

Satisfaction of General Practice Trainees with the Teaching Skills of Trainers: An Exploratory and Regional Study



Satisfação dos Internos de Medicina Geral e Familiar com as Competências Pedagógicas dos Orientadores de Formação: Estudo Exploratório e Regional

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ABSTRACT

Introduction: In Portugal, requirements for selection and training of General Practice trainers vary across the different regions of the country. The aim of our study was to assess the satisfaction of general practice trainees with their trainers of the Lisbon and Tagus Valley Regional Health Administration.

Material and Methods: General Practice trainees were the target population for our cross-sectional, exploratory study. The authors developed a 16-item questionnaire based on the existing literature. The questions covered the following domains: patient safety, learning environment, trainer's feedback, the trainee/trainer relationship, assessment of educational progress and continuous professional development of trainers. Items were scored on a 5-point Likert-type scale. Data was collected at a meeting in October 2018 attended by General Practice trainees.

Results: A total of 384 questionnaires were distributed, with a response rate of 59.9%. The majority of respondents were female (79.9%) and all years of specialty training were represented. Our study shows that 60.4% of General Practice trainees from the Lisbon and Tagus Valley Regional Health Administration are very satisfied with the teaching skills of their trainers. However, there was lower satisfaction with trainer's continuous professional development, trainer's feedback, and monitoring of educational progress. The majority (57.4%) of respondents did not give feedback to their supervisors about their teaching performance, mostly because they do not feel comfortable doing so or because they have not considered this.

Discussion: The findings show a high degree of satisfaction of the general practice trainees with their trainers of the Lisbon and Tagus Valley Regional Health Administration. The high response rate attained is one of the strengths of the study. The authors make some suggestions for improvement of domains with lower satisfaction levels. Unfortunately, it is difficult to extrapolate the findings nationwide due to the differences between the training programmes of the different regions.

Conclusion: Although there is a high level of satisfaction, there is still potential for improvement, including the expansion of training programmes for trainers.

Keywords: Education, Medical; General Practice

RESUMO

Introdução: Em Portugal, os requisitos para seleção e formação de orientadores em Medicina Geral e Familiar variam nas diferentes regiões do país. Este estudo pretendeu estudar a satisfação dos internos de Medicina Geral e Familiar com os orientadores de formação da Administração Regional de Saúde de Lisboa e Vale do Tejo.

Material e Métodos: Os internos de Medicina Geral e Familiar foram a população alvo do nosso estudo transversal e exploratório. As autoras desenvolveram um questionário de 16 itens com base na literatura existente. As perguntas abrangeram os seguintes domínios: segurança do doente, ambiente de aprendizagem, *feedback* dos orientadores de formação, relação interno/orientador de formação, avaliação do progresso educacional e desenvolvimento profissional contínuo dos orientadores de formação. Os itens foram pontuados numa escala do tipo Likert de cinco pontos. Os dados foram recolhidos numa reunião de internos em outubro de 2018.

Resultados: Foram distribuídos 384 questionários com uma taxa de resposta de 59,9%. A maioria dos entrevistados era do sexo feminino (79,9%) e todos os anos de internato foram representados. O nosso estudo mostra que 60,4% dos internos de Medicina Geral e Familiar da Administração Regional de Saúde de Lisboa e Vale do Tejo estão muito satisfeitos com as competências pedagógicas dos orientadores de formação. No entanto, houve menor satisfação nos domínios do desenvolvimento profissional contínuo dos orientadores de formação, *feedback* dos orientadores e monitorização do progresso educacional. A maioria (57,4%) dos entrevistados não dá *feedback* ao seu orientador sobre o desempenho pedagógico, principalmente porque não se sente à vontade ou porque nunca considerou fazê-lo.

Discussão: Os resultados revelam um elevado grau de satisfação dos internos de Medicina Geral e Familiar com os respetivos orientadores de formação da Administração Regional de Saúde de Lisboa e Vale do Tejo. A elevada taxa de respostas alcançada é um dos pontos fortes do estudo. Os autores propõem algumas sugestões de melhoria para os domínios que obtiveram menor grau de satisfação. Infelizmente, é difícil extrapolar os resultados a nível nacional devido às diferenças entre os programas de formação das

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diferentes regiões.

Conclusão: Embora exista um alto nível de satisfação, ainda há potencial para melhoria, incluindo a expansão de programas de formação para orientadores de formação.

