RESEARCH ARTICLE

A review of GP trainees' evaluations of placements in hospital and community medicine during 2020-21 within Malta's Specialist Training Programme in Family Medicine

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ABSTRACT

Background

One of the major speciality rotations in Malta's Specialist Training Programme in Family Medicine (STPFM) is in medicine. From 2020, changes were implemented in the logistics of this post regarding sub-speciality assignments and out-of-hours exposure.

Objective

A review of GP trainees' evaluations of their medicine training placements during 2020-21 was carried out to identify how satisfied the GP trainees were with the effectiveness of teaching provided, what major difficulties they experienced and how the educational value of the post could be improved.

Method

After completion of clinical rotations, GP trainees fill in evaluation forms on an ePortfolio. Feedback given for medicine posts during 2020-21 was exported to Microsoft Excel. After the information was anonymised, quantitative and qualitative analyses were carried out.

Results

Nine of out ten GP trainees were satisfied with the effectiveness of teaching provided during medicine posts. While difficulties experienced included the transition from family to hospital medicine, the challenges of night duties and the lack of learning during ward rounds, proposed improvements comprised increased emphasis on outpatient sessions for training, placements in more than just one sub-specialty and close guidance and supervision during duties.

Conclusion

Despite high satisfaction ratings for teaching during medicine rotations during 2020-21, a number of important difficulties were identified and crucial improvements suggested by GP trainees.

Recommendations

Medicine posts during the STPFM can be improved as teaching experiences for GP trainees through enhanced supervision, hands-on outpatient teaching, wider sub-specialty exposure and the introduction of training in telemedicine to complement face-to-face clinical practice.

Key Words
Education, family practice, programme evaluation, medicine, Malta

INTRODUCTION

Background

Following Malta's accession to the European Union in 2004, the Ministry for Health's Specialist Accreditation Committee in 2006 approved the Specialist Training Programme in Family Medicine (STPFM) drawn up by the Malta College of Family Doctors (MCFD) (Sammut, et al., 2006). The STPFM was then launched a year later under the auspices of the Department of Primary HealthCare (PHC) (Sammut and Abela, 2012).

The 3-year training programme is divided equally into placements between family medicine posts and rotations in other specialities, supervised by general practitioner (GP) trainers and consultant specialists respectively. One of the major speciality rotations is in medicine. This lasts 3 months and takes place mainly in Mater Dei Hospital (MDH), Malta's only state general hospital (Zammit, Sammut and Abela, 2017).

During 2007–2019, in agreement with successive chairpersons of the hospital Department of Medicine, GP trainees chose to be placed with 3 consultant supervisors (one every month) in different medical sub-specialities, for example, diabetes & endocrinology, gastroenterology and respiratory medicine. Besides working 8am-1pm from Monday to Saturday, the trainees performed one 8-hour duty per week during 1-9pm on a selected weekday (replaced once a month by a Sunday 8am-4pm duty). Furthermore, they were provided with 4 hours protected study time each week. As recommended by PHC, 2 morning placements a week were held in medical consultant clinics (MCC) within government community health centres (Sammut and Abela, 2009).

However, from January 2020, following an initiative by the Department of Medicine that was endorsed by the Health Division, GP trainees started being assigned to one medical sub-speciality of their choice for the whole 3-month period, with consultant supervisors (involved in education and training) selected for them by the department. Moreover, the working hours were increased from 8am-1pm to 7.45am-2.30pm. In lieu of performing weekly 1-9pm duties on selected days, the department assigned the GP trainees to work full-night duties in the same roster as basic specialist trainees (BSTs) in medicine, with the obligation to work until 2.30pm following such duties. Another change involves the shortening of the time trainees are placed with a consultant physician in PHC on two mornings a week from 5 hours to 3 hours and 45 minutes (i.e. till 11.30am) so that they can then report for work to MDH at noon (Sammut and Abela, 2020).

Objective

During March 2022, after a suggestion by one of the postgraduate training coordinators in medicine, the joint postgraduate training coordinators in family medicine agreed to undertake a review of the GP trainees' placements in medicine following the change in January 2020 to the current system. This was carried out through the collection and analysis of feedback from GP trainees for medicine posts carried out during 2020-21 through an ePortfolio form that they complete after each placement (Sammut, 2022). The review evaluated how satisfied the trainees were with the effectiveness of teaching provided, what major difficulties they experienced and how they felt that the educational value of the post could be improved.

