A concept analysis of 'GP trainer' - a misnomer?

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Abstract

Background: This article analyses the concept of the GP trainer. The framework developed by Walker and Avant (2005) is used. The aims were: 1) to clarify the concept and its fundamental qualities; and 2) to question whether the term *trainer* is apposite to the concept it represents.

Method: a literature search was performed in three databases and a search engine for the keywords [*GP* OR *general practitioner*] AND [*trainer* OR *educational supervisor*]. An online dictionary was used to define the noun *trainer* and the verb *train*. In addition, three colleagues were interviewed about how they conceptualised the GP trainer.

Results: only six articles were found that address the desirable characteristics of the GP trainer. However, a large list of qualities was obtained from these studies and the other methods mentioned. The characteristics of the GP trainer were grouped using phenomenological tools into the three main categories of personal, professional and teaching attributes. Each category was further subdivided into the domains of knowledge, skills and attitudes.

Conclusions: the *GP trainer* incorporates the three facets of 'wise person', 'accomplished GP' and 'gifted teacher'. It is shown that the term e*ducational supervisor* describes the complex educational role of a teacher of GPs better than *trainer*.

Key Words

General Practice; medical education, graduate

Introduction

Most European countries have now recognised the value of general practice and have introduced general practitioner (GP) training programmes in compliance with the European Council Directive 86/457 (European Council, 1986). These courses last up to five years, with a significant proportion of this time being spent in community practice (EURACT, 2012). Here, the trainee is assigned with an experienced GP trainer who is responsible for guiding the novice doctor during his/her formative journey in general practice.

It is important that a concept chosen for analysis has personal relevance to the investigator (Walker and Avant, 2005). The concept *GP trainer* has been selected for analysis because the author wanted to understand the ontology of this phenomenon better in order to develop it further in his personal position as a trainer. Concept analysis is a formal and rigorous process whereby an abstract concept is identified, explored, clarified and differentiated from similar concepts (Morse *et al.*, 1996; McKenna, 1997). The process developed by Walker and Avant (2005) is being utilised for analysis because it is prescribed, systematic and user-friendly.

Aims

The concept of *GP trainer* is not being regarded here as a building block for theory construction (Walker and Avant, 2005), but rather as a direct derivative of the educational theory of apprenticeship (Neighbour, 2004; Brandt *et al.*, 1993; Collins *et al.*, 1991). Kaplan (1964, p.53) called this the "paradox of conceptualisation", whereby "the proper concepts are needed to formulate a good theory, but we need a good theory to arrive at the proper concepts." The educational theory of apprenticeship assumes that GPs should be trained, can be trained by experienced colleagues, and can themselves eventually train others (Neighbour, 2004). This leads us to a pragmatic objective of this concept analysis – to inform how to train GP trainers to teach and subsequently how to assess their teaching abilities.

Furthermore, the author feels that the term *trainer* does not do justice to the extent and scope of educational activities expected from a specialist teacher of GPs. This term has been adopted automatically by Malta's Specialist Training Programme for Family Medicine when it was launched in 2007 (Malta College of Family Doctors, 2011) and it is time to replace it. This essay will elaborate the reasons for this proposal and suggest an alternative term.

Identification of the uses of the concept

Walker and Avant (2005) encourage the use of dictionaries, thesauruses and any available literature, as well as consultation with colleagues, to identify multiple uses of the concept. Furthermore, all uses of the term must be considered in order to validate the ultimate choice of defining attributes (Walker and Avant, 2005).

The Collins English dictionary (2003) defines *trainer* as:

1 a person who trains athletes in a sport
2 a piece of equipment employed in training, such as a simulated aircraft cockpit
3 a person who schools racehorses and prepares them for racing

The verb *train* is defined by the same dictionary as:

1 to guide or teach (to do something), as by subjecting to various exercises or experiences: *to train a man to fight*
2 to control or guide towards a specific goal: *to train a plant up a wall*
3 to do exercises and prepare for a specific purpose: *the athlete trained for the Olympics*
4 to improve or curb by subjecting to discipline: *to train the mind*
5 to focus or bring to bear (on something): *to train a telescope on the moon*

The noun *trainer* has been borrowed from terminology associated with competitive athletic training (Knight and Ingersoll, 1998) and the training of animals. This type of trainer teaches the subject to excel in certain physical skills in order to perform a feat or win a competition. All trainers, irrespective whether they train animals, athletes or health professionals, share a special one-to-one relationship with their trainee. They provide the latter with motivation, support, guidance, teaching and discipline.

