The acceptability of general practice registrars as teachers: an exploratory study

Dr Allison Turnock, Dr Michael Bentley, Professor Jan Radford, Ms Kirsty Sharp and Dr Jenny Presser

Abstract

Vertical integration of teaching is seen as a key response to increasing number of learners in general practice. Central to vertically integrated teaching is the perceived capability and appropriateness of general practice (GP) registrars as teachers. This exploratory study of GP registrar teaching in regional general practices in the state of Tasmania, Australia investigated the nature and extent of teaching, factors that promote and inhibit teaching, and perceptions of prevocational doctors, registrars and supervisors about registrars as teachers. We suggest, based on the findings of the exploratory study, that supporting registrars in a sustainable teaching environment requires a practice-specific, structured approach to encourage registrars as teachers.

Keywords: Faculty/staff development, role of the teacher, and teacher evaluation

Article

Introduction

Vertical integration of teaching is seen as a key response to increasing number of learners in general practice (Dick et al, 2007). Central to vertically integrated teaching is the perceived capability and appropriateness of general practice (GP) registrars as teachers. However, more information is needed on perceptions of teachers and learners about GP registrars undertaking teaching roles across all learner stages (from medical students, to prevocational doctors, registrars and GPs), and the barriers and opportunities to develop such roles (Rushforth et al, 2010).

We suggest, based on the findings of an exploratory study (described below), that supporting registrars in a sustainable teaching environment requires a practice-specific, structured approach to encourage registrars as teachers. Moreover, the role of regional training providers is important in enabling registrar teaching through structured training, and informal support and encouragement. Supporting GP registrars as teachers assists in ameliorating increasing demands upon GP supervisors to train larger numbers of learners (Stocks et al, 2011).
The study

Our exploratory study of GP registrar teaching in regional general practices in the state of Tasmania, Australia investigated the nature and extent of teaching, factors that promote and inhibit teaching, and perceptions of prevocational doctors, registrars and supervisors about registrars as teachers.

Community-based GP registrars training with a regional training provider (RTP) (n=41) and GP supervisors (n=30) were invited to participate in the study. Participants completed a survey of demographics and perceptions about teaching and learning, and maintained logbooks of teaching and learning undertaken, during two, week-long, data collection periods. In-depth interviews were conducted with 1) an experienced GP supervisor, 2) a GP registrar, and 3) a prevocational doctor (after placement in a general practice). A focus group, held with registrars and supervisors at an interstate forum, tested whether emergent themes from our study were transferrable outside the participating RTP.

Survey and logbook data were analysed descriptively. Interview and focus group data were analysed thematically. Results of the thematic analysis were combined and differences of opinion between investigators were discussed until agreement was reached.

Results and Discussion

Thirteen registrars and ten GP supervisors in nine practices participated in the study. Six practices had medical students, three had prevocational doctors. Logbooks revealed registrars taught a diverse range of topics using different modes of teaching, and indicated registrars were more likely to teach down the vertical continuum, than to other registrars or up the vertical continuum.

Nine supervisors (90%) agreed or strongly agreed that registrars can provide quality teaching and should have a teaching role in general practice. Eleven registrars (85%) enjoyed teaching. Ten registrars (77%) felt confident about being a teacher. All registrars felt they were capable teachers. Ten registrars (77%) were teaching in their practices, three (23%) were not. Opportunities to teach depended on the practice context, and on perceptions of supervisors and registrars.

Analysis of the interviews suggested that the interaction between structure and agency influences the role and capability of registrars as teachers. Using this perspective, two main themes were identified: The Role of the Registrar (How do I fit into the structure of general practice?); and Becoming Competent and Confident as a Teacher (Who am I as a teacher?). Participants in the interstate focus group also reflected these themes.