Palavras-chave: Educação Médica; Medicina Geral

INTRODUCTION

Better patient care can be achieved through high-quality supervision during specialist training.¹ The European Academy of Teachers in General Practice (EURACT) states that General Practice (GP) trainers should develop educational skills to help trainees direct their own learning process.² The literature suggests that medical educators may benefit from systematic long-term training in teaching skills, but these skills seem to be lacking at the beginning of a trainer's career.^{3,4}

The Portuguese National Health Service (NHS) has a regional structure comprising five health regions: North, Centre, Lisbon and the Tagus Valley, Alentejo, and Algarve. Each administration is divided in subregions.

The requirements for selection of GP trainers and their formal training can vary among the different regions of the country. Although all GP trainers in Portugal must be registered in the College of General Practice / Family Medicine, the administration of each health region has autonomy to apply its own criteria.

In order to apply to become a GP trainer in the Lisbon Health Region, a GP must fill in an application form and submit a *curriculum vitae*. This form is assessed by the sub-regional training director who provides his / her assessment and then forwards it to the regional coordinator for final approval. Once the GP is approved by the coordinator, he / she will be required to attend a basic trainer course organised by the Coordination. Every trainer has the chance to repeat this course from time to time (ideally every five years but a precise timeline is not established). Additionally, the Coordination organises an open day seminar every year, in which all the GP trainers can participate and exchange ideas.

The assignments of trainers are established by law, but they are not specific to the GP specialist training programme. In addition, GP trainers do not undergo periodic assessment, which also contributes to the variability in the training process.

The incentive received for mentoring varies according to the organizational model in which trainers are working. It can involve having three hours per week exclusively dedicated to the training of trainees or it can involve a financial incentive.

In Portugal, GP specialist training lasts four years and includes compulsory hospital rotations in gynaecology and obstetrics, paediatrics, mental health, and emergency medicine. It also includes several elective rotations and short rotations aimed at the acquisition of specific skills, in addition to several rotations in primary health care.

GP training in Portugal is designed according to a competency-based medical education model, which is aimed at providing the trainee with knowledge, skills and attitudes by using field training. The trainee is encouraged to get

involved in the educational process by defining his / her educational goals and designing a learning curriculum, with some goals, that best suit his / her educational needs and expectations.⁵ The trainer has an informal role of supervisor and role model. Role modelling is a complex process and is the privileged way for the trainee to acquire attitudes (which is one of the components of competency-based medical education model).⁶

The trainer is expected to collaborate actively in the educational and assessment process of the trainee, with an emphasis in constructive feedback and encouraging reflective learning, among other tasks. Therefore, both the educational skills of the trainer and the involvement and participation of the trainee will be decisive in this educational model. The success and quality of postgraduate training will depend, in part, of a good interaction between the trainer and the trainee.

In the United Kingdom, there is an accredited programme for selection and appraisal of GP trainers which requires these professionals to provide evidence of their engagement in education. Furthermore, the Royal College of General Practitioners (RCGP) has published guidance on the standards for GP specialist training. Trainers are required to be proficient in seven domains before they are recognised as medical educators: ensuring safe and effective patient care through good internal training, establishing and maintaining a good learning environment, teaching and facilitating learning, facilitating evaluation processes and feedback, supporting and monitoring the trainee's educational progress, guiding the trainee in his/her personal and professional development, and maintaining ongoing professional development as an educator.⁷ Those domains match the teaching skills for medical trainers found in the literature.

In Portugal, besides the regional heterogeneity in the requirements for selection and formal training for GP trainers, there is no valid and reliable national instrument designed to assess the satisfaction of trainees with their trainers' teaching skills.

A satisfaction questionnaire can be a starting point for the discussion of the importance of the teaching skills of GP trainers. It can also encourage reflection about the need for an accredited programme for selection and appraisal of GP trainers, similar to that which is implemented in the UK. The aim of this study was to develop a questionnaire to assess satisfaction of GP trainees in the Lisbon and Tagus Valley Regional Health Administration with the teaching skills of their trainers.

MATERIAL AND METHODS

We conducted a cross-sectional and exploratory study of GP trainees in the Lisbon Region. The authors developed

a 16-item questionnaire by crossing the domains of two relevant documents.^{3,8} The first document presents the domains established in focus groups with subregional training directors and GP trainers in Southern Portugal region, and was subsequently submitted to an external auditor.³ The second document was produced by the UK's Royal College of General Practitioners, which defines the standards to be met by GP trainers.⁸ The standards covered six domains: patient safety, learning environment, trainer's feedback, GP trainee/trainer professional relationship, educational progress assessment, and the trainer's continuing development (Supplementary material I). Items were scored on a 5-point Likert scale: from 4 = "very satisfied, satisfied, slightly satisfied, not satisfied" to 0 = "I do not know/no answer". The total score of the questionnaire was classified in four levels: 0 - 15 corresponds to "not satisfied", 16 - 30 to "slightly satisfied", 31 - 45 to "satisfied" and 46 - 60 to "very satisfied". The authors also evaluated the degree of satisfaction in each question. In addition to the degree of satisfaction, demographic data and training year were also collected. Anonymity was maintained in order to reduce bias. The study

