



Educational expectations of GP trainers. A EURACT needs analysis

Dilek Guldal, Adam Windak, Roar Maagaard, Justin Allen & Niels K. Kjaer

To cite this article: Dilek Guldal, Adam Windak, Roar Maagaard, Justin Allen & Niels K. Kjaer (2012) Educational expectations of GP trainers. A EURACT needs analysis, The European Journal of General Practice, 18:4, 233-237, DOI: [10.3109/13814788.2012.712958](https://doi.org/10.3109/13814788.2012.712958)

To link to this article: <https://doi.org/10.3109/13814788.2012.712958>



Published online: 31 Aug 2012.



Submit your article to this journal [↗](#)



Article views: 1230



View related articles [↗](#)



Citing articles: 2 View citing articles [↗](#)

Background Paper

Educational expectations of GP trainers. A EURACT needs analysis

Dilek Guldal¹, Adam Windak², Roar Maagaard³, Justin Allen⁴ & Niels K. Kjaer⁵

¹Department of Family Medicine, Dokuz Eylul University Medical School, İzmir, Turkey, ²Department of Family Medicine, Jagiellonian University Medical College, Cracow, Poland, ³Department of Medical Education, Aarhus University, Aarhus, Denmark, ⁴Royal College of General Practitioners, London, UK, and ⁵Research Unit of General Practice, Institute of Public Health, University of Southern Denmark

KEY MESSAGE(S):

- The educational needs of GP trainers and teachers vary less in the content needed but more in the level and complexity.
- A comprehensive EURACT educational programme, intended to properly address the varying educational needs of GP trainers across Europe, is now available.

ABSTRACT

Introduction: In this background paper, we discuss the educational needs of family medicine teachers and trainers in the light of a EURACT (European Academy of Teachers in General Practice) project aimed at the development of a European framework for the professional development of general practice (GP) educators.

Background: There is evidence that the ideal GP educator would benefit from systematic training in teaching skills. Although international literature indicates that such skills training should be in supervision, feedback, assessment and educational management, it is not clear if these needs vary between trainers who teach general practice in different settings and environments.

Needs assessment: Recently EURACT, in collaboration with partners from five EU countries and Turkey, set up a project aimed at the development of a comprehensive 'training the trainers' programme. The project included a baseline survey of perceived educational needs and wants among both novice and expert European GP educators. The survey demonstrated that the educational needs of GP educators did not vary much in the content areas in which training was required throughout Europe but did vary in the level and depth of knowledge needed; this depended on their experience and level of expertise as teachers.

Implications: Based on the information gathered and experience gained from previous EURACT courses, a Leonardo da Vinci project has developed and launched a comprehensive programme with courses at three levels of participant expertise, to address the personal learning needs of GP educators.

Key words: Family medicine/general practice, training skills, needs analysis, expertise

INTRODUCTION

A GP educator needs more than clinical skills

All GP educators, whether teaching in academic departments or their offices, should be regarded as members of the GP teaching faculty. Faculty development is an important component of medical education. More and more clinical teaching is being done in family practice settings and it increases the importance of having effective clinical teachers (1,2). Better teaching provides trainee physicians with a better learning outcome (3) and hence better patient care. There is no doubt that a

clinician who supervises residents' practice should be a competent physician, but it should not be assumed that a competent physician is always a competent teacher (4). There is growing evidence that educators in medicine would benefit from systematic training in teaching skills, knowledge and theory (5,6).

Training of GP educators should be aimed at their specific and possibly diverse needs

At the same time as managing an increasing burden of health care delivery and time pressures, GP faculty

members have to learn a broad range of teaching strategies. A variety of programmes and activities have been designed and implemented (7–9) to help the GP faculty members fulfil their multiple roles. Theory suggests that trainees at different levels (10,11), in different specialties (11,12) may have different learning needs. Stritter found that first year residents preferred being told what to do, whereas higher-level residents preferred more autonomy and more explanations from their preceptors (11). The preceptors might, therefore, have educational needs, which vary both in relationship to the topic and level of the learner.

As medical education changes, teachers are often asked to adapt to new concepts of teaching (13,14). These concepts are based on an analysis of the teachers' tasks or educational theory and operationalized in competency profiles and evaluation questionnaires (6,15–18), but the concepts are often developed by external experts and teachers in higher education have their own understanding of how they perceive and conduct their teaching role (19). This understanding is not necessarily in line with these new concepts (14).

