



From trainee to GP: The role of feedback in promoting progression to independent practice

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Aim and research question

The goal of this project was to explore the role of feedback and performance relevant information (PRI) in supporting GP registrars to practice without supervision. The overarching research question was: *How do newly qualified GP fellows narrate how feedback assists or detracts in overcoming complex performance challenges across the registrar training lifecycle?*

Methods

The research team gathered qualitative data using semi-structured one-on-one interviews with 16 recently fellowed GPs. The team employed thematic and narrative analysis methods to interrogate this data. These methods lent complementary approaches, providing fine-grained examination of discreet aspects of the recently fellowed GPs' learning experiences as well as a holistic view of their journey through their various GP training posts, with a focus on their more complex challenges and sources of insight and support. Based on preliminary findings, focus groups were conducted with 10 supervisors and medical educators, providing important alternate perspectives to the interview data.

Results

The thematic analysis of the recently fellowed GPs' interviews found that junior doctors entered training with a wide variety of experience and dispositions which impacted their transition to general practice and the nature of their learning challenges as a registrar. They described several common areas in which they struggled through their training, including consultation skills, managing uncertain and ambiguous conditions, tolerating risk and ethical aspects of practice. Feedback with supervisors appeared to contain a blend of specific information about a performance ('feedback information'), general information about what one should do in similar situations ('advice') and sometimes a discussion regarding performance relevant information (PRI). Registrars sought a range of PRI from a broad range of sources, including clinical outcomes, patient behaviours, supervisor discussions and their own emotional reactions. They used this PRI to make judgements about the quality of their work, although they faced many barriers to developing evaluative judgement.

Interviewees described a considerable range of learning experiences, including planned and casual learning interactions with supervisors and other clinical staff, interactions with patients and peers, training and support provided through external clinical teaching visits (ECTVs), workshops and engagement with textual information. However, the quality of these learning experiences varied considerably, and while many lauded their supervisors' actions, several described problematic relationships with supervisors that impacted negatively on their ability to learn and thrive in the stressful environment of GP training. Each practice afforded particular possibilities for registrars to gain PRI, depending not only on the personality and ability of supervisors and the culture that prevailed, but also on the size and location of the practice. Not surprisingly given the complexity of their learning environments and the task of learning to become a GP, interviewees described a complex mix of intense emotions attached to their work and training. These were frequently linked to their perception of the quality of their work, providing strong motivation to learn and improve.

The narrative analysis found that the stories interviewees related regarding how they managed complex performance challenges could be clustered into four plotlines. The most common was an 'apprentice journey': a long journey to confidence with ups and downs and incremental improvements that resulted in a satisfactory end-point, though the complex performance challenge may not have been fully resolved. These were typically stories about managing consultations, developing ethical judgement, managing undiagnosed conditions and mental health presentations. The 'registrar-apprentices' sought and received useful feedback information and support from a range of mentors and allies, in both structured and casual forms. A smaller group of plotlines resembled 'heroes' quests': more dramatic accounts of registrars assuming strong agency in challenging circumstances and achieving a triumphant outcome. These stories centred



on the 'registrar-hero' achieving competence in areas such as skin surgery or psychological triage, with help from carefully chosen mentors and allies. Another small group was characterised as 'solo journeys', in which registrars mostly drew from their own resources without seeking out feedback or advice from supervisors. The final group resembled 'endless quests'; in which registrars endured a series of struggles towards competence often without success. They tended to rely on patient outcomes for performance information, but negative patient outcomes without adequate reassurance had debilitating effects on their development as GPs.

The thematic analysis of the supervisor and ME focus groups provided counter narratives to those related in registrar interviews. Supervisors/MEs described a range of ways in which they helped registrars overcome complex challenges, including purposefully building their confidence in their skills, assertiveness and style as a GP. They also related helping registrars to change ingrained habits and gave them tips and structures to guide common scenarios. They described situations in which their best efforts had *not* helped a registrar overcome a complex challenge, including when a registrar seemed resistant to constructive feedback, or was preoccupied with priorities other than improving their practice as a GP, or would not take responsibility for problems, or would not afford their supervisor credibility. They also noted some problematic aspects to using feedback as a teaching/learning strategy, and made suggestions to improve registrar training systems.

Discussion

This study explored how recently fellowed GPs narrate the role of feedback in overcoming complex performance challenges across their GP training lifecycle. Registrars described drawing from many sources of information and a wide feedback network but often were struggling to manage very complex performance challenges. Study findings suggest that supervisors' feedback interactions with registrars could better support registrars to make sense of information about their performance (PRI) and hence enable them to self-sustain their own learning. Additionally, supervisors could be alerted to the importance of supporting the registrar to seek information broadly and to watch for registrar stories that imply emotional exhaustion. RTOs can help supervisors and registrars by orienting them to the concepts of PRI, evaluative judgement and feedback literacy. These changes should better enable registrars to take advantage of the opportunities afforded by the rich, dynamic practice environment to meet the complex, ambiguous challenges of becoming a GP.

Implications

The combined findings have implications at many levels for the training and education of GP registrars. These include suggested pedagogies to maximise the effectiveness of training and feedback in general practice, and specific strategies to better support both supervisors and registrars throughout their training. Specifically, we suggest supervisors can be supported to: (1) Orient registrars to the value of supervisory feedback, PRI and evaluative judgement; (2) Facilitate registrar learning with supervisor feedback and conversations about PRI; (3) Provide registrars with opportunities to observe quality (and diversity) of practice; (4) Assist registrars to acknowledge the community of feedback available to them; and (5) Engage in feedback conversations that attend to the registrars' holistic experience of practice. On the other side of the coin, we suggest that registrars be educated in the notions of (1) Feedback literacy; (2) Evaluative judgement; and (3) Managing complex performance challenges. RTOs play a critical role in facilitating and supporting registrars' training journey and development as a GP. Findings from the study highlight the importance of the RTO's role in: (1) Providing training and support for supervisors and registrars in the above-noted areas; (2) Supporting formal and informal opportunities for direct observation and feedback; (3) Facilitating networking and mentorship for registrars; and (4) Monitoring supervisor performance and instigating remediation where needed.

Future research

This research is unique in its exploration GP registrars' experiences of complex learning challenges that manifest over significant periods of time and that are not necessarily resolved during training. Further research is warranted to more closely examine what registrars regard as the challenging longer-term aspects of their development as a GP, and the hurdles to surmounting these difficulties. This research would enable further exploration of how registrars can be supported to develop their capacity for evaluative judgement, and draw on PRI and feedback within their communities of practice to resolve complex learning challenges.