

How can GP teachers be supported to make good teaching even better?

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WHAT IS ALREADY KNOWN IN THIS AREA

- An increasing amount of medical undergraduate teaching takes place in the community, and GP teachers need support to maintain high-quality teaching.

WHAT THIS WORK ADDS

- This paper considers how different support activities are viewed by GP teachers with specific reference to activities including peer observation, networking opportunities and practice visits. It raises the importance of dialogue with practices in order to focus development opportunities and resources in the most effective way.

SUGGESTIONS FOR FUTURE RESEARCH

- To explore and develop ways of facilitating peer observation, developing and evaluating systems of peer tutoring together with methods of accessing and using student feedback to enhance teaching.

Keywords: educational management, general practice, undergraduate education

SUMMARY

With the increase in undergraduate teaching taking place within general practice, it is important that general practice (GP) teachers are offered training and developmental activities to support their educational work. It is also important that this support is well targeted, if it is to be effective in raising teaching quality. This study set out to elicit the views of GP teachers both in terms of the value of current developmental activities being provided by the Centre for General Practice and Primary Care

(CGPPC), and action points for the future. A questionnaire was sent to each lead GP teacher at all 108 active teaching practices involved in community-based medical education. The responses indicated that student feedback reports, module specific training, peer observation and, importantly, the opportunity to network with peer tutors in other practices, were regarded as useful activities. The research demonstrates that GP teachers are well able to articulate their own support needs and the results set a clear agenda for working with practices based on a collaborative understanding.

INTRODUCTION

With the increase in community-based medical education within medical education curricula, it is important to maintain and enhance the quality and benefits for students of placements in general practice.^{1,2} It is also necessary to consider the sustainability of such community-based education with the ever-increasing demands made on GP teachers. The CGPPC supports its teaching practices in a number of ways: returning student evaluation reports, providing module-specific training days, making routine practice visits, liaising by module convenors, encouraging peer observation and attendance at teaching and learning programmes. Earlier research within the CGPPC demonstrated that student evaluation reports, which were routinely sent to our practices, were found to be very useful and confirmed findings from similar work that student feedback is a key element in the process of quality assurance.^{3,4} The CGPPC study demonstrated that whilst positive feedback served to maintain and further facilitate good teaching, negative feedback and responding to students' requests appear to be the main catalysts to change and enhancement of the student experience. In the light of these findings, we wanted to find out how useful practices found other types of support, and in particular how our recent policy of routine visits was being received by practices. General practice teaching is well evaluated in our institution, and we wanted to see how best to help practices maintain and improve this. Delivering effective community-based medical education does present particular challenges. GPs report difficulties, for example, at a practical level, with scheduling longer consultation times, time and space, or the logistics of timetabling.⁴⁻⁶ The need to support practices to meet both educational and practical demands is well established, including the provision of training and

resources.^{5,7} The question that remains for all departments of general practice is what *type* of support is most effective and to where should resources, energy and developmental activities be best targeted. It is clear that general practitioners (GPs) recognise and value processes of quality enhancement and this research aimed to channel their perceptions into an agenda for development.⁴

RESEARCH AIM

To establish, through consultation with the teaching practices, which forms of support general practices find most useful in maintaining and developing teaching.

METHOD

In the first instance, a pilot questionnaire eliciting both quantitative and qualitative data was drawn up. This was completed by two GP community teachers, who are also members of the CGPPC. Following minor amendments, a revised questionnaire was sent out to the lead GP teacher at 108 teaching practices in March 2004. These practices included 54 university-linked practices (ULPs) and 54 non-ULPs. ULPs teach over 25 undergraduate sessions per year.

Firstly, the GPs were asked to indicate on a four-point numerical scale how they valued the different support activities provided by the CGPPC, or in the case of a generic Teaching and Learning Programme, recommended by the Centre (1 = very useful, 4 = not useful at all) and to indicate by open-text comments which specific activities they found particularly useful.

The support activities were listed on the questionnaire as:

- peer observation
- receiving student evaluation reports

- liaison with module convenors
- practice visits
- module-specific training days
- generic Teaching and Learning Programme.

Secondly, to further elicit the GPs' views on which development activities should be provided, the questionnaire also asked them to think forward into the next academic year and identify *key actions* in terms of how the *Centre*, the *students* and they *themselves* might enhance the quality of teaching using these three headings. This qualitative data was analysed and the themes were identified independently by the authors (VC and SN).

Finally, ULPs that had recently had a 'routine practice' visit were asked questions in this regard. ULPs are visited once every three years. These visits are 'routine' in the sense that they take place on a strict rotational basis and involve updating practice information together with a discussion, usually with the lead tutor and practice manager, of student evaluation reports received by the practices. They also include a resources audit and a consideration of the practice's possible future teaching contribution and consequential staff development needs. These visits are then followed

up with a letter outlining agreed action points to be followed up by the practice or the CGPPC. Again this qualitative data was analysed and themes were identified independently by one of the authors (VC) and a member of the CGPPC teaching staff.

