**Interim Guidelines for the Use of the General Practice**

**Supervisory Relationship Measure**

## Introduction

The General Practice Supervisory Relationship Measure (GP-SRM) is designed to measure the quality of the relationship between general practice supervisors and registrars. An effective supervisor has been described as 'a general practitioner who establishes and maintains an educational alliance that supports the clinical, educational and personal development of a resident'. [1] Evaluating the educational alliance from the perspective of the general practice (GP) supervisor holds great potential as a framework for providing supportive and constructive feedback. [2]

These interim guidelines are designed to provide GP supervisors with sufficient information to begin using the GP-SRM in clinical practice with registrars. It is important to note that these guidelines have been developed based on principles of effective supervision drawn from psychological practice, and research into how best to use the instrument in the general medical context is ongoing. Similarly, caution is advised when considering the distribution of scale scores, which is based on a validation sample rather than a representative sample of supervisors reporting on registrars.

## Background

The GP-SRM was adapted from the Supervisory Relationship Measure, which was developed in the UK as a measure of the supervisory relationship between clinical psychology supervisors and their trainees. [3] In psychological practice, the relationship between supervisors and trainees is fundamental to developing clinical skills in trainees, and is considered so important that its formation and management is included as a core competency internationally. [4]

The GP-SRM was adapted for the general practice training context following an expert panel review by experienced GP supervisors, and validated using a sample of 338 Australian GP supervisors. The initial 51-item SRM was modified to reflect more appropriate terminology (such as registrar rather than trainee), a number of new items generated, and several items were removed after being determined to be not relevant. Quantitative analysis of the data resulted in a highly reliable three factor measure with 45 items.

The three factors in the GP-SRM are *Safe base*, *Supervisor investment*, and *Registrar professionalism*. Scores on the *Safe base* factor reflect an enthusiastic, open, collaborative GP supervisory relationship. Scores on the *Registrar professionalism* factor reflect a GP supervisor's perceptions of how competent, responsible, organised, and committed a registrar is. Scores on the *Supervisor investment* factor reflect a GP supervisor's effort to support the registrar through resources, preparation, and being interested and invested in the registrar's development. Higher scores on all factors are indicative of more positive supervisory relationships.

## Administration, scoring, and interpretation

To administer the GP-SRM, a GP supervisor should complete the instrument while considering the supervisory relationship over the previous two weeks. As with all relationships, changes and variability in scores over a short period may not be sustained. For this reason, it is recommended to not use the GP-SRM unless a supervisor has had a reasonable amount of interaction over at least a two week period; and to not attempt to explore any changes over time periods less than two weeks.

The GP-SRM has been provided as a paper-based tool at this time – simply respond to each item, and when complete transfer the scores across to the scoring matrix. Note that several items are reverse scored. Add the subtotals, and compare the sum scores to the scoring tables in appendix A. The scoring tables convert the raw score to a percentage of maximum possible scaled score, which allows for more intuitive and meaningful comparisons. [5] Should a normative comparison be preferred, standard scores can be calculated using the following distributions: *Safe base* (*M* = 104.32, *SD* = 15.25), *Registrar professionalism* (*M* = 81.50, *SD* = 13.99), and *Supervisor investment* (*M* = 93.35, *SD* = 6.72). However, this is not recommended given the lack of a representative sample. It is important to note that most (but not all) scores in the validation sample were relatively positive.

The most reliable and valid interpretation is conducted at the factor level. While it is possible to calculate a total score, this lacks the specificity required to inform meaningful change. At the factor level, it is possible to consider more broadly whether the supervisory relationship may benefit from improvements with respect to feeling safe, secure, and the ability to be open; changes in professional behaviour from the registrar; or an increased investment by the supervisor in the relationship. Interpretation is also possible at the individual item level, however caution is advised as item level analysis lacks the reliability of the factors. It is easy to assume that each item contributes to the supervisory relationship equally, however this is not necessarily the case. For example, consider the two items “My registrar copes with multiple demands” and “My registrar’s practice is safe”, which form a part of *Registrar professionalism*. If a GP supervisor was to indicate “3” (Neither agree or disagree) to both statements, it is clear that the statement about safe practice is more critical than coping with multiple demands, and an increase to “4” for each would not necessarily have equivalent impacts from a clinical education perspective. Item level analysis is best considered by a GP supervisor reflecting on *why* they selected a particular score, and *what* would have to change for that score to improve to the next level.

It is important to note that the GP-SRM reflects the supervisor’s *perception* of the supervisory relationship, which may differ somewhat from the reality of the relationship. And as with all relationships, there is the perspective of the registrar to consider. Before engaging with a registrar regarding the results of a GP-SRM administration, it is important to consider power relationships (the GP supervisor’s position carries significantly more authority in the relationship) and reflect on the role of the GP supervisor in supporting registrar change.

For example, if a GP supervisor rates a registrar as low on *Registrar professionalism*, it would be prudent to consider the GP supervisor's own standards and the extent to which they are reasonable and consistent with best practice; and how the GP supervisor may engage in conversation with the registrar about improving. Perhaps the registrar does not feel that the GP supervisor is working to create a positive and supportive environment where the registrar can admit to experiencing difficulties without being judged.

Key statements such as "This is how I perceive the situation", followed by an invitation for the registrar to share their perspective, are important facilitators of conversations about the supervisory relationship. GP supervisors who are prepared to listen, validate the perceptions of a registrar, and accept criticism will build more effective alliances. Finally, it is important to consider a potential difficulty or area of concern as a problem shared between the GP supervisor and registrar, rather than one of sole responsibility. Questions such as "How can we work on this together?" support the supervisory relationship by emphasising the relational and collaborative nature of the experience, rather than taking a more punitive approach.

## Conclusion

The GP-SRM is a validated measure of the supervisory relationship between a GP supervisor and registrar. When completing the instrument, consider the previous two weeks. Interpretation is most reliable at the factor level, although item level analysis can be considered. To use the instrument most effectively, it is crucial that the GP supervisor remember that it is a measure of their perception of the relationship; that registrars may have a different perception; that an open, encouraging approach to discussion will be most beneficial; and that it is important to focus on how a GP supervisor and registrar can work together to best support a positive supervisory relationship.

## References

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2. Telio, S., R. Ajjawi, and G. Regehr, *The "educational alliance" as a framework for reconceptualizing feedback in medical education.* Acad Med, 2015. **90**(5): p. 609-14.
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