The Professional Development Program for Registrars: A mixed methods evaluation

Project Report

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Background

In addition to providing patient care and making progress through specialty training, registrars shoulder an array of managerial responsibilities (Singh 2006), particularly in relation to the supervision and training of prevocational doctors (Dent, Crotty et al. 2006). The traditional expectation that junior doctors should acquire the necessary leadership and management skills either intuitively or from role models has attracted increasing scrutiny; this questioning led to the Australian Government providing funding to the Confederation of Postgraduate Medical Education Councils (CPMEC) for the creation of a program designed to advance professional skills among registrars - the Professional Development Program for Registrars, or PDPR.

The South Australian Medical Education and Training (SA MET) Unit supports the PDPR in SA and has undertaken an evaluation of the program in SA. The evaluation and its findings are presented here.

Aims

The evaluation aimed to:

- Characterise the PDPR workshops in South Australia;
- Explore participants' immediate and enduring perceptions of the program; and
- Investigate respondents' experiences and views regarding the program's impacts.

Methods

Participants' immediate reactions to the program were gathered at the end of each workshop; the content, format, and facilitators of the workshops were rated, and participants were also invited to share their impressions of the PDPR in the form of text.

Lasting impressions of the program and individuals' understandings of its effects on performance and other experiences were sought from a smaller group of past participants. Between December 2010 and December 2011, 10 interviews with past participants of the PDPR (8 males, 2 females) were conducted by telephone and followed a semi-structured format (Appendix). The interviews were recorded and transcribed to aid with analysis. The duration between participation in the PDPR and being interviewed ranged from 3 months to 5 years, and the median intervening period was 22.5 months.

Interviewees provided informed consent and ethical approval for the evaluation was granted by the SA Health Human Research Ethics Committee.

Quantitative analysis of rating scale data was used to generate descriptive statistics, and qualitative analysis was applied to the text responses from workshop evaluations and the transcripts from the semi-structured interviews. A grounded theory approach (Strauss and Corbin 1998) was employed; themes were extracted from key points in the text and the themes were interpreted to build theory around registrars' experience of the PDPR and how it has impacted upon their approach to matters in the workplace.

The PDPR Program in SA

Workshop participants

After the 2006 pilot workshop (attended by 16 participants), 177 registrars have participated in the 12 workshops that have been held to June 2013 (Table 1). Participation is voluntary and demand typically exceeds the number of available positions (a waiting list is maintained).

Table 1 PDPR Workshops in South Australia (2007–2012).

Year	Workshop dates	Participants (n)
2007	6 – 7 December	14
2009	19 – 20 March	16
2009	26 – 27 March	14
2009	21 – 22 May	17
2009	24 – 25 November	16
2010	3 – 4 June	16
2010	2 – 3 December	16
2011	24 – 25 March	14
2011	18 – 19 August	12
2012	26 – 27 April	14
2012	24 – 25 May	13
2012	11 – 12 October	15
		TOTAL N = 177

Facilitators

Workshops are led by experienced facilitators who are senior consultants with an interest in medical education, on some occasions joined by a less experienced facilitator. Some facilitators have previously participated as registrars. Sessions may be facilitated by accredited non-medical staff; Ms Karen Grace (who until 2010 organised the PDPR in SA as a consultant to PMCSA), Ms Andrea Lloyd, and Assoc Prof Alison Jones have led sessions in this capacity.

Facilitator training is led by Dr Jag Singh (CPMEC), in collaboration with other experienced facilitators. To receive full accreditation as a PDPR facilitator, the training must be followed within one year by co-facilitating at least one PDPR workshop, paired with an experienced facilitator.

Topics covered

CPMEC have provided the workshop content to SA MET for use in the PDPR, and are happy for facilitators to alter or adapt the materials as long as the general content and standards are maintained. Participants are provided with workshop presentations, and are also provided with forms and manuals relevant to the personality testing and conflict mode sessions.