The structures of general practice have enabling and constraining properties for registrar teaching. Analysis of structural resources in general practice – the ‘teaching system’ – identified common enablers to teaching: good practice infrastructure and configuration; positive teaching culture; having more than one GP supervisor in a practice to reduce the load on the primary supervisor; a structured, planned approach to teaching; using informal opportunities to teach; and having registrars at different levels teaching and learning. The main barriers to teaching were lack of time and limited opportunities to teach. Table 1 illustrates the common barriers and enablers.
Table 1: Common barriers and enablers to GP registrars teaching in general practice

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Illustrative examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited opportunities to teach</td>
<td>Interviewer: What about proactive teaching you received during that term? From the registrars, quite limited. And not that they weren’t keen to teach, it’s just that they didn’t have that many opportunities. (Prevocational doctor)</td>
</tr>
<tr>
<td>Time</td>
<td>Interviewer: Were there any things that you think made it really difficult for them to teach in the practice or for the individuals? No... there’s nothing that gets in the way other than just the fact there’s demand on appointment times. That’s the only factor that got in the way. (Prevocational doctor)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Illustrative examples</th>
</tr>
</thead>
</table>
| Practice infrastructure and configuration | Infrastructure was seen as important support:  
Interviewer: Are there any changes in the capacity of your practice to teach at the minute; I mean that was a long list of learners that you have. At the moment we are extending our practice, we got an infrastructure grant so we’re getting more rooms... once we have that up and running we’ll basically have four more doctors, more registrars as well because there’s a number of us who are accredited supervisors and once that happens we’ll be even more dynamic, it’ll be a great practice with lots of learning happening. (Supervisor) |
| Teaching culture              | A reputation for high quality teaching was characteristic of an effective, vertically integrated GP training site: Registrars have come to our practice because they know there’s more teaching involved, that they are going to get more teaching, and there’s more structure... they realise when they get there that they’ll be expected to do some teaching as well. (Supervisor)  
The teaching culture of the practice was also important:  
Interviewer: Is the teaching shared amongst all the doctors? There’s a couple of doctors who actively state they’re not interested in teaching... but [some of us are] just so involved in teaching we really like it, it forces me to keep up to date, that’s the main reason I do it. (Supervisor) |
| Multiple supervisors          | Having more than one GP supervisor in a practice was perceived as beneficial as it reduced the load on the primary supervisor: If there are three or more people, I mean at least two, then it’s easier because then you can see that one is keeping a watch on you other than that particular supervisor, so it helps out a bit. (Registrar) |
| Structured, planned approach to teaching | A structured approach to teaching in the practice was a strong enabler:  
Interviewer: And so [the registrars have] a part on the roster that they are responsible for. So what does that look like, is that an opportunistic part or is that a scheduled part? A scheduled part. So [the registrars] either have a medical student assigned to them for the day whenever a medical student is in the practice. Or if it is one of our [prevocational] doctors, well we need to do a certain amount of teaching per week and they may have a dedicated time to sit through one on one teaching or sitting in with the [prevocational doctor] student and or have the [prevocational doctor] sit in with them for maybe half an hour, for example, for observing different consulting styles. (Supervisor) |
| Informal opportunities to teach | Teaching was often informal: Most of the teaching that I got was pretty much as you go along, you pretty much read around what you are doing and if you’re really stuck, the gaps were more than happy to stop in the corridor or come into your room or even sit in with you. (Prevocational doctor) |
| Teaching multiple learners    | One of the benefits of vertical integration was that registrars at different levels can teach or learn: [Registrars] can teach us plenty of things. And they can also teach each other things. I prefer to have more than one [registrant], so they can feed off each other. And often it’s not me teaching, they’re teaching each other. (Supervisor) |

Analysis of the role of agency – the activities and actions of human agents – in registrar teaching suggested registrars could promote teaching through using self-initiative and developing positive personal relationships. These concepts are depicted in Figure 1.
Conclusion

In summary, we found broad support in general practice for registrars undertaking teaching. GPs were open, to varying extents, to learning and to others teaching. The registrars and prevocational doctors respected GP supervisors’ experience. In our study, both groups (supervisors and registrars) perceived registrars as acceptable teachers in general practice, which contrasts with another Australian study that found registrars perceived themselves to be more capable of teaching than supervisors perceived them to be (Dodd et al, 2009). Further studies could test ways in which the structures of general practice and the role of agency in general practice could be addressed to increase the acceptability of GP registrars as teachers across Australia.
References


Acknowledgements

This projected was conducted by General Practice Training Tasmania (GPTT) and was funded by an Education Integration Program (EIP) grant from General Practice Education & Training (GPET) Inc.

Dr Turnock, Dr Bentley, Ms Sharp and Dr Presser all worked for GPTT at the time of the grant.