

Evaluating GP trainees' feedback: a mixed-methods analysis of Family Medicine placements in Malta's 2023 Specialist Training Programme

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ABSTRACT

Background

The Specialist Training Programme in Family Medicine (STPFM) was established in Malta in 2007 to provide structured and rigorous training for General Practitioners (GPs). It focuses on clinical rotations in diverse settings, fostering skills in patient-centered care, diagnosis and preventive strategies. Trainee evaluations are critical for assessing and enhancing the programme's effectiveness.

Objectives

This study aimed to analyze GP trainees' evaluations of their Family Medicine placements in 2023. The objectives were to assess satisfaction levels, identify challenges, and propose enhancements to improve the training experience.

Method

A descriptive, cross-sectional, retrospective study was conducted using mandatory evaluation forms completed by GP trainees after their Family Medicine placements. Quantitative data were analyzed using satisfaction ratings, while qualitative data underwent item-content analysis to explore key themes and suggestions. Ethical considerations were met, with approval from relevant authorities.

Results

All 65 eligible GP trainees (100% response rate) participated, providing high satisfaction scores (76.1% - 92%). Teaching by trainers received the highest satisfaction (91.5%), while audit/performance review had the lowest (76.1%). Public sector trainers were rated higher in emergency care and minor surgery, while private sector trainers excelled in chronic disease management and practice management. Qualitative feedback highlighted the need for more hands-on training, structured interaction with trainers, and balanced scheduling.

Conclusion

The study revealed generally high trainee satisfaction with Family Medicine placements, underscoring strengths such as effective teaching and a supportive learning environment. Key recommendations include enhancing schedule flexibility, implementing constructive feedback mechanisms, increasing practical skills training, and fostering collaborative learning through peer discussions and home visit opportunities. These insights aim to refine and strengthen the STPFM, ensuring it continues to meet the evolving needs of trainees and healthcare systems.

Key words

Assessment, education, family practice, Malta, programme evaluation

INTRODUCTION

Background

The Specialist Training Programme in Family Medicine (STPFM) was launched in Malta in 2007 through a collaboration between the Primary Health Care Department and the Malta College of Family Doctors (MCFD). The development of this programme was a significant step towards improving the quality of healthcare in Malta, as it aimed to provide rigorous and structured training for General Practitioners (GPs) specializing in Family Medicine. This initiative followed the approval of the MCFD's training document by the Specialist Accreditation Committee within Malta's Ministry for Health in 2006 (Sammut, et al., 2006).

Since its inception, the STPFM has undergone continuous development, adapting its curriculum and training methodology to meet evolving healthcare challenges (Sammut and Abela, 2012; Sammut, et al., 2021). It is essential that GP trainees are equipped with the necessary skills, knowledge, and clinical experience to deliver high-quality patient care within the scope of Family Medicine. One of the key features of the programme is its emphasis on hands-on clinical experience, as it provides GP trainees with the opportunity to rotate through a variety of Family Medicine and hospital placements (Sammut and Abela, 2012). These placements,

which occur in both primary care settings and hospital environments, expose trainees to a wide array of patient cases and treatment scenarios. This exposure is vital for developing the broad skill set required for family medicine, including patient-centered care, diagnosis, treatment, and preventive health strategies. In addition to clinical training, the programme also focuses on ongoing professional development, communication skills, and leadership, all of which are crucial for the role of a family doctor (Sammut and Abela, 2014).

The evaluation of training programmes is a crucial aspect of ensuring their effectiveness and relevance, and over the years, various feedback mechanisms have been implemented to assess both the trainees' progress and the quality of training provided. These evaluations provide valuable insights into the trainees' perceptions of the quality and effectiveness of the training, enabling the programme's coordinators to identify areas for improvement and enhance the overall educational experience (Liang et al., 2023).