was approved by the Lisbon and Tagus Valley Regional Health Administration Ethics Committee. The comprehensibility of the survey was pre-tested in a pilot study which was carried out with other trainees working in the same GP practice of the investigators. An opportunity was given to make comments and suggestions about the relevance and completeness of the questionnaire. After this pilot study, the order of some questions was changed by suggestion of the participants. Given the exploratory nature of the study, the calculation of the required sample size had limited usefulness⁹ so it was not carried out. Data were collected during a meeting of GP trainees from the Lisbon and Tagus Valley Regional Health Administration held in October 2018; the questionnaire was distributed in-person, filled and placed in a box that ensured the confidentiality and privacy of the respondents. The STROBE statement was used to structure the report in this paper.

RESULTS

A total of 384 questionnaires were distributed and 230 were completed, for a response rate of 59.9%. Table 1 shows the baseline characteristics of the participants. Only 1 questionnaire had no answer regarding the year of training and 26 had no answer regarding the gender of the respondent. All 15 subregions of the Lisbon and Tagus Valley Regional Health Administration were represented.

The responses given to the questionnaire items are shown in Table 2 (n = 230). Only question 9 had 229 answers. The last item (question 16) presented a "yes" or "no" response option. Depending on their answer, respondents were then asked to answer subsidiary questions with more than one option ("tick all that apply"). Answers to question 16 are presented in Table 3. Questionnaires global scores are presented in Table 4.

DISCUSSION

This study presents the results of a survey of trainee satisfaction with the teaching skills and methods of their GP trainers. This is, to the best of our knowledge, the first study conducted in Portugal quantifying trainee's satisfaction with the teaching skills of trainers.

The findings show a high degree of satisfaction with room for improvement in several areas.

In the Lisbon and Tagus Valley Regional Health Administration, 60.4% of GP trainees are very satisfied with the teaching skills of their trainers. These results are similar to those found in studies conducted in other countries.¹⁰

Domains related to continuing professional development of trainers, feedback from trainers and monitoring of educational progress had the lowest degree of satisfaction.

Regarding continuing professional development of the trainers, some suggestions for improvement may include holding regular training meetings organised by GP trainers (peers) or by the GP training Coordination, communicating training opportunities in a more organized and timely fashion and creating curricular courses for trainers dedicated to pedagogy.

Table 1 – Baseline characteristics of the participants

Variable	No. of respondents	Frequency (%)
Gender		
Female	163	79.9
Male	41	20.1
Total	204	100
Year of training		
1	84	36.7
2	48	21.0
3	48	21.0
4	49	21.4
Total	229	100
ACES (Subregions of the Lisbon region)		
Almada-Seixal	22	9.9
Amadora	17	7.7
Arco-Ribeirinho	16	7.2
Arrábida	8	3.6
Cascais	17	7.7
Estuário do Tejo	7	3.2
Lezíria	9	4.1
Lisboa Ocidental e Oeiras	27	12.2
Lisboa-Central	19	8.6
Lisboa-Norte	21	9.5
Loures-Odivelas	22	9.9
Médio-Tejo	7	3.2
Oeste-Norte	9	4.1
Oeste-Sul	6	2.7
Sintra	15	6.8
Total	222	100

Table 2 – Scores per item

Questionnaire item	Very satisfied		Satisfied		Slightly satisfied		Not satisfied		I do not know/ No answer	
	n	%	n	%	n	%	n	%	n	%
Patient safety										
Patient safety	129	56.1	76	33.0	16	7.0	5	2.2	4	1.7
Autonomy according to training stage	162	70.4	52	22.6	16	7.0	0	0.0	0	0.0
Learning environment										
Sharing information relevant to training	85	37.0	73	31.7	46	20.0	26	11.3	0	0.0
Integration in the health centre team	150	65.2	63	27.4	13	5.7	1	0.4	3	1.3
Learning opportunities in different contexts	96	41.7	85	37.0	35	15.2	13	5.7	1	0.4
Assurance of workload compliance	107	46.5	73	31.7	27	11.7	23	10.0	0	0.0
Feedback from supervisor										
Constructive feedback	93	40.4	77	33.5	41	17.8	19	8.3	0	0.0
Moments of reflection	49	21.4	79	34.5	67	29.3	33	14.4	1	0.4
Feedback on positive aspects of performance	95	41.3	89	38.7	36	15.7	10	4.3	0	0.0
Feedback on negative aspects of performance	75	32.6	99	43.0	46	20.0	10	4.3	0	0.0
Educational progress assessment										
Knowledge of GP trainee programme	85	37.0	92	40.0	42	18.3	11	4.8	0	0.0
Developing strategies to overcome difficulties	67	29.1	93	40.4	56	24.3	13	5.7	1	0.4
GP trainee/trainer professional relationship										
Personality differences	138	60.0	70	30.4	18	7.8	4	1.7	0	0.0
Accepting different ways of working	109	47.4	95	41.3	17	7.4	6	2.6	3	1.3
Educator's continuing development										
Receiving training about educational supervising	73	31.7	74	32.2	47	20.4	21	9.1	15	6.5