RESULTS

Following one reminder in May 2004, 75/108 (69%) questionnaires were returned.

Of these returned questionnaires, 35 came from ULPs and 45 from non-ULPs. The quantitative data was derived from recording each time a practice identified themselves as having undertaken a particular activity and how well they rated this activity (1–4 on the Likert scale). To address the aim of the research to identify which activities the practices found most useful, the analysis focused upon those activities that had achieved top ranking. Figure 1 illustrates which of the activities the combined ULP and non-ULP practices rated as most useful in supporting their teaching (rated 1 on the scale) (see Figure 1).

The confidence intervals were calculated in STATA using the exact method.

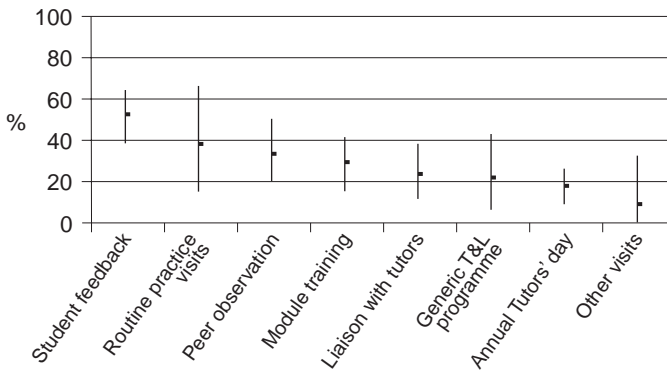


Figure 1 The proportion of practices (and 95% confidence intervals) rating different support mechanisms as very useful

The four activities which scored most highly were student feedback, routine practice visits, peer observation and module-specific training.

Tutors had been asked open-ended questions that identified support activities that they found particularly useful and the reasons why. These results are reported below.

Results from the qualitative data

The themes that emerged reflected the ratings from the Likert scales, in that student feedback, peer observation and module-specific training were highlighted as particularly useful activities.

Student feedback was pointed to by 14 (including ten non-ULP tutors) as particularly useful, as it led to change or was supportive:

‘Receiving student feedback and making changes is very helpful.’ (R13)

‘I did find feedback from students very helpful if they can be encouraged to express themselves for the benefit of others.’ (R34)

However, the occasional qualifying comment was made and GP teachers recognised the limitations of feedback, as the following quote illustrates:

‘It is easy to predict what will be rated highly [by students] and that is not always indicative of the quality of teaching I suppose.’ (R2)

Peer observation, which had scored highly on the Likert scale, was also a theme for a small number of ULPs who provided positive comments. However, although they indicated that peer observation was regarded as a helpful activity, the comments from the practices also reflected the need for the Centre to facilitate the process:

‘Peer observation occurs too infrequently, but it is very helpful.’ (R11)

‘Increase the amount of peer observation via a facilitated programme with some peer observation by course members.’ (R15)

Module specific training was also well regarded equally across both ULPs and non-ULPs. It was seen as helping to develop the quality of teaching because it offered a very focused support on their teaching.

‘Module-specific training days are useful because they involve small group discussion and individual-based learning.’ (R23)

‘New Tutors’ Training programme was very useful ... included module-specific training.’ (R1A)

A new theme that emerged from the qualitative data was that of the importance of **working in collaboration** with other practices. Activities such as Tutors’ Days were seen as useful by both ULPs and non-ULPs, often because they provided opportunities for small group work and sharing. This type of exchange offered general support:

‘... the teaching is done in relative isolation – it is thus important to meet as a group from time to time.’ (R32)

‘... to make sure we are all on the same wavelength.’ (R18)

as well as providing opportunities for exchanging teaching tips:

‘... most useful is small group or one-to-one discussions, sharing of tips and good ideas.’ (R38)

‘Learning how others teach and the specific techniques that they have found useful has been most effective.’ (R36)

In the next part of the questionnaire, practices were invited to make suggestions regarding the help they would like from the Centre. A diverse number of action points were suggested by the GP teachers, including the need to keep practices updated in terms of curriculum change, further notice regarding training events and requests for further teaching resources.

A significant theme to emerge from this part of the questionnaire was the need for further **training in teaching** and **pre-module meetings**, again to share experiences. Specifically, the Centre was asked to provide:

‘training days ... opportunity to swap teaching methods and tools which work in general practice.’ (R2)

‘... a pre-course meeting to share experience.’ (RD)

Finally, ULPs who had been recently visited were asked what they thought was the purpose of the visit and whether and in what way they had found the activity useful. Practice visits had scored well on the Likert scale. Out of the returned questionnaires, 15 out of a total of 17 possible practices responded to this section. Five tutors indicated that they felt the visits offered the opportunity for an overall review of their teaching: a ‘formative review’ (RH). The visit helped them to focus on strengths and areas for development and to gain:

‘... a view of what we did well and what we could do better.’ (R13)

In addition, five practices noted that the visits enabled further face-to-face contact between GP teachers and members of the Centre. The other themes that emerged were that the visits provided:

- affirmation and validation of their teaching role
- practical help with resources
- access to staff development.