METHOD

After completion of clinical rotations, GP trainees are obliged to fill in evaluation forms on the educational ePortfolio that had been adapted from questionnaires developed by the Yorkshire Deanery Department for NHS Postgraduate Medical and Dental Education (2003). The postgraduate training coordinators in family medicine then evaluate such feedback to identify and correct any training issues (Sammut and Abela, 2012), thus ensuring the quality and success of teaching (Morrison, 2003; Karim, et al., 2013).

In the current study, the feedback given in the evaluation forms (see Table 1) for medicine posts carried out during 2020-21 was exported to spreadsheets using the computer software programme Microsoft Excel. After the information was anonymised, a mixed-method approach was adopted by analysing quantitative and qualitative data. The item-content method was used to analyse the qualitative component (Hsieh and Shannon, 2005).

Table 1 – Information gathered by ePortfolio form entitled 'Trainee's Evaluation of Other-Speciality Posts'

INFORMATION
• Name of Institution • Name of Specialty • Start date • End date • Name of supervising consultant with whom you have been working
EVALUATION

Choose from 1 (very ineffective) to 10 (very effective) on scales provided:
• In your opinion, how effective was the consultant in helping you to understand the specialty in terms of knowledge and skill relevant to general practice?
• How do you rate the amount of formal teaching you received during this post?
• How do you rate the amount of teaching that took place in clinical situations?
  • Ward round (not applicable for accident & emergency post)
  • Out-patients (also applies for accident & emergency post)
• How do you rate the workload of your post during the day?
• How do you rate the workload of your post out-of-hours? (not applicable for minor speciality posts)
• How do you rate the provision made for you to attend the weekly half-day release course?

Open questions: • What major difficulties did you experience in this post? • In what ways can the educational value of the post be improved? • How have you found this post in relation to your preparation for a career in general practice? • Any other comments?

Ethical considerations

Permission for the study to take place was provided by the data protection officer and the clinical chairperson of Primary HealthCare. As this study intends to improve training practice, it falls within the 'zone of accepted practice' that is exempt from formal ethical review (Zeni, 1998). For this reason and since no sensitive personal data were gathered, ethics committee approval was not required.

RESULTS

All 35 GP trainees placed in medicine during 2020-21 provided feedback regarding this post through online evaluation forms, the completion of which is a mandatory requirement of the STPFM.

Quantitative analysis

Nine of out ten GP trainees were satisfied with the effectiveness of teaching provided during the medicine posts, regarding formal teaching and clinical teaching in the ward and at outpatient clinics (see Table 2 for details).

Table 2 - Trainee satisfaction ratings for teaching during medicine placements carried out in 2020-21

Placement venue	Effective training	Formal teaching	Ward teaching	Outpatient teaching
Medicine, MDH	91%	88%	89%	93%
MCC, PHC	92%	91%	Not applicable	91%
Overall	91%	90%	89%	92%

Qualitative analysis

In reply to the question 'how have you found this post in relation to your preparation for a career in general practice?', no less than 34 out

of 35 GP trainees gave positive answers. One trainee noted that the post was "highly beneficial and important - gaining experience in caring for the acutely unwell patient and management of common chronic medical conditions". Another trainee shared that "I am now more confident in the management of such cases and hope that I will be offering patients with such presentations at the health centre with better care".

Replies to question 'What major difficulties did you experience in this post?'

In answer to the above question, 13 from 35 trainees (i.e. 37%) highlighted the **transition between practising medicine in the community and in hospital**. One GP trainee specified that "medicine duties were quite challenging, given the limited knowledge of inpatient care that we have". "My main concern was that of missing something out whilst seeing patients mostly because of lack of experience in handling such patients", added another trainee. A third trainee confessed that s/he "felt uncomfortable dealing with certain clinical encounters which are not related whatsoever to our work as GPs" and shared the experience that "most seniors were very helpful and willing to teach however there were others who became irritated by our questions".

Twelve out of 35 trainees (34%) were **unhappy with the night duties**, which were found to be challenging due to their excessive duration, heavy workload and lack of supervision. One GP trainee shared the opinion that that these duties "are not adding anything to our training program ... since our management in primary care (differs from that) in secondary care". Another trainee revealed that "GP Trainees are attached ... to learn Medicine and not replace BSTs during duties, which is very unsafe and distressing on the GP Trainees".