Objective

The aim of this comprehensive review of GP trainees' evaluations of their Family Medicine placements during 2023 was to gain a deeper understanding of their experiences. The objectives of this review were to assess the level of satisfaction with the quality and effectiveness of the teaching they received, identify any significant challenges faced during the placements, and explore potential improvements to enhance the educational value of these posts.

METHOD

The study takes the form of a descriptive, cross-sectional, retrospective study. This research design fits well within the purpose of the study, which aims to give an updated picture of the GP trainees' experiences at a defined time during their Family Medicine placements. Upon finishing their Family Medicine placements, GP trainees are obliged to fill in evaluation forms titled 'Trainee's Evaluation of Family Medicine Posts'. These are logged on the online Portfolio that had

been adapted from questionnaires developed by the Yorkshire Deanery's Department for NHS Postgraduate Medical and Dental Education (2003). The postgraduate training coordinators in family medicine then review and analyse this feedback to offer insights that address the gaps in GP training needs (Sammut and Abela, 2012).

Although anonymity was not feasible due to the identifiable nature of the mandatory evaluations, several steps were taken to address this limitation and preserve data integrity. Pseudo-anonymity was applied by coding all responses and removing direct identifiers prior to analysis. Data was stored in a non-identifiable, password-protected Excel spreadsheet. Only one main researcher had access to identifiable data. Access was restricted to authorized personnel involved in the study. The dataset used for analysis was fully de-identified. A mixed-method approach was used by assessing the data in quantitative and qualitative methods. Item-content analysis was used to analyse the data qualitatively by refining items, identifying themes and ensuring alignment between the items and the construct they are designed to measure (Lawshe, 1975; Hsieh and Shannon, 2005).

Ethical considerations

Approval for this study was granted by both the Data Protection Officer and the Clinical Chairperson of Primary Health Care. The study addressed the evaluation and improvement of the training practices within the Family Medicine Specialist Training Programme. In accordance with the guidance outlined by Zeni (1998), the study is classified under the 'zone of accepted practice,' which allows for an exemption from formal ethical review when the focus is on routine educational improvements rather than experimental research. Additionally, since the data collected involved general feedback on training experiences and did

not include sensitive personal information, such as health records or identifiable personal data, approval from a formal ethics committee was not required. This ensures that the study adheres to both data protection regulations and ethical standards while facilitating the enhancement of the training programme (Bristol and Weston NHS University Hospitals, 2022).

RESULTS

The response rate for this study is 100% among those eligible to participate, as completing it is a mandatory part of the Work-Based Assessment and Formative Assessment process. The eligible study population consists of trainees in their first year (n=23), second year (n=21), and third/final year (n=21), making a total of 65 participants.

Quantitative analysis

Satisfaction rates amongst GP trainees were notably high, ranging from 76.1% to 92% (Figure 1). Effective trainer teaching received the highest satisfaction score at 91.5%. Conversely, audit/performance review garnered the lowest satisfaction rate, with 76.1%.

When analysing the satisfaction ratings separately for training in government health centres and private general practice, notable differences emerged in various teaching domains. Trainees with public GP trainers reported higher satisfaction ratings in specific areas such as Emergency Care, Minor Surgery and Audit/Performance Review (Figure 2). The private sector achieved higher satisfaction scores in several other key teaching areas, including Teaching in the Clinical Situation, Practice Management, Use of Primary Care Team, Chronic Disease Management and Child Health Surveillance.