However, the term *training* is limited in scope, especially when applied to the vast agenda of GP education. According to Hillard (2005, p.10), "today's health care professionals are being done a great disservice whenever their educational preparation is referred to as 'training'". Technicians are trained, whereas professionals are educated (Knight and Ingersoll, 1998). Training is typically unscientific and involves mainly the teaching of practical skills. As Hilliard (2005, p.10) states, "education is more than gaining knowledge, it is gaining the ability to utilise and apply that knowledge". Education guides the learner to develop critical thinking, decision-making, and knowledge application, with integration of essential knowledge from various disciplines (Hilliard, 2005).

In GP specialist training in the UK, the teacher in general practice is termed a *trainer* (Royal College of General Practitioners, 2012) and the name of the learner has recently been changed from *registrar* to *trainee* (Spencer-Jones, 2010). The Royal Australian College of General Practitioners has recently replaced the term *GP supervisor* with *GP trainer* (Morgan, 2005). Nevertheless, the author thinks that *educational supervisor*, which embraces the functions of both education and supervision, is the term that best describes the role of the GP teacher.

Method

A literature search for articles in the English language published after 1976 was undertaken in the databases Embase, CINAHL and Medline for the keywords [*GP* OR *general practitioner*] AND [*trainer* OR *educational supervisor*]. The search engine Google Scholar was also consulted. Surprisingly, only forty articles were found, and only four of these explored the desirable qualities of the GP trainer. Another two articles were obtained by cross-referencing. No formal concept analysis of the term *GP trainer* was identified. Three colleagues were interviewed to solicit their views of what makes a good GP trainer. The phenomenological tools of open and axial coding (Corbin and Strauss, 2008) were then used to group these attributes of the GP trainer into categories.

Results

Many characteristics of the GP trainer have been identified in the literature. However, the essential qualities of the GP trainer should not be confused with the roles played by them (Morgan, 2005). Reviewing earlier research, Irby (1995) stated that clinical teachers share a passion for teaching, are clear and organised, accessible, supportive, compassionate, and able to establish rapport, provide direction and feedback, exhibit integrity and respect for others and demonstrate clinical competence. They also utilise planning and orienting stategies, possess a broad repertoire of teaching methods, draw on multiple forms of knowledge and target their teaching to the level of the learners (Irby, 1995). Munro *et al.* (1998) described the key attributes of the good GP trainer to include honesty, availability, good communication, clinical soundness and commitment to teaching and learning. Using a modified Delphi study, Boendermaker *et al.* (2003) found that the core characteristics of GP trainer competency are the capacity and willingness to give feedback, good communication, respect, and the ability to be critical of both the registrar and the learning process. Ferenchick *et al.* (1997) and Irby (1995) have both stressed that reflection is a vital component of the

trainer. In a recent review, Spencer-Jones (2010) summarised the competencies of a good GP educational supervisor into the following twelve categories, namely:

1 Communication and consultation skills
2 Teaching holistically
3 Educational data gathering and interpretation
4 Making an educational diagnosis and making decisions
5 Teaching (facilitation of learning)
6 Managing complex educational situations
7 Educational administration and information technology
8 Working with colleagues and in teams
9 Community orientation
10 Maintaining performance, learning and teaching
11 Maintaining an ethical approach to teaching
12 Fitness to teach.

Defining Attributes of 'GP trainer'

The author combined all the above-listed characteristics of the ideal GP trainer with others obtained from personal experience and from colleagues. Three main categories (personal, professional and teaching) emerged, each subdividable further into three domains (knowledge, skills and attitudes) as follows:

1. **Wise person (personal attributes):**
   - knowledge: self-awareness, knowledge of human nature.
   - skills: reflection, sharp observer, self-control, stress management, time management, resourcefulness.
   - attitudes: integrity, honesty, patience, humility, openness to feedback, respect, empathy, diligence, availability, takes care of own health, lifelong learning.

