory team¹.

As a novel intervention, we framed the research as a feasibility study, using Orsmond and Cohn's (2015) guidance to shape the research questions, using a broad overarching question: 'Can this intervention work?' and five subsidiary questions:

1. Can we recruit supervisors to participate in this form of professional development?
2. Is the QI intervention and the embedded activities suitable and acceptable to participants?
3. How appropriate are the data collection procedures and outcome measures to the medical educator and supervisory team participants and the purpose of the professional development intervention?
4. Do the medical educators have the resources and ability to manage the QI intervention?
5. Does the QI intervention show promise of being successful with the supervisors and medical educators?

Method

We used teacher action research as the means of studying our practice whilst we trialled the intervention in four training posts. We framed the implementation of the intervention in each training post as a case, drawing on case study design (Yin, 2014), with each intervention being the 'unit of analysis'. The interventions were implemented sequentially, consistent with action research methodology, so that the learnings from one intervention could inform the next.

Findings

We learnt that some supervisors wanted to participate in this form of professional development and were prepared to experience discomfort for the purpose of improving their teaching practices, and that it was possible to include additional members of the supervisory team. Participants thought that both the intervention as a whole, based on the authentic questions that they had about their teaching practices, and the intervention's constituent activities were acceptable to them. They perceived the intervention as convenient, which they could fit in with their daily activities. They found the workload manageable, suggested that it should be kept within a demarcated timeline, and thought that some facilitated activities could be completed remotely. The intervention supported the supervisor participants to experiment with new teaching behaviours, but measuring outcomes was challenging. For medical educators, facilitating the intervention was 'hard work', which required the application of specific knowledge, skills, and attitudes that were perceived as critical to creating the requisite learning climate.

Discussion

We concluded, on the basis of the medical educator and supervisor participants' appraisal of the intervention that it can work; i.e., that it is a feasible form of professional development for

¹ A comprehensive description of the intervention is provided in an open access guidebook that was written for medical educators who wish to support supervisors through the process (Clement et al., 2022).

supervisors and additional members of the supervisory team. However, as Patton (2011) argues, innovative programs cannot grow and thrive in an unchanged system. Riddell and Moore's (2015) distinction between scaling out, up, and deep is helpful in framing considerations about the systemic changes that are likely to be necessary to support this form of professional development in the future. 'Scaling out' simply requires the intervention to be 'replicated' in larger numbers. 'Scaling deep' requires the transformation of people's values and cultural practices. For some supervisors this may require a commitment to de-privatise their teaching practices and to embrace discomfort for the purpose of learning. For some medical educators this may require targeted professional development to develop the requisite knowledge and skills and a preparedness to move away from modes of delivery that they feel comfortable with. 'Scaling up' refers to the institutional changes at the level of policy, rules and laws, which are likely to support durable cultural change. This is likely to require the RACGP to endorse, promote, and fund this form of intervention.

Implications

Feasibility studies are undertaken to ascertain whether an intervention can be done (Orsmond and Cohn, 2015). We believe that our findings support that workplace-based quality improvement professional development should be an option for GP supervisors who would like to participate in it. Having established that it is an acceptable form of professional development for supervisors and that the outcomes are promising, the logic runs that the intervention should be implemented on a larger scale and evaluated for impact (Sandars et al., 2021).

Future research

A larger impact study would also allow both new and unresolved questions to be investigated. More work needs to be done to establish the intervention's 'reach', given that some supervisors might perceive it as overly challenging and its activities unacceptable. Although one of the four cases showed that it was possible to include additional members of the supervisory team, we need to know whether it is possible to engage members of the broader supervisory team (i.e., not just supervisors). Further work also needs to be done to investigate the impact of in-person and remote modes of delivery, conceptualising appropriate outcome measures that are meaningful without being burdensome, and how to optimise the in-practice learning climate so that participants carve-out dedicated time rather than squeeze meetings into the workday. A new, larger study could also investigate the experiences of single medical educators implementing the intervention – rather than the team-based approach that was used in the feasibility study – to examine their characteristics, how best to orientate them to the intervention and support them over time, and maintain 'fidelity of implementation' in the long term.

References

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