The topics are covered over two days (Table 2).

Table 2 Topics covered during 2-day workshops and instructional methods employed.

Topic	Instructional Method and Materials
Roles of the Registrar & Transitional Issues	Presentation, facilitated group discussion
Leadership & Management Competencies	Presentation, facilitated group discussion
Personality Types: Myers Briggs Type Indicator (MBTI)	Self-assessment forms, scoring guide, manual. Exercise, debrief & facilitated group discussion
Communication	Problem solving exercise
Effective Time Management and Delegation	Presentation, facilitated group discussion
Conflict Resolution: Thomas-Kilmann (TK) Conflict Mode	Self-assessment forms, scoring guide, manual Presentation, facilitated group discussion
Supervising Others / Situational Leadership	Presentation, facilitated group discussion
Managing Safety & Quality	Video: *Just a Routine Operation* (Martin Bromiley) Presentation, facilitated group discussion
Managing Stress	Presentation, facilitated group discussion
Registrar as Teacher	Presentation, facilitated group discussion
Team Building / Survival Simulation Exercise	Simulation exercise: Subarctic Survival / Bushfire Video and manual. Facilitated group discussion
Techniques for Giving & Receiving Feedback	Presentation, facilitated group discussion
Action Planning & Goal Setting	Presentation, facilitated group discussion

Settings

The workshops are intentionally held away from the clinical demands of respondents' workplaces.

Workshop ratings

Ninety six percent (169/177) of workshop attendees returned feedback forms at the end of the 2-day workshops. Reactions to the program, facilitators and other workshop elements that were gathered using ratings are summarised in Table 3.

Table 3 Participant responses to PDPR workshops (2007 – 2012): Summary of ratings.

Workshop elements	"Strongly agree" or "Agree" %[a]	(n)
Program		
Examples and illustrations were helpful	98.8	(167)
Content will be useful at work	98.2	(166)
Content was well organised	97.6	(165)
Training processes and methods were effective	97.6	(165)
Objectives were clearly outlined	96.4	(163)
Facilitators		
Communicated effectively	100.0	(168)
Encouraged group participation	100.0	(168)
Were prepared for the workshop	99.4	(166)
Demonstrated subject knowledge	99.4	(167)
Responded constructively to questions	99.4	(167)
General		
Participants contributed effectively	98.2	(166)
Venue & training facilities met my needs	98.2	(166)
Quality of material (usb, handouts etc.) was high	94.6	(159)
Two-day format of workshop worked well	93.9	(154)

[a] Valid percent, calculated from all non-missing responses for that item.

Ratings of the overall quality of the workshop were collected. Most registrars (98.7%) rated the overall quality of the workshops as "high" or "very high".

Themes

Most workshop evaluations (93%) included contributions in the form of text. These responses were analysed alongside interview transcripts, and the themes emerging from these data have been used to explore how registrars experience the PDPR and to describe the outcomes rendered by the program. Quotes from interviewees are shown using bracketed attributions; otherwise the provided quotes are drawn from participants' contributions to workshop feedback.

A complicated space

The challenging and complex professional space occupied by registrars was a prominent theme among those given voice by the PDPR participants, who described medical careers in which medicine is *"a small part of what we do"* [I09].

Pulled in all directions

By virtue of their position in the medical hierarchy, registrars must navigate the interpersonal intricacies involved with managing in both upward and downward directions. Attending to hierarchical expectations became especially difficult if their views conflicted with those of their supervising consultant, *"particularly if you have to advocate for the patient. That's a very tricky situation… if your Consultant tells you 'don't be stupid' when within yourself you feel it should be happening differently"* [I02]. A picture was built of a group of doctors simultaneously required to serve the healthcare needs of their patients, their trainees' needs for teaching and supervision, their supervisors' and employing facilities' demands for service and accountability, as well as attending to their own career and training needs.