The ideal GP educator

The ideal GP educator has been described in several publications. He or she should possess medical expertise as well as proper teaching skills, act as a role model, and be able to detect the individual needs of the learners and their qualifications (20,21). Certainly many engaged and competent GP educators in many countries fulfil these requirements but according to the literature most of these would benefit from an upgrade in their teaching skills. A qualitative Danish family medicine study from 2003 showed both trainers and trainees wished to improve the supervision and feedback function (22). Studies from the UK and the Netherlands have brought forward similar findings, but strongly emphasized the needs for skills training in assessment and educational management (23,24). The importance of training in providing quality supervision and feedback has recently been stressed again, and it has been emphasized that educational reforms without an update of the teaching skills of educators does not seem to lead to any improvement in these areas (25,26). There seems to have been a shift in learners' expectations towards their teachers over time (27). Nowadays postgraduate trainees ask for an increased focus on their professional development and role modelling rather than on traditional teaching (21). Training the trainers programmes seem to be a good method of responding to these needs. Although the literature on measurable outcomes of 'training the trainers' programmes is sparse, positive effects have been shown (28).

NEEDS ASSESSMENT

Joint international efforts to improve faculty development

The European Academy of Teachers in General Practice (EURACT) has promoted for many years the development of education in general practice across Europe. It is EURACT's ambition to facilitate the development of more competent and confident GP trainers. In the past, EURACT has developed and implemented several courses for this purpose throughout Europe.

In 2010 EURACT, in collaboration with seven partner organizations from six countries (Denmark, Greece, Poland, Portugal, Slovenia and Turkey), set up a project promoted by the College of Family Physicians in Poland, aimed at developing a comprehensive range of 'training the trainers' programmes targeting trainers with different levels of educational expertise. The project is co-financed by the Leonardo da Vinci Agency—part of the European Union 'Lifelong Learning Programme' supporting improvement in professional education. An essential part of this initiative was a baseline survey of educational needs/wants among European GP educators.

Method of needs assessment

A questionnaire was constructed in English in two versions; one for novice GP trainers whose work in teaching is mainly at the primary care practice level and one for expert GP teachers. Experts were defined as persons with broad educational or organizational responsibilities including, but also beyond, practice level (e.g. university or national level). The questionnaire contained both quantitative and open ended qualitative questions and was sent by e-mail to 42 trainers identified as being at the novice level and 29 identified as expert trainers spread over 15 European countries. Seventy-one responses were received from those who agreed to participate and form the basis for this analysis. The open-ended questions were analysed by empirical thematic analysis using a grounded theory approach. The responses were grouped into statements; the statements were coded into categories and then condensed into themes. The analysis was done by two collaborating researchers, whereas a third independent researcher finally approved the categorization and themes.

The novice GP trainer

The novice GP trainers felt a little insecure in the teacher role, due to having unclear expectations of their task, problems in translating theory into practice; and lack of recognition from colleagues working in hospitals. Many problems were due to the national or regional legislation and the organization of training programmes. The trainers used techniques such as supervision, motivation,

one-to-one teaching, providing good support, sharing experiences, giving feedback and stimulation.

They expressed a wish to learn more about giving feedback, establishing a positive learning environment based on mutual respect and good communication. Trainers also stated that they needed the ability to personalise and adapt the training to individual trainees, to meet the wide variation in their background and qualifications. Furthermore, some trainees had specific problems, demanding specific skills.

The GP trainers felt that to reconcile theory with practice was challenging, not only in combining theoretical knowledge with clinical skills but also teaching activities with clinical practice. They experienced the need to balance patient safety issues and other patient considerations with training situations as a challenge. However, they also stressed that the duration of training was of importance. Training in family medicine takes time, e.g. learning how to deal with patients with chronic diseases. Too short period spent in general practice will not produce adequate training outcomes, irrespective of the teaching skills of the trainer.

The experts view on the needs of novice trainers was in concordance with the view of the novice trainers themselves, but the experts suggested they needed a greater focus on educational management. They also stated that one of the biggest threats to proper training is the working conditions of practice-based trainers. These trainers are facing a growing workload due to other obligations and such problems cannot be addressed by 'training the trainers' programmes.

The expert teacher

Compared with novice trainers the experts demanded more theoretical, in depth and comprehensive training in topics such as assessment, leadership, adult learning, and conflict management. The differences in the background of the trainees, both in knowledge, skills and attitudes were also a challenge for experts, as was the need for individualized approaches in training.

The expert trainers felt it difficult to keep 'up to date' with official educational requirements and changes in programmes; curricula, etc., partly due to inadequate back up from central institutions or authorities. They wanted better skills, not only in teaching 'one to one,' but also in small group teaching, group facilitation, and how to organize workshops. Although the expert trainers seemed to possess management competencies, they nevertheless requested more skills training in creating and supporting a positive learning environment, monitoring learning progress, time management and dealing with underperforming trainees.

