



Increasing EBM learning in training GPs

A qualitative study of supervisors

Andrew Knight

MBBS, MMedSci(Clin Epi,) FRACGP, is a general practitioner, Katoomba, and Director of Education, WentWest Ltd, New South Wales. andrew.knight@wentwest.com

Tim Usherwood

MD, FRACGP, FRCP, is Professor of General Practice, the University of Sydney at Westmead Hospital, New South Wales.

Jon Adams

BA, MA, PhD, is Senior Lecturer in Health Social Science, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle, New South Wales.

Successful strategies for increasing the use of evidence based medicine (EBM)¹ by general practitioners remain elusive.^{2,3} One important approach may be to target general practice registrars early in their vocational training when their experiences and attitudes are still forming.⁴ Modelling by supervisors can have powerful effects on early career practitioners^{5,6} when supervisor beliefs and practices are most influential on the registrar. For this reason we decided to examine the attitudes, beliefs and teaching practices of GP supervisors with respect to EBM in the hope that this might inform strategies to deepen and embed the practice of EBM of early career GPs.

Methods

We used a qualitative approach with purposive sampling to ensure maximum diversity with regard to gender, experience, rural practice and practice size. Supervisors actively teaching in western Sydney (New South Wales) were recruited, supplemented by those from two rural regions. All were identified and approached via urban and rural training organisations and informed consent obtained. Semi-structured interviews were conducted around a predetermined topic list. We analysed the transcribed interviews cumulatively by coding and deriving themes until no new significant themes emerged.^{7,8} Results were circulated to the participants for comment so that suggestions could be fed back into the coding process.

Ethics approval was obtained from the University of Newcastle Human Research Ethics Committee.

Results

We interviewed 11 GP supervisors.

EBM and the teaching role

Supervisors described their teaching role as increasing their own awareness of the value of EBM. As

teachers, supervisors had better access to professional development on EBM through universities and vocational training providers. The presence of a registrar in the practice, with their expectations on using best evidence, drove critical reflection on supervisors' own practice and motivated them to adopt evidence based practices. Sometimes supervisors felt that embarrassment about inadequacies of their EBM skills made them less likely to model EBM to registrars. They saw their role as showing registrars how to balance best evidence with the many other factors of clinical general practice.

Teaching strategies identified

Supervisors felt searching for evidence based answers to clinical questions with registrars was appropriate and feasible, particularly for the protected teaching time of general practice training. Clinical practice meetings were important for some in creating an environment that encouraged evidence based practice. Email discussions of clinical questions within a practice were used by some participants. They felt modelling EBM to registrars by explicitly referring to evidence based resources such as the *Therapeutic guidelines* series¹⁰ was important, as was the availability of fast internet access.

Discussion

This preliminary study may have had too small a sample of supervisors to enable us to elicit the full breadth of views (although we continued interviews until no new themes emerged) and the purposive sampling approach may have been biased toward participants interested in EBM.

Nevertheless, we found some attitudes and practices in relation to the teaching of EBM to early career general practice registrars. They suggest some leads for improving this including: encouraging registrars to discuss EBM with their supervisors; using the subsidised, protected practice based teaching time

mandated by the Australian General Practice Training program for this; encouraging case based clinical meetings which have explicit EBM content; encouraging supervisors to show how to balance clinical expertise and knowledge of patient values with the best evidence; using good sources of evidence such as evidence based guidelines; and having fast internet access in training practices.

Focus on developing supervisors in EBM may improve its integration into general practice.

Conflict of interest: none.

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