2. **Accomplished GP (professional attributes):**
   - **knowledge**: extensive up-to-date knowledge base, clinical experience.
   - **skills**: expertise in diagnosing and managing all acute and chronic health problems, health promotion, disease prevention and screening, leadership, management skills, skilled use of information technology, teamwork.
   - **attitudes**: enthusiasm for general practice, holistic approach, interdisciplinary, professional ethics, patient-centredness, evidence-based approach, community orientation, continuous professional development.

3. **Gifted teacher (teaching attributes):**
   - **knowledge**: knowledge about teaching.
   - **skills**: making an educational diagnosis, able to plan and tailor teaching, listening and communication, giving feedback, constructive criticism, conflict management, counselling, assessment skills.
   - **attitudes**: passion for teaching, motivator, holistic educational approach, ethical teaching, trainee-centredness, safely challenging, supportive, continuous training in teaching.

Hence, a GP trainer is a wise person, an accomplished GP and a gifted teacher all rolled up into one. There is naturally a certain degree of overlap between these three facets of the trainer.

Model and additional cases

According to McKenna (1997), describing model and additional cases helps to clarify and contextualise abstract concepts. Four cases will be presented here: a model case, a contrary case, a borderline case, and a related case - to illustrate what a *GP trainer* is and is not. A model case is a paradigmatic example of the use of the concept that includes all of the defining attributes; a contrary case is a clear example of what the concept is not; a borderline case has most of the defining attributes and may be difficult to distinguish from the model case; and a related case is a parallel but somewhat different instance of the concept (Walker & Avant, 2005). Illegitimate and invented cases have been omitted as they would not have enriched this analysis.

1. Model Case

The model case for *GP trainer* is made up by the confluence of personal, professional and teaching attributes (see Figure 1). Such a case would be a trainer who is a conscientious, approachable and organised person, who provides the best possible service to patients, and who is able to identify the trainee's educational needs and address them with appropriate and timely teaching interventions. This GP trainer would be able to accompany their trainee with a supportive relationship throughout the duration of the training programme, while at the same time providing constructive feedback and formative assessment as required.

2. Contrary Case

One can visualise a GP who is engaged as a trainer but whose sole interest is to shirk work, pocket a salary, and make the trainee work for him. He is always on vacation or sickness leave, and hardly meets his trainee. This 'trainer' has no interest whatsoever in teaching and ignores his trainee's needs. Whenever the trainee tries to approach his trainer, he is verbally abused. Such a 'trainer' would surely not be worthy of his title.

3. Borderline Case

A borderline case can be found in a GP trainer who has excellent listening, counselling and supportive skills but then has no idea how to assess her trainee's educational progress and is unable to draw up an educational plan. This doctor would make a good counsellor but an incomplete trainer.

4. Related Case

A case related to a GP trainer would be a nurse preceptor, who is involved in teaching nurses in a one-to-one relationship. Just like in GP training, teaching is practice-based (Benner, 1984).

Antecedents of the concept

Before Maltese GPs become trainers, they must have at least five years of clinical experience and be actively practising for at least twenty hours per week. They must also undergo training as teachers in family medicine, with formal accreditation by the Malta College of Family Doctors (Malta College of Family Doctors, 2011). The other variable in the equation is supplied by graduate doctors who wish to undergo GP training.

Consequences of the concept

The direct consequence of the GP trainer is the provision of expert teaching to the trainee. The GP would be able to act as a role model, mentor, clinical educator, and assessor as necessary for the trainee's educational development (Morgan, 2005). In addition, the sterling contribution of the ideal trainer in GP education cannot but have a wider positive impact on other trainees, colleagues, patients and society in general. A faculty of excellent trainers would definitely promote quality in the field of family medicine and elevate the standing of the profession.

Empirical referents

The final step in a concept analysis is to identify empirical referents for the defining attributes (Walker and Avant, 2005). Empirical referents are instances that by their existence demonstrate the occurrence of the concept and can be very useful in measuring the concept and validating its existence (McKenna, 1997; Walker and Avant, 2005). There is no doubt that the GP trainer exists - it is an important position in the higher education of GPs.