There was a request for support in educational research and a wish for more academic work. This research should have a direct application to teaching

and learning and should clarify and help in understanding the impact of training. It should, therefore, include implementation strategies to 'translate' scientific findings into the practical organization of training and education. Other respondents pointed out that more formal academic recognition would increase the respect from hospital colleagues.

IMPLICATIONS

This survey showed that, although coming from different countries with differences in health care systems, family medicine training programs, and in the implementation of family medicine, the respondents had several similar problems, needs and expectations. Novice and expert teachers also had much in common.

Quality of teaching

The views expressed in the survey is supported by the literature: giving feedback, good communication, showing respect to trainees, establishing a positive learning environment and enthusiasm of individual trainers are considered the key elements of good quality teaching in general practice (29–31). However, an educational management system that ensures protected time for education, planned follow-up and direct observation, is also of significant importance (24). Both novice and expert trainers produced similar arguments for good quality education in teaching problems or learning needs. They also agreed on the need for individualized teaching and the challenges that this causes.

It is an interesting finding that they felt that the essential part of the training should take place in general practice since it is the only place where the core competences of family medicine can be learnt.

Key differences

As expected, experienced teachers were much more concerned about programme development, institutional support, methods of enhancing teaching and learning, while the emphasis for novice trainers was much more in relation to dealing with time constraints, putting theory into practice, and teaching while taking care of patients.

Main problems

To take in account the description of the educational setting, with all its problems and challenges, the GP trainers were carrying out their work as teachers alongside a busy clinical workload, with little or no time allocated for training and supervision. Time was a problem not only for teaching sessions but also in

maintaining a good doctor patient relationship and being able to demonstrate a patient centred approach to their trainees.

Some solutions

Efforts should be made to ensure sufficient time and resources are available for both novice and expert teachers to carry out their teaching tasks, and teaching should not just be an 'add-on.' The relationship between extensive clinical work and problems in family medicine training cannot be solved just at the 'micro level' of clinics, the problem needs to be resolved at the 'macro level' of programmes and health care systems to provide the support needed for clinical trainers to deal with issues such as trainees with problems, changes in curriculum, or organizational changes. To achieve high quality teaching in primary care, is a challenge and its success are greatly influenced by political decisions (32–34). However, organizational challenges should not stop initiatives to upgrade individual GP trainers and teachers. The Leonardo da Vinci project has launched a comprehensive programme with courses aimed at three levels of teacher expertise, which are intended to address properly the varying educational needs of GP trainers across Europe (35).

Conclusion

The educational needs of trainers and teachers in family medicine do not vary very much in content required, but they vary more in the level and complexity between novice and expert. This knowledge is supporting the development of new 'Training the Trainers' courses and programmes that recognize that trainers have different levels of experience and expertise.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