DISCUSSION

What have we learned from these results and how should they influence our future work with practices in order to make good teaching even better? The key learning points that we drew from the research, and the ways we might use them for practice development, are summarised in Box 1.

The results emphasised that GPs recognise the value of quality assurance mechanisms and can effectively articulate an agenda for any training and development strategy.⁴ The priorities they present signal the value they place upon developing both general educational knowledge through generic training programmes and specific expertise in their particular area of teaching in community-based medical education. GP teachers identified networking with other practices as a key to this latter area of development. Clinical tutors have to deliver and plan teaching within a very specific environment and in identifying other practices as a key support it may well be that practices recognise that their colleagues have key insights into the specifics of the teaching situation which they bring to bear.⁸ This sits well with existing studies that suggest networking and peer tutoring may be of great value both in terms of enhancing the quality of teaching and in boosting morale.⁹ This concept of co-tutoring has been taken forward recently by the Centre in setting up GP teacher-led training for new practices.

The study also confirmed our earlier research that feedback from students is critical to GP teachers’ ability to enhance their own teaching.³ In this instance, this was particularly the case for non-ULP practices, which may reflect the fact that they are less able to take part in CGPPC staff development activities because of distance from the Centre, and therefore student feedback, which they are routinely sent, has particular significance. This study also demonstrated that peer observation is also highly regarded when it takes place, although it was an uncommon activity. In

Box 1 Support for teaching practices

What works well and should be maintained?

- Practices value highly the student evaluation forms, which they use to change and improve their teaching and should continue to be provided by the Centre
- Practices value direct focused training on individual modules
- Routine visits to the practices by members of the Centre have a number of benefits. These meetings support GP teachers in terms of practical support, increasing communication and providing links to staff development

What types of support do we need to develop?

- Teaching is largely carried out in isolation, and practices value the opportunity to collaborate with other practices. Ways need to be sought to maximise this exchange, for example, through creating and using shared email lists for module tutors, local support networks and pre-module meetings
- GP teachers value and need to have access to tutor training, and the Centre needs to facilitate this by providing access to university-wide programmes or by providing more Centre-based courses
- Peer observation is regarded as a useful but uncommon activity. The Centre needs to seek ways to facilitate peer observation and be willing to carry out observation in practices

this case, the positive qualitative responses from a small number of ULPs probably reflected the fact that this is part of their Service Level Agreement and/or a requisite of a teacher training programme undertaken by a lead teacher in a ULP.

The significant point here would seem to be that if GPs are to be supported to develop their own teaching, then they must be offered multiple opportunities for feedback on their teaching. There would seem to be no substitute for direct focused attention on an individual GP's teaching performance to help the processes of reflection and development. This message should remain as central to those with responsibility for training strategy as the need to provide courses and networking opportunities.

CONCLUSIONS

GP teachers are able to identify the support mechanisms that they find most useful in supporting their teaching. They are able to point to such activities as Centre-gener-

ated reports on student evaluation as particularly helpful. They are also able to point to other activities, such as peer observation, which focus upon individual performance and which need to be further developed, and module-specific training. The challenge is set for us to continue to identify the needs of our GP teachers through ongoing dialogue and to steer our resources to meet their agenda for development in order to maximise the learning of students within their community placements.

References

- 1 Society for Academic Primary Care (2002) *New Century, New Challenges: a report for the heads of departments of general practice and primary care*. Royal College of General Practitioners: London.
- 2 Johnston BT and Boohan M (2000) Basic clinical skills: don't leave teaching to the hospitals. *Medical Education* **34**: 692–9.
- 3 Nicholson S, Cook V, Cason F and Carter YH (2005) Maintaining the quality of community-

- based education: an evaluation of an innovative, centralised system for giving student feedback to undergraduate general practice tutors. *Education for Primary Care* **16**: 184–91.
- 4 Howe A (2000) Teaching in practice: a qualitative factor analysis of community-based teaching. *Medical Education* **34**: 762–8.
 - 5 Murray E and Modell M (1999) Community-based teaching: the challenges. *British Journal of General Practice* **49**: 395–8.
 - 6 Haffling AC, Hakansson A and Hagander B (2001) Early patient contact in primary care: a new challenge. *Medical Education* **34**: 901–10.
 - 7 Bradley P (2001) Community learning: the good, the bad and the way to be beautiful. *Medical Education* **35**: 822–3.
 - 8 Mann KV, Holmes DB, Hayes VM, Burge FI and Viscount PW (2001) Community family medicine teachers' perceptions of their teaching role. *Medical Education* **35**: 278–85.
 - 9 Hartley S, MacFarlane F, Gantley M and Murray E (1999) Influence on general practitioners of teaching undergraduates: qualitative study of London general practitioners. *British Medical Journal* **319**: 1168–71.
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