Eleven per cent of GP trainees (4 from 35) remarked that **ward rounds were not especially useful compared to outpatients** because, as one trainee put it, "the skills we learnt were only for inpatient medicine and not community based practice". Another GP trainee praised "the experience at outpatients (as) very useful - I enjoyed the fact that I was allowed to review patients with discussion of management plans with senior colleagues in the firm".

Another two difficulties raised by the GP trainees were related to their placements with the community physicians. Four trainees (i.e. 11%) lamented that, in view of the COVID-19 pandemic, **most of the consultations were made via telephone**, and hence they could not examine the patients. Two GP trainees (6%) who were placed with the two community specialists in diabetes and endocrinology wished they had been **exposed to the management of different specialities**, not just diabetes.

Replies to question 'In what ways can the educational value of the post be improved?'

Fifteen from 35 trainees (i.e. 42%) recommended an **increased emphasis on outpatient sessions for training**. One trainee explained that "outpatients clinics were of great educational value. Working by myself in the clinic, and asking for guidance or advice from my seniors where necessary, was a very fruitful learning experience. It is also the most similar setting to the GP Clinic and hence I believe overall it is more valuable than ward rounds as an experience".

Another proposal from 31% of GP trainees (11 from 35) was summarised by a trainee who stated that "the educational value can be improved by having **more sessions in different specialties** including gastroenterology, endocrinology, diabetes and infectious diseases".

Five from 35 trainees (14%) suggested that **medicine duties are performed under closer guidance and supervision**. As eloquently put by one GP trainee, "I do believe that we should work duties as they are (an) important aspect of this rotation; however I think that the best and most safe way for this to be done is to work duties with another Medicine BST with more experience".

The GP trainees also made two recommendations for improving their two morning placements a week with consultant physicians in the community. The first was from 6 trainees (17%) for an **increase in number and duration of medical consultant clinic sessions**, with one trainee suggesting that these replace ward rounds in hospital. The second proposal was from another 5 GP trainees (14%) who had to sit in with 3 of the community physicians due to lack of clinic space; the trainees asked for the

facility to **examine patients independently and present a management plan** for discussion with the consultant.

DISCUSSION

The GP trainees' overall satisfaction rating of 91% with the effectiveness of teaching during the medicine placements carried out in 2020-21 (Table 1) is an improvement on similar ratings calculated for 2011-12 and 2007-08 of 85% and 73% respectively (Sammut and Abela, 2013). This may be the result of continuous efforts by the postgraduate training coordinators in family medicine to ensure the quality of the training programme by verifying the areas where it is functioning properly and outlining other areas which need further development (Sammut and Abela, 2019).

The transition between practising medicine in primary care and in hospital identified by 37% of GP trainees as a major difficulty is well-known. Internationally this is tackled by involving hospital specialists in the delivery of GP training together with family physicians, with a consequent benefit to patient care (Wong et al, 2008). Locally, while the STPFM is based in family practice and taught by family doctors, this is supplemented by carefully planned attachments with appropriate hospital specialities; the latter include medicine where 'the trainee will gain experience in different sections of the department in order to develop and achieve … competencies necessary for independent practice' (Zammit, Sammut and Abela, 2017).

It is unfortunate that some senior members of the hospital medical staff were reported as becoming irritated by GP trainees' questions, presumably with a negative effect on the trainer-trainee relationship which is so important to learning. While trainees are expected to face the challenges of clinical work, they do need to be supported clinically, educationally and professionally by their trainers (Wearne, et al., 2012).

Thirty-four per cent of GP trainees were unhappy with night duties but another 14% believed in the importance of performing medicine duties, however recommending that these are carried out under closer guidance and supervision. Malta's STPFM in fact specifies the importance of out-of-hours exposure as a part of training in the specialty's approach, examination and treatment routines (Zammit, Sammut and Abela, 2017). A 'Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety' set up in the USA has identified direct supervision of junior residents during resident training as important to safeguard resident and patient safety, together with adequate sleep, adjustment of workload and adequate time for clinical reflection (Institute of Medicine, 2009). One should note that doctors working in Mater Dei Hospital can make use of a 'Declaration in terms of Regulation 20 of Legal Notice 247-2003' to apply to work on a roster of not more than 48 hours a week (Department of Information, 2003).