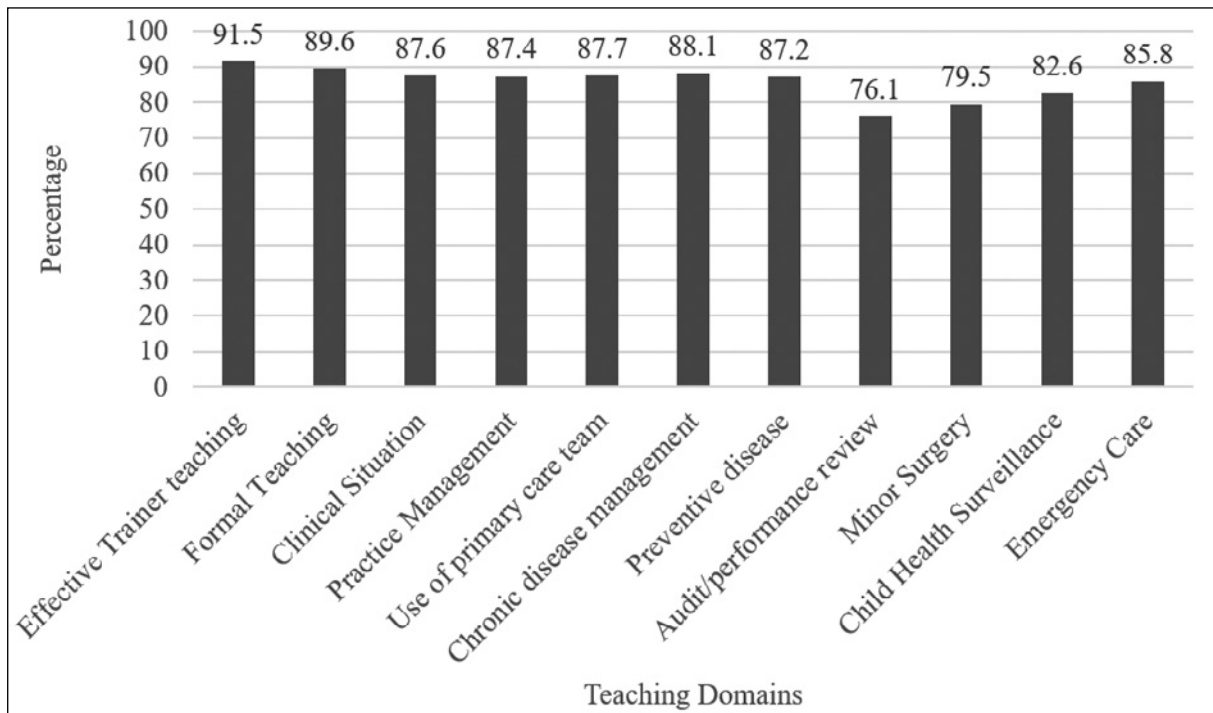


Figure 1: Trainee satisfaction ratings for teaching during the Family Medicine placement in 2023