n: no. of subjects; %: frequency

Table 3 – Answers to question 16

Question	Answer	No. of respondents	Frequency (%)
I give my trainer feedback about his/her pedagogical performance.	Yes	98	42.6
	No	132	57.4
	Total	230	100
If you answered YES , please answer the following question: My trainer modifies his/her pedagogical practice according to the feedback I give him/her.	Yes	85	85.0
	No	15	15.0
	Total	100	100
If you answered NO , please state your reasons (you may choose more than one).	I don't feel at ease	51	31.5
	I fear being penalised	34	21.0
	I never thought of it	49	30.2
	I don't see the point	5	3.1
	My trainer is not open to criticism	23	14.2

In the areas of feedback from trainers and monitoring of educational progress, it could be helpful to promote regular meetings between trainees and trainers with pre-defined topics. In addition, GP trainers could do a SWOT analysis to give mid-term feedback to trainees.

More than half of GP trainees do not give feedback to their clinical supervisor about their educational performance. The most frequently cited reasons are "I don't feel at ease" and "I never thought about it". To circumvent this, the appraisal of GP trainers could be assessed by their as-

signed trainees, as well as by all trainees with whom they had contact. Regular self-evaluation could be sent to the training Coordination which would then provide individual feedback. Additionally, the evaluation of the trainees could be done by all relevant professionals (clinical secretaries, nurses, other GPs), in order to reduce the impact of the trainer's evaluation.

The high response rate attained is one of the strengths of the study. Other published studies of trainee satisfaction in Portugal had response rates around 30%.¹¹⁻¹³ The high

Table 4 – Global scores

Score		No. of respondents	Frequency (%)
0 - 15	Not Satisfied	0	0
16 - 30	Slightly Satisfied	15	6.5
31 - 45	Satisfied	76	33.0
46 - 60	Very Satisfied	139	60.4

response rate in the current study is probably due to the fact that questionnaires were distributed in-person. Another strength of this study is the fact that a pilot study was carried out prior to the application of the questionnaire, which allowed improvements and probably led to lower loss of information.

The protocol for this study was presented and discussed prior to its application at the National Congress of family doctors in Portugal. However, the questionnaire was not validated for the population studied. It is difficult to extrapolate the findings nationwide due to the differences between the training programmes of the different regions.

This sample may not be representative of all GP trainees in the Lisbon and Tagus Valley Regional Health Administration. GP trainees in the first year of training may not yet have an adequate appreciation of the teaching skills of their trainers.

We cannot exclude the fact that participants may report higher satisfaction due to social desirability. Likert-type scales are not without limitations: participants may differ in terms of what they really mean when they choose the same answer. Moreover, it is an ordinal scale, which may not properly represent the spectrum of answers of respondents. Additionally, assessing psychometric variables related to the satisfaction of trainees with the teaching ability of the GP trainer may not reflect the teaching quality of the GP trainer.

In the future, it will be interesting to compare the responses of GP trainers to the questionnaire in a self-assessment.

In a study conducted in the UK, one of the domains with the lowest levels of satisfaction was feedback,⁸ similarly to what was identified in the present study.

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CONCLUSION

Although the results point to high levels of satisfaction, there is still potential for improvement. The creation of a national training programme for GP trainers, in line with EURACT's consensus may help in this regard.¹⁴ Feedback from Portuguese GP trainers who attended the EURACT Bled course for teachers of Family Medicine shows that they consider it a turning point in their activity as teachers and family physicians.¹⁵

A joint reflection with all those involved in GP training, as well as in the process of selection, training and monitoring of GPs may eventually ensure better care for patients.

AUTHORS CONTRIBUTION

All authors had an equal contribution to the literature research; draft and distribution of the questionnaire; analysis of the results; draft of the paper.

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PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

COMPETING INTERESTS

The authors declare that there are no conflicts of interest nor any form of support.

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