REFERENCES

- Fields S, Usatine R, Steiner E. Teaching medical students in the ambulatory setting. *JAMA* 2000;283:2362–4.
- Quirk M, Stone S, Chuman A, Devaney-O'Neil S, Mazor K, Starr S, et al. Using differences between perceptions of importance and competence to identify teaching needs of primary care preceptors. *Teach Learn Med.* 2002;14:157–63.
- Stern DT, Williams BC, Gill A, Gruppen L, Woolliscroft JO, Grum CM. Is there a relationship between attending physicians' and residents' teaching skills and students' examination scores? *Acad Med.* 2000;75:1144–6.
- Steinert Y, Mann K, Centeno A, Dolmans D, Spencer J, Gelula M, et al. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8 *Med Teach.* 2006;28:497–526.
- Gibbs G, Coffey M. The impact of training of university teachers on their teaching skills, their approach to teaching and the approach to learning of their students. *Active Learning in Higher Education* 2004;5:87–100.
- McMillan WJ. 'Then you get a teacher'—Guidelines for excellence in teaching. *Med Teach.* 2007;29:e209–18.
- Wilkerson L, Uijtdehaage S, Relan A. Increasing the pool of educational leaders for UCLA. *Acad Med.* 2006;81:954–8.
- Gruppen LD, Simpson D, Searle NS, Robins L, Irby DM, Mullan PB. Educational fellowship programs: Common themes and overarching issues. *Acad Med.* 2006;8:990–4.
- Steinert Y. Commentary: faculty development: the road less travelled. *Acad Med.* 2011;86:409–11.
- Van de Wiel MWJ, Boshuizen HPA, Schmidt HG, Nicolaas C. The explanation of clinical concepts by expert physicians, clerks, and advanced students. *Teach Learn Med.* 2009;11:153–63.
- Stritter FT, Baker RM. Resident preferences for the clinical teaching of ambulatory care. *J Med Educ.* 1982;57:33–41.
- Kolb DA. *Experiential learning. Experience as the source of learning and development.* Englewood Cliffs, NJ: Prentice Hall PTR; 1984. pp. 61–98.
- Irby DM, Wilkerson L. Educational innovations in academic medicine and environmental trends. *J Gen Intern Med.* 2003; 18:370–6.
- Van den Berg R. Teachers' meanings regarding educational practice. *Rev Educ Res.* 2002;72:577–625.
- Buchel TL, Edwards FD. Characteristics of effective clinical teachers. *Fam Med.* 2005;37:30–5.
- Fluit CR, Bolhuis S, Grol R, Laan R, Wensing M. Assessing the quality of clinical teachers: A systematic review of content and quality of questionnaires for assessing clinical teachers. *J Gen Intern Med.* 2010;25:1337–45.
- Harden RM, Crosby JR. The good teacher is more than a lecturer—the twelve roles of the teacher. *Med Teach.* 2000;22: 334–47.
- Sutkin G, Wagner E, Harris I, Schiffer R. What makes a good clinical teacher in medicine? A review of the literature. *Acad Med* 2008;83:452–66.
- Roermund TCM, Tromp F, Scherpbier JJAA, Bottema B JAM, Bueving HJ. Teachers' ideas versus experts' descriptions of 'the good teacher' in postgraduate medical education: Implications for implementation. A qualitative study. *BMC Med Educ.* 2011; Available at <http://www.biomedcentral.com/1472-6920/11/42> (accessed).
- Boendermaker PM, Schuling J, Meyboom-de Jong B, Zwierstra RP, Metz JCM. What are the characteristics of the competent general practitioner trainer? *Fam Pract.* 2000;17:547–53.
- Stenfors-Hayes T, Hult K, Dahlgren LO. What does it mean to be a good teacher and clinical supervisor in medical education? *Adv Health Sci Educ Theory Pract.* 2011;16:197–210.
- Kjaer NK, Tulinius C. Learning in general practice in Denmark, Double Master thesis, the MPHE programme. Dept. for professional medical education, Maastricht University (2003). Available at <http://www.telemed.dk/nk/ref> (accessed 27 May 2012).
- Kilminster S, Jolly B, van der Vleuten CP. A framework for effective training for supervisors. *Med Teach.* 2002;24:385–9.
- Boendermaker PM, Ket P, Dusman H, Schuling J, van der Vleuten CPM, Tan LHC. What influences the quality of educational encounters between trainer and trainee in vocational training for general practice? *Med Teach.* 2002;24:540–3.
- Mortensen L, Mallng B, Ringsted C, Rubak S. What is the impact of a national postgraduate medical specialist education reform on the daily clinical training 3.5 years after implementation? A questionnaire survey. *BMC Med Educ.* 2010;10:46.
- Hauer KE, Holmboe ES, Jennifer R, Kogan JR. Twelve tips for implementing tools for direct observation of medical trainees' clinical skills during patient encounters. *Med Teach.* 2011;33:27–33.

27. Boor K, Teunissen PW, Scherpbier AJ, van der Vleuten CP, van de Lande J, Scheele F. Residents' perceptions of the ideal clinical teacher—a qualitative study. *Eur J Obstet Gynecol Reprod Biol.* 2008;140:152–7.
28. Rubak S, Mortensen L, Ringsted C, Mallin B. A controlled study of the short- and long-term effects of a train the trainers course. *Med Educ.* 2008;42:693–702.
29. Lombarts KMJM, Heineman MJ, Arah OA. Good clinical teachers likely to be specialist role models: Results from a multicenter cross-sectional survey. *PLoS One* 2010;29:5: e15202.
30. Boendermaker PM, Conradi MH, Schuling J, Meyboom-de Jong B, Zwierstra RP, Metz JC. Core characteristics of the competent general practice trainer, a Delphi study. *Adv Health Sci Educ Theory Pract.* 2003;8:111–6.
31. Moorhead R, Maguire P, Thoo SL. Giving feedback to learners in the practice. *Aust Fam Physician* 2004;33:691–5.
32. Dwan K. Government involvement in general practice. *Aust Fam Physician* 2005;34:384–5.
33. Birks J, Farrell E, Newson A. Flexible teaching and learning in general practice. *Aust Fam Physician* 2004;33:687–9.
34. Anderson K, Thomson J. Vertical integration. Reducing the load on GP teachers. *Aust Fam Physician* 2009;38:907–10.
35. Framework for continuing educational development of trainers in general practice in Europe (CEDinGP). Available at <http://www.cedingp.klrwp.pl> (accessed 27 May 2012).