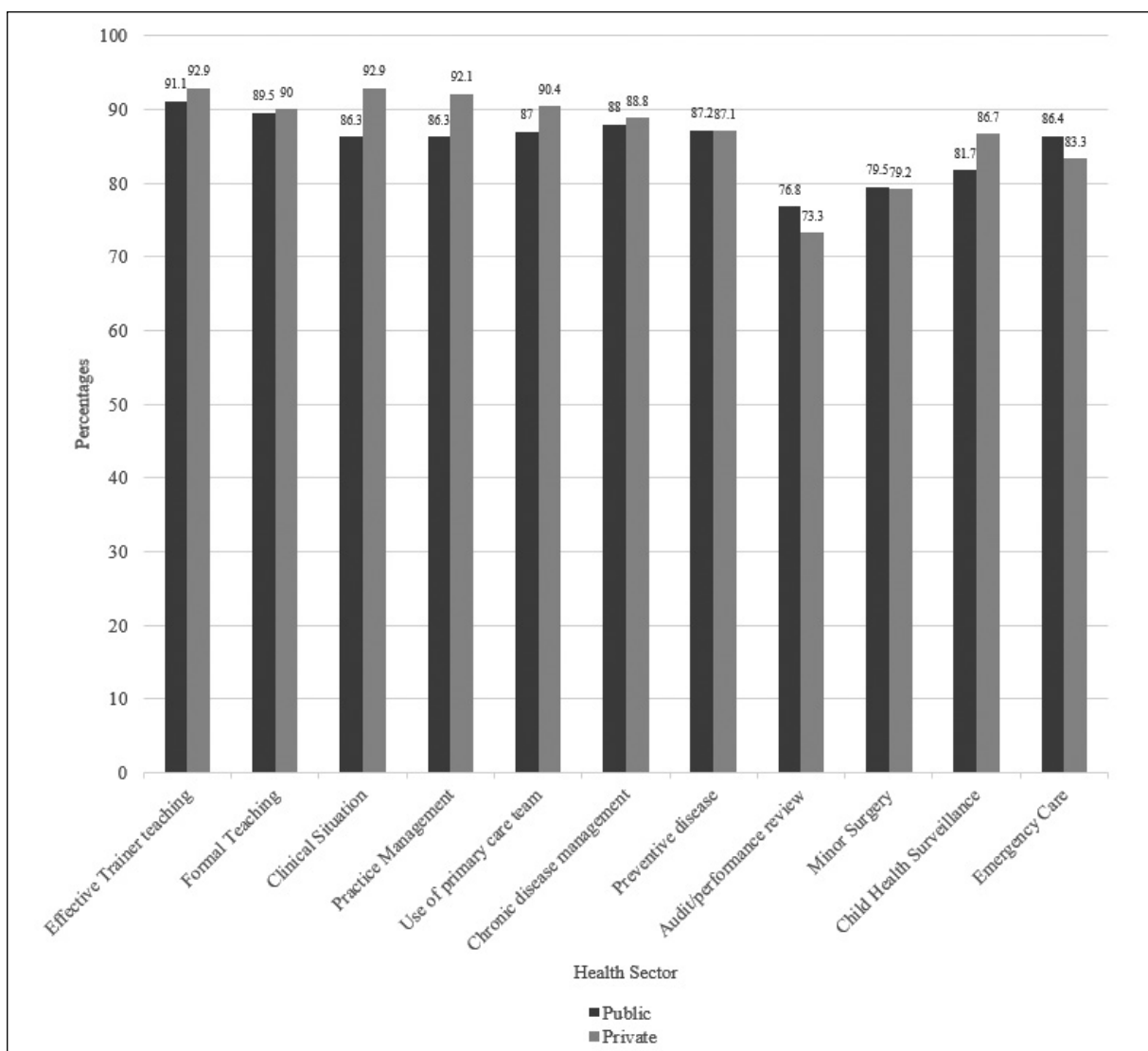


Figure 2: Private-public satisfaction ratings for teaching during the Family Medicine placement in 2023

Qualitative analysis

The GP trainees' written feedback was generally positive (Table 1) and included suggestions on how the practice could be improved as a teaching unit. Several key themes emerged from this study, highlighting critical aspects of the training experience (Table 2). The comprehensive analysis of the emerging themes and trainee feedback from the Family Medicine placements

is presented in Table 3. This encapsulates the various insights gathered from trainees, highlighting their experiences, perceptions and suggestions for improvement. The analysis helps to identify areas of strength with the training programme as well as opportunities for enhancement, ultimately contributing to the continuous improvement of the educational experience.

Table 1: Quotes representing the GP trainees' feedback on placements in Family Medicine in 2023

Trainer-related Positive Comments:

- "GP trainer was always available especially in the context of preparation for the exam, which needs regular feedback on performance in Consultation Observation Tools" (*Third-year doctor*)
- "I am always encouraged to enhance my thinking skills during the rotation and am given ample opportunity to ask questions and address any queries I have." (*Second-year doctor*)
- "Great exposure to various general practice issues and complaints. Always there to guide me when in doubt. Always willing to teach." (*Second-year doctor*)

Programme and Practice-related Comments:

- "All in all, a great and challenging teaching programme which motivated me to keep learning throughout my career as a doctor." (*Third-year doctor*)
- "Very well structured and useful!" (*Third-year doctor*)
- "The Practice provides a healthy learning environment where one can learn by observing, doing as well as teaching to other doctors. It provides a pool of resources from different sources - nurses, doctors, patients - which gives a holistic learning experience." (*Second-year doctor*)

Table 2, part 1: Key themes from GP trainees' evaluations in the 2023 Family Medicine placements

Themes	Quotes representing GP trainees' feedback
Relationship with trainers	<ul style="list-style-type: none">• "Dr. (surname) allows time for discussion of cases, teaching points and also any queries that arise. Thank you." (<i>Second-year doctor</i>)• "Great teacher during this stressful period and always available to help." (<i>Third-year doctor</i>)
Training content and focus	<ul style="list-style-type: none">• "More opportunities manning Orthopaedic, Diabetes, Gynae/OBS, Wellbaby." (<i>Third-year doctor</i>)• "more time allocated for practical skills" (<i>First-year doctor</i>)
Time management and scheduling	<ul style="list-style-type: none">• "Having more shifts at HC co-inciding with those of trainer, would increase the opportunity for learning on the job and real-time case discussions." (<i>Second-year doctor</i>)• "More duties allocated with the trainer to be able to discuss cases or be assessed whilst practising" (<i>Second-year doctor</i>)

Table 1, part 2: Key themes from GP trainees' evaluations in the 2023 Family Medicine placements (continued)

Themes	Quotes representing GP trainees' feedback
Summative Assessment and feedback	<ul style="list-style-type: none"> • "Video recorded consults in the way they are currently assessed, especially without any clear guidance and without adequately specified feedback, should be relegated to a lesser important assessment weighting in the final summative mark than a designated eportfolio and logbook." (<i>Third-year doctor</i>). • "More time taking videos for the exam." (<i>Third-year doctor</i>). • "Being more considerate to individuals who require to take videos for examination purposes." (<i>Second-year doctor</i>)
Learning environment and facilities	<ul style="list-style-type: none"> • "Sometimes the workload at the health centres is quite taxing, leaving less time for active learning and taking of videos than one might need." (<i>Second-year doctor</i>) • "Work load and environment is very limiting when it comes to trying to take good videos to practice and for exam purposes." (<i>Third-year doctor</i>) • "The workload at the health centres sometimes makes it challenging to find opportunities to discuss and reflect on cases seen, given the pressures to meet the service demand." (<i>Third-year doctor</i>) • "Official shadowing period in first few weeks of rotation, being assigned to an SGP especially when it comes to exposure to home visits." (<i>First-year doctor</i>)
Suggestions for improvement	<ul style="list-style-type: none"> • "More emphasis on case based discussions on difficult or sensitive cases encountered during night duties." (<i>Third-year doctor</i>) • "There are a lot of good qualities in the current Practice; however, there could be more opportunity for first-hand practice, and for performing COTs (Consultation Observation Tools)." (<i>Second-year doctor</i>)

Table 3, part 1: Analysis of key themes and trainee feedback in Family Medicine placements

Themes	Analysis of Trainee Feedback
Relationship with trainers	<ul style="list-style-type: none"> • Positive feedback was often directed toward the availability and supportiveness of trainers. However, some trainees wished for more structured interaction, including more opportunities for shadowing and case discussions.
Training content and focus	<ul style="list-style-type: none"> • There was a recurring desire for more hands-on practice, particularly in areas such as acute GP skills, minor procedures, and specific case-based discussions. • Some trainees emphasized the need for a structured approach to teaching, with predefined topics and focus areas that align with exam requirements.
Time management and scheduling	<ul style="list-style-type: none"> • Several trainees highlighted the need for more dedicated time for revision, video consultations, and tutorials. Challenges in balancing clinical duties with educational needs were frequently mentioned. • Some trainees preferred more structured shifts with their trainers for real-time discussions and feedback.
Summative Assessment and feedback	<ul style="list-style-type: none"> • Concerns were raised about the current method of video summative assessment, with suggestions for more guidance and structured feedback • Some trainees requested more formal assessments and regular feedback to gauge their progress and areas needing improvement.

