
PERA: AN EXPLORATION OF THE NEXUS BETWEEN PRACTICE EMPLOYMENT, RELATIONSHIPS AND ASSESSMENT IN TRAINING PRACTICES

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BACKGROUND:

Australian GP trainees and supervisors work together in training practices which are predominantly small businesses operating on fee-for-service models. Some supervisors are also practice owners and registrar employers. Registrars contribute to practice income and workflow, and the demand from practices currently exceeds the supply of new trainees. These factors are likely to contribute to some complex power dynamics in training practices. Recent medical education literature has highlighted the importance of reducing power imbalances during work-based assessment (WBA).

AIMS AND OBJECTIVES:

- To explore the power dynamics at play when supervisors directly employ registrars.
- To identify strategies to mitigate any negative impacts on work-based assessment and learning, in order to inform supervisor professional development and training.

METHOD

Focus group discussions were conducted with 51 registrars, new Fellows, supervisors, practice managers, medical educators, ECT visitors.

Data were collected via 1-hour focus group discussions held and recorded on Zoom and transcribed professionally. A semi-structured schedule guided discussions.

De-identified transcripts of audio recordings and notes taken during discussions were analysed using an iterative, inductive and deductive process of thematic analysis, including coding and recoding by patterns, and latent theme development and mapping.

RESULTS

Mixed findings of a power differential between trainees and supervisor-practice owners indicated that there are diverse experiences and perceptions of the trainee-supervisor relationship. For some trainees and supervisors, any impact from supervisor-employer role duality was considered minimal and easily managed by establishing a strong, positive relationship, and by using formal and structured interactions as needed. Some trainees reported benefits, including learning about the business aspects of practice and other workplace skills, and/or by reinforcing that a poor assessment at one practice does not prevent gaining employment at another, provided they gain Fellowship.

However, new fellows and trainees who felt themselves disadvantaged in the dynamic avoided showing their vulnerability to preserve the power they perceived themselves to have so they would be valued in the practice and enhance their employment opportunities after Fellowship. This meant they were less likely to engage in important work-based learning activities such as asking questions, discussing cases, sharing additional resources used for guidance, and reflexive practice. These narratives gave substance to empirical evidence of poorer learning outcomes due to power imbalances between supervisors and trainees^{1,2}. Some trainees also suggested that supervisors may tend to be more lenient in their assessments, and give less detailed feedback, than external clinical teachers.

Supervisors reported that the 'many hats' they wear, including 'Assessor', 'Mentor' and 'Employer', were in conflict when the needs of the trainee and the practice were mismatched. The challenges from this conflict varied according to the practice factors such as its teaching culture and the staff available to provide support to the supervisor. The challenges were moderated by a range of strategies used by supervisors, and the comparative priorities given to income and education. In the specific context of assessment, there was a sense that formative assessments, such as WBAs, are less impacted by role duality because they do not directly determine the trainee's ability to gain Fellowship. This 'judgement' role was one less hat to wear and significantly lessened the burden.

In practices with established teaching cultures, many GPs will share advice, information and possibly provide mentorship. One recent Fellow described this kind of practice as one where there was a "special interest in teaching" that has a 'mentorship model' or and 'apprenticeship model' that "really helped with the art of medicine as well as hearing some of the things you can't learn from textbooks or lectures" (recent Fellow, 30-39 years old; WA). This eases the trainee's dependence on the primary supervisor, and somewhat diffuses the power differential. This creates opportunities for the supervisor to 'change hats' for more formal and structured discussions around assessment or employment arrangements. A third diffusion strategy was to rely on regulations and instructions offered by their RTO or another authoritative institution to define the parameters of educational and employment discussions. Where this power diffusion approach is unavailable, the supervisor might force a separation of roles by handing over their role as 'employer' of the trainee to a project manager.

Despite their various strategies and resources, the challenges weighed heavily on participants and some supervisors handed over their trainee's employment management to a practice manager or another doctor to ease this role conflict. While the researchers anticipated that trainees would report the most vulnerability in the trainee-supervisor/employer dynamic, supervisors were arguably equally vulnerable. As participants noted, supervisors who are dedicated to education have a range of strategies to enhance and maintain equity, respect and trust in their relationship with trainees.

DISCUSSION

The findings were generally consistent with previous studies that reported a power imbalance between trainees and supervisors that could negatively impact assessment^{1,3-5}. Trainees sometimes hesitate to show their supervisor their lack of knowledge or skill because they fear they will be judged as unsafe with patients, a financial burden on the supervisor and the practice, or undesirable for employment when they Fellow^{6,7}. Equity, trust and vulnerability in trainee-supervisor relationships have also been identified as central to constructive dynamics that lead to "fearless"⁴ learning outcomes^{1,8}. However, when these strategies were ineffective or too stressful, some supervisors chose diffusion strategies, which were apparent through the project's exploration of the supervisor-employer role duality and employment arrangements.

A strength of this project was that it included the experiences of practice managers to understand power dynamics across the practice that could impact on trainee-supervisor relationships and assessment experiences. This approach has expanded the discussion of trainee-supervisor power dynamics to one of mismatch between training and profit motives, and of the impact of practice culture and external influences (e.g., demand for registrars). This approach also revealed that attempts to diffuse power in specific interactions led to a flow of power between trainee and supervisor, and from supervisor to practice manager or another doctor in the context of employment negotiations and management. Interestingly, the historically low number of trainee GPs is giving trainees greater bargaining power with practice managers. The specifics of the flow of power and how it impacts practice culture and training outcomes is an interesting question for future research.

A limitation of the study was that it was very challenging to gather narratives on the impact of role duality on WBAs. Participants discussed impacts on the relationship in general terms, and on assessment usually when prompted. At the time of data collection, there was state-based variability in WBAs due to regional management of GP training, resulting in variable participant experiences.

IMPLICATIONS

There is great complexity in the ways that power dynamics between trainees, supervisors and employers impacts on the trainee experience and training outcomes. The complexity is derived from multiple players and environmental factors, including the various ways that supervisor roles can be managed, the trainee's approaches to learning and employment (e.g., 'growth mindset', employment anxiety), the practice culture, and external environmental influences (e.g., trainee shortages, educational recommendations and requirements). A comprehensive framework requires a systems-level approach.

FUTURE RESEARCH

In 2023, a program of WBAs is being rolled out nationally. This standardisation of assessment presents the opportunity to conduct qualitative and quantitative research on role duality on specific aspects of work-based assessment.

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