While 11% of GP trainees remarked that ward rounds were not especially useful, 42% recommended an increased emphasis on outpatient sessions for training, especially if they could examine patients independently and present a management plan for discussion with the consultant (as pointed out by 14% of trainees in community medicine). It is known that outpatients sessions where quality teaching and supervision are provided can be venues for productive and fulfilling learning experiences (Logan, Rao and Evans, 2021), especially if these experiences are fulfilled in a hands-on rather than an observer role (Spencer, 2003). The MCFD's STPFM (Zammit, Sammut and Abela, 2017) underlines the importance of medical outpatient clinics for GP trainees to learn how to develop an idea of the spectrum of diseases and the standard of referrals, recognise when hospital referral is effective, necessary, mandatory and urgent, and assess common problems and differentiate between routine and serious complaints.

The STPFM document (Zammit, Sammut and Abela, 2017) also emphasises that, besides dealing with general medical problems, the GP trainee should also gain experience in different sections of the Department of Medicine in order to deal with problems related to subspecialties – this is in line with feedback from 31% of GP trainees in hospital medicine. Community medicine practised by consultant physicians

employed by Primary HealthCare is one such subspecialty section, with 17% of trainees in community medicine requesting an increase in number and duration of medical consultant clinic sessions. For postgraduate training to provide improved or increased speciality exposure, such placements need to be of adequate duration (Lennon, et al., 2013).

One of the effects the COVID-19 pandemic had on medical practice and specialist training was the expansion of telephone and online consultations through telemedicine (Lee and Nambudiri, 2019). As bemoaned by 11% of trainees in community medicine, this denied them the experience of examining patients, which may adversely affect their ability to develop skills in managing different diseases (Edigin, et al., 2020). Of course, medical training should always incorporate training in face-to-face skills in clinical settings despite distance-learning solutions being developed due to the pandemic (Michels, et al., 2020). Nevertheless, the growing importance of consultations carried out at a distance merits the introduction of formal training in telemedicine for GP trainees (Sammut, Abela and Abela, 2021).

Study method strengths, limitations and implications for the future

Although the mandatory completion of evaluation forms by GP trainees was a strength of the review, the possibility that some trainees may not have been motivated enough to answer the open questions may have resulted in non-response bias in the qualitative analysis. Participants who did not answer the open questions might have different views to those that did answer them. Other limitations were that demographic data of the repondents such as age and gender was not collected, with the consequent inability to carry out statistical analysis - these steps were considered to be beyond the scope of this project.

This study reviewed the GP trainees' feedback regarding their placements in medicine following the changes in conditions of training introduced in 2020 and provided proposals for future practice, education and policy. Although the method of evaluation of placements by trainees was suitable, future research would benefit by incorporating similar feedback from the medical supervisors.

CONCLUSION

Despite the change in working conditions introduced in January 2020, 9 out of 10 GP trainees were satisfied with the effectiveness of teaching provided during the medicine posts in 2020-21. Notably, 34 out of 35 trainees affirmed that they found the post useful in relation to their preparation for a career in general practice.

However, several major difficulties were experienced, the main ones being the transition between practising family and hospital medicine (reported by 37% of trainees), the challenges presented by night duties (34%) and the lack of learning during ward rounds (11%). GP trainees suggested a number of improvements including an increased emphasis on outpatient sessions for training (from 42% of trainees), placements in more than just one subspecialty (31%) and close guidance and supervision during duties (14%).

Recommendations

Medicine posts during the STPFM can be improved as teaching experiences for GP trainees if the following recommendations are considered and implemented:

- Specialist supervisors are encouraged to support GP trainees educationally and professionally during their clinical work.
- GP trainees' out-of-hours exposure should be directly supervised with provision of adequate rest, adjusted workload and time for reflection in order to safeguard trainee and patient safety.
- An increased emphasis is given to outpatient sessions (instead of ward rounds) where productive teaching and fulfilling learning can take place if hands-on examination by GP trainee is backed up by management discussions with specialist supervisors.
- Opportunities should be provided to GP trainees to gain experience in dealing with problems related to different subspecialties of medicine, one of which being community medicine (with medical consultant clinics replacing hospital ward rounds).
- Formal training in telemedicine for GP trainees should be introduced to tackle the demand and need for distance consultations and complement training in face-to-face skills in clinical settings.

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