Table 3, part 2: Analysis of key themes and trainee feedback in Family Medicine placements (continued)

Learning environment and facilities	<ul style="list-style-type: none"> • The clinical workload was cited as a barrier to active learning and reflection, with some trainees finding it challenging to balance service demands with educational needs. • Proposals included dedicated spaces for video consultations and more integration of interdisciplinary learning opportunities.
Suggestions for improvement	<ul style="list-style-type: none"> • There was a suggestion for increasing direct supervision and involvement of trainers during clinical hours to enhance real-time learning opportunities. • More formal teaching sessions, regular CME events, and case-based discussions were commonly suggested. • Trainees proposed enhancing the curriculum with more practical skills sessions, as well as incorporating more structured learning plans.

DISCUSSION

A local comparison study evaluating GP trainees' feedback before and after a COVID-19 pandemic related break in training showed 89-91% ratings and 84-94% ratings respectively (Sammut, et al., 2021). Similarly, the current study showed high GP trainee satisfaction rates regarding effective GP training (91.5%).

This study included an internal comparison between private and public sectors, revealing that the private sector received slightly higher ratings than the public sector (92.9% vs. 91.1%). Conversely, a previous local comparison study showed a lower post-COVID rating of 84% for the private sector (Sammut, et al., 2021). During and after COVID, many sectors saw a reduction in resources and shifts in teaching modalities. The private sector might have faced delayed adjustments to these new standards, possibly explaining the lower ratings observed in the past study (Kaye, et al., 2020).

Trainees working with public GP trainers reported higher satisfaction in specific areas such as emergency care, minor surgery and audit/performance review. These results suggest that public health centres might provide more comprehensive or structured experiences in these domains, possibly due to a greater variety of cases or a stronger emphasis on procedural skills and critical care. Conversely, training with private sector GPs achieved higher satisfaction in several other key teaching areas,

including teaching in the clinical situation, practice management, use of primary care team, chronic disease management and child health surveillance. The private sector might allow for more time and resources dedicated to long-term patient management, contributing to higher satisfaction. Such sector might also offer more flexible teaching methods and more direct involvement in managing a practice, thereby achieving higher satisfaction rates.

Trainees' qualitative feedback suggest the need for more structured interactions with trainers, particularly including increased opportunities for shadowing and case discussions. This is supported by various studies (Kelly and Hassett, 2021; Svendsen, et al., 2024). Structured interactions, akin to the methods used in Cognitive Behavioural Therapy, significantly enhances the effectiveness of the training process. Effective supervision is characterised by a supportive environment where feedback is structured and tailored to the individual trainee's needs. This approach fosters a stronger supervisory alliance, which is crucial for trainee development (Kelly and Hassett, 2021). A Danish prospective, explorative study emphasizes the role of peer feedback during clinical scenarios, suggesting that training in situ – where clinical teams practice and receive feedback in real-time – can promote better learning outcomes. This approach allows trainees to directly apply their learning in a clinical context, thereby enhancing

their skills and confidence during clinical hours (Svendsen, et al., 2024).

GP trainees frequently expressed the need for increased overlap in work shifts with their trainers. Studies on clinical training emphasize that overlap allows trainees to receive timely feedback, ask clarifying questions, and participate in real-time case discussions. This kind of immersive experience enhances both knowledge acquisition and confidence, as trainees can directly observe and interact with trainers during critical clinical decisions (Sinclair, et al., 2020). A Canadian-based observational study highlighted that real-time interactions, made possible through overlapping schedules, allowed trainees to make connections between theory and practice more effectively and receive feedback that directly applied to their immediate tasks (Piquette, et al., 2015). Similarly, a recent survey conducted by the Royal College of General Practitioners highlighted that structured mentorship, including shift overlaps, enhances the educational experience by fostering an environment where trainees can ask questions and discuss cases immediately (Royal College of General Practitioners, 2023).