One of the reasons that led to investigation of the competencies of the GP trainer in the literature was to find ways to measure the teaching expertise of GPs (Spencer-Jones, 2010). Schol (2001) developed a validated tool to measure teaching effectiveness which she called a Multiple-station Teaching Assessment Test. This test is analogous to the well-known objective structured clinical examination (OSCE) and consists of seven stations in which simulated teaching situations are portrayed. In each station two observers independently score the trainers on a five-point scale.

The stations developed by Schol (2001) consist of:

1 drawing up a learning agenda
2 leading an advisory conversation
3 exchanging information about practice visits
4 having a case-related discussion
5 giving feedback
6 demonstrating a particular skill or technique
7 having an intermediate evaluation conversation.

Another method to measure the teaching competencies of GP trainers is to gather periodic evaluations from their own trainees. This may be done using a number of questions for specific teaching criteria, graded on a scale. The Yorkshire Deanery Logbook (Yorkshire Deanery Department for NHS Medical and Dental Education, 2003) contains an evaluation sheet that questions trainees about the teaching effectiveness of their trainer and whether sufficient time was allocated to formal and clinical teaching, and to the teaching of eight specific topics. It would be interesting to investigate why these criteria and not others were chosen for periodic evaluation.

To gather data on the personal and professional attributes of GP trainers, valuable multi-source feedback could be obtained from questionnaires distributed to their patients, trainees, colleagues and other staff at the workplace. This 360º feedback is similar to that obtained on GP trainees during the course of their training (Yorkshire Deanery Department for NHS Medical and Dental Education, 2003). In this way, the domains of knowledge, skills and attitudes could be explored for both the personal and the professional facets of the trainer.

Conclusion

This concept analysis was based on the method described by Walker and Avant (2005). Although there are eight stages within the method, the mental process of concept analysis does not occur sequentially, but iteratively. Nevertheless, the method provides a checklist to help the beginner perform a thorough analysis of a particular concept with relative ease.

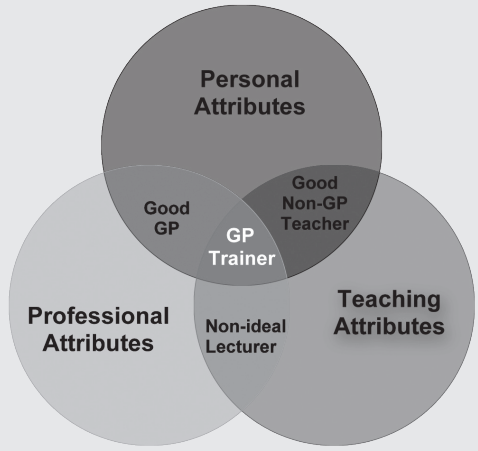
The concept *GP trainer* has been clearly defined here as an amalgam of many personal, professional and teaching attributes. The GP trainer incorporates three

complementary aspects: a wise person, an accomplished GP and a gifted teacher. Each category can be further subdivided into the domains of knowledge, skills and attitudes. The model trainer integrates all these qualities in equal measure - absence of any ingredient would make them imperfect. Therefore, trainers should endeavour to develop their personal, professional and teaching aspects throughout their career so that they can exert a positive influence on young doctors. After all, the passionate learner makes the best teacher.

Defining and clarifying the attributes of the GP trainer has practical offshoots. It enables GP colleges to draw up tailored train-the-trainer courses and provides empirical tools to measure the effectiveness of this training. Similar criteria may also be assessed for the purpose of GP trainer revalidation.

The other objective of this analysis was to question the adequacy of the term *trainer* in *GP trainer*. Indeed, it has been shown that GPs are not trained, but educated. The ultimate aim of teaching GPs is to endow them with the same personal and professional attributes of the ideal trainer so that they excel in their field (see Figure 1). Thus, they will be equipped with the proper knowledge, skills and attitudes to safely navigate the often deep, vast and uncharted waters of general practice with their patients.

Figure 1 Desireable attitudes of the GP trainer



Since GP trainers shoulder the huge responsibility of facilitating such a holistic education of their trainees, they should be more appropriately called *GP educational supervisors*.

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