A realist evaluation of an innovative supervisor training intervention with the aim of achieving safe and efficient consultation-based oversight, support and advice (COSA) which enhances registrar learning – ERG2020-00010 final report

Aim and Objectives

The aim of this research was to pilot and evaluate a training intervention for supervisors in consultation-based oversight, support and advice (COSA). The training consisted of a supervisor workshop (3 hours face-to-face or 1.5 hours online) and a Supervisor Toolkit which included a model for in-consultation help provision [1], two Flags for Seeking Help checklists [2], and a Debriefing, Reflection and Feedback Guide (one for supervisors, one for registrars) [3]. These tools were presented and discussed at the workshop. The research questions addressed were:

> What are the outcomes of the intervention?
> Which aspects of the intervention are useful, how are they effective, and in which training practice settings?
> What are the implications for models of in-consultation supervision in general practice training?

Method

We adopted a realist evaluation approach in order to understand what works, in which context, and how. The evaluation was guided by a Logic Model and an Evaluation Plan, and integrated data from survey, focus group and individual interview methods. Five trained medical educators from General Practice Training Queensland (GPTQ) and Northern Territory General Practice Education (NTGPE) delivered a total of 8 workshops in 2020 (6 face-to-face and 2 online). Supervisor participants completed a workshop evaluation, pre- and post-intervention surveys, and individual semi-structured interviews 6 -12 weeks after the workshop, with brief follow-up interviews in February 2021. Their registrars were invited to participate in individual interviews. The Medical Educator workshop facilitators attended a focus group after all workshops had been delivered.

Results

A total of 107 supervisors attended the workshops, with 39 consenting to participate in the evaluation. Twenty-one supervisors completed both the pre- and post-intervention survey, 31 completed the workshop evaluation and 19 completed an interview, including 5 who also completed a follow-up interview in February 2021. Nine registrars consented to participate in the evaluation and 6 completed an interview. Although many of the supervisors who had expressed an interest in piloting the tools had been overwhelmed with other demands and priorities due to the unfolding COVID-19 pandemic in 2020, data about the actual implementation of all the Tools in at least some training practices was available by the end of the project. Participating medical educators and supervisors were generally very positive about their training organisation's involvement in the research.

Aspects of the workshop which were highly regarded by participants included the facilitation skills of the presenters, the sharing of Australian research findings, and the opportunity to discuss in-consultation supervision with peers. The Tools were useful in structuring the workshop and subsequent discussions in participants' training practices, stimulating reflection about personal in-consultation supervision styles, and highlighting aspects of help-seeking and help-provision which had previously been largely implicit. They were considered particularly useful for new supervisors,

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[1] Sturman, N., Fitzmaurice, L., Lee, C., Sheldrake, M. and Ingham, G., 2020. Good help: a model for providing in-consultation supervision of general practice trainees. Education for Primary Care, pp.1-5.

[2] Sturman, N., Fitzmaurice, L., Lee, C., Sheldrake, M. and Ingham, G., 2021. Flags for seeking help: making supervisor expectations of general practice trainee help-seeking explicit. Education for Primary Care, pp.1-9.

[3] Sturman, N., Fitzmaurice, L., Ingham, G., Lee, C. and Sheldrake, M., 2021. Getting good help: a guide for reflection, debriefing and feedback conversations about in-consultation supervision. Education for Primary Care, pp.1-5.

and several participants intended to use them in providing supervisor training within their practices. A number of supervisors reported modifying their supervision style following the workshop, including more use of 'managing with' approaches, less use of probing questions, and adopting second opinion talk.

Some supervisors were concerned about the time commitment required to use the Tools, although their comprehensiveness and explicit structure was also identified as useful. Registrars identified that the Tools are likely to reduce barriers to help-seeking and increase the consistency and standard of supervision. The Flags for Seeking Help Tool seemed to be the most salient tool for many participants, many of whom regarded it as most useful for on-boarding Term 1 trainees, although it also had a role in identifying ongoing registrar learning needs and gaps in clinical exposure. Supervisor participants who had anticipated receiving 40 CPD points were disappointed that the workshop was not an accredited activity. The β-LACTAM Model name was criticised for not assisting participants to recall the steps of in-consultation assistance.

Discussion

The project delivered on its intended outputs. Strengths of the project included the diversity of training practices and supervisors who participated (including both rural and urban contexts, Aboriginal Medical Services, and supervisors with varying levels of experience). The data highlighted the different contexts of in-consultation supervision in Australian general practice training. These include differences in the pace and pressure of work, and diversity in the number and relevant prior clinical experience of health professional trainees in training practices. Several supervisors intended to modify the Tools to fit different contexts, and different trainees. We anticipate that many aspects of the intervention will continue to be used to support supervisor and registrar training in in-consultation help-seeking and help-provision in training practices.

The flexibility of the implementation and evaluation team (including the adaptation of the workshop to online delivery, and the extension of data collection timelines) was also a strength. Three papers were published in Education for Primary Care, outlining the development of the workshop and the individual tools,[1,2,3] a workshop abstract has been accepted for GPTEC 2021, and a short presentation abstract has been accepted for the GPTQ 2021 Conference. Limitations included the relatively small number of participants, the small number of surveys completed and the limited data collected following actual piloting of the tools. Full analysis of the substantial amount of interview data collected in the project is not complete at the time of submission of this report, but is expected to contribute to further understanding of the important area of in-consultation supervision as enacted in training practices.

Despite the use of a realist evaluation framework, it remained challenging to evaluate the mechanisms and effectiveness of our educational intervention in terms of improving the effectiveness and efficiency of in-consultation supervision in training practices. Although the workshop was evaluated highly, and the tools were generally well received, it was difficult to interpret the apparently limited implementation of the tools in training practices, and the impact of

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the upheaval caused by the pandemic. The survey data were less useful than anticipated, highlighting the limitations of written workshop feedback and survey data in evaluating the actual implementation of training interventions. The expectation that supervisors would complete relatively lengthy pre-workshop surveys and learning needs analyses was also unrealistic, in retrospect, even though supervisors who also participated in interviews received a gift voucher in recognition of their participation.

Implications

Educational research is in many ways an implementation or improvement science. Insights from this emerging field are useful in evaluating medical education and training interventions, including how these are implemented in practice in the medium and longer term, which aspects are effective in which contexts, how regularly delivered interventions should be iteratively modified, and what implicit educational theories underlie them. The use of a realist evaluation framework in this project has been challenging, and the team has reflected on ways to modify future evaluations, including the articulation of more explicit hypotheses and theories about the inter-relationships between training contexts, intervention mechanisms and outcomes in training practices. The impact of the evaluation process itself on the delivery and uptake of the intervention is also worth reflecting upon.

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