Study method strengths, limitations and future implications

While the mandatory completion of evaluation forms by GP trainees was a strength of the review, there is a possibility that some trainees may have lacked the motivation to answer the open-ended questions, which could lead to potential non-response bias in the qualitative analysis. Those who chose not to respond might hold different perspectives and experiences from those who participated, potentially skewing the overall findings.

Additionally, social desirability bias could influence how trainees respond. In this context, trainees might provide answers they believe are more favourable or expected, rather than sharing their true opinions about their training experiences. This desire to conform to perceived expectations can obscure the authenticity of their feedback.

Selection bias could pose a significant challenge. Trainees who had positive experiences might be more inclined to complete the qualitative sections of the evaluation survey, while those who experienced challenges or dissatisfaction might choose not to answer these open-ended questions. This selective participation can result in an overly optimistic representation of the training programme.

The study's cross-sectional design limits the ability to establish causality, as it captures data at a single point in time rather than observing changes or developments throughout the duration of the training. Furthermore, the retrospective nature of the completion of the evaluations may introduce recall bias. Trainees may not accurately remember their experiences or may unintentionally misrepresent them when reflecting on past events.

Moreover, the halo effect could lead trainees to allow their overall impression of their trainers or the training programme to influence their optional evaluations of specific aspects when answering open-ended questions. For instance, if a trainee had a positive experience with one component of their training, they might rate other components more favourably than warranted. This bias can result in inflated ratings that do not accurately reflect the quality of individual elements of the programme.

Similarly, the Hawthorne effect may come into play, as trainees could alter their behavior or responses simply because they are aware that they are being observed or evaluated. This heightened awareness can lead to participants providing feedback that they believe aligns with what the evaluators want to hear, rather than their genuine thoughts and feelings.

The absence of demographic data, such as age, gender, and area of practice (North/Central/South) further limits the ability to conduct meaningful statistical analyses and assess how various factors may influence trainee feedback. Collecting such demographic data was deemed beyond the scope of this project. However, it is a crucial element that could enhance the understanding of the diverse experiences

among trainees. Future research can address this challenge.

This study evaluated the feedback of GP trainees regarding their placements in Family Medicine in 2023. It provided recommendations for future practice, education, and policy. Although the evaluation method used for assessing placements was appropriate, future research would benefit from incorporating similar feedback from GP trainers. This would not only help mitigate the identified biases but also provide a more comprehensive understanding of the training experience, enriching the feedback loop between GP trainees and trainers.

CONCLUSION

The evaluation of GP trainees' feedback on their 2023 Family Medicine placements underscores the effectiveness of the Specialist Training Programme in Family Medicine (STPFM) in providing a comprehensive and enriching learning experience. High satisfaction rates reflect the programme's strengths, including the quality of trainer support and the diverse training opportunities across public and private sectors. The findings indicate that the objectives of the study have been successfully met.

Recommendations

While the GP trainees expressed that they were generally satisfied with their placements in Family Medicine, four key actionable insights have been identified that could enhance the overall training experience.

These actionable insights include:

1. **Enhancing scheduling flexibility:**
Adjust schedules to ensure more overlap between trainees and trainers, facilitating real-time feedback and case discussions
2. **Strengthening focus on practical skills:**
Increase opportunities for hands-on training by incorporating specific procedures, such as the administration of goserelin injection into the online portfolio as a direct observation procedural skill.
3. **Improve summative assessment methodology:**
Revise the video consultation summative assessment process with clearer guidelines and constructive feedback mechanisms.
4. **Foster collaborative learning:**
Support trainees in shadowing doctors during home visits and engaging in peer-to-peer learning through case discussions, regular group meetings, and shared learning resources

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