It was clear that in addition to a heavy workload and being *"bombarded with difficult situations"* [I01], registrars shouldered an often disproportionate burden of responsibility: *"when things go wrong on the wards, the finger gets pointed at you"* [I03].

A welcome alignment

Designed specifically for this group of doctors, the PDPR was found to afford its participants a space in which the complexities and difficulties associated with their multiple roles are explicitly acknowledged. Importantly, this much-welcomed validation was accompanied by relevant content that resonated with registrars' workplace experiences. The Communication topic exercise, used to demonstrate the often complex and confusing interactions in which registrars find themselves playing integral and multiple roles, was referenced by numerous interviewees, whose accounts of workplace challenges were framed in ways reflective of the exercise:

"Often as a registrar we'll be standing in the middle of a situation where we've got a patient that we're looking after and we've got conflicting people around us, each telling us to do different things in terms

of caring for that patient. This would include the allied health staff, the nursing staff, our juniors, our seniors, the patient's relatives, other patients who are being affected by our difficult patient, the other patients' relatives as well. And so, in the midst of all of that we have to advocate in certain ways for that patient, but also to take into consideration the concerns of all those other stake-holders, and communicate effectively to all of them what the plan is and what the treatment goals are. For me, that's an example of one of the difficult things in this job" [I09].

The applicability of this and other workshop components to scenarios faced in registrars' working lives was identified by many participants, who appreciated the relevant workshop content and examples that reflected their own experiences. That the PDPR is delivered for the most part by clinicians contributed to attendees' appreciation for the workshop's offering both supportive recognition and constructive input in relation to the workplace situations to which registrars must respond: *"it was good to for once actually formally think about those things and have some people with experience talk to you about (them)"* [I02].

A shared experience

Central to individual registrars' experience of the workshops was the shared interaction with fellow registrars. Participants enjoyed the opportunity to gain the perspectives of registrars in different specialties during the workshops, and this beneficial aspect of the course was found to carry forward into the workplace for several interviewees who described encounters back at the hospital with other registrars with whom they had undertaken the PDPR. In these interactions, shared understandings gained during the workshops were enjoyed and contributed positively to communication, team work and patient care.

Many registrars emphasised the importance of extending the coverage of the PDPR to a greater number of registrars. Attendees saw great potential benefits both to individual registrars, and also to workplaces, should a greater proportion of their peers be afforded the same understandings that they had gained from the program. Adaptations of the PDPR for other groups in the medical hierarchy were also proposed, given the increased skill and associated improvements to performance that the registrar program confers, including suggestions that prevocational trainees could be offered a program tailored for the challenges they face such as time management and managing stress.

A lot of information in two days

The time pressures faced by registrars were echoed among feedback concerning the structure and design of the PDPR workshop. Observations about the "full on" "immersive" workshop and the "massive amount of information in a short time" were conveyed in such a way as to reveal participants' awareness that the program had by design covered a large amount of much-needed training whilst minimising the associated pressure on their professional lives. Accordingly, the duration of the workshop was for the most part viewed positively. It was noted that it had been feasible to arrange being off work for the required two days, but that any additional days would

represent an unworkable period away from the workplace. Being away from the workplace was itself valued since it lent to full concentration on the topics without intrusion from clinical demands.

The enthusiasm for exercises, simulations and activities like self-assessment and guided interpretation was emphatic; these modes of delivery comprised fun, engaging, and powerful means by which to convey important information, and "so beautifully proves the point". The exercises had left impressions lasting months and years after workshop participation, having *"stuck in my head... they always will"* [I04].

Filling a gap

Registrars' receptivity to the program included specific recognition for the uniqueness of the program in their medical training. By addressing many *"essential yet often neglected"* competencies inherent to the complex registrar role, the PDPR was described by many attendees as *"filling a gap"* in their medical education, citing its tackling of the *"vacuum in terms of skills that are needed for working in a place like a hospital"* [I05]. The program provided a means to gain much needed skills that registrars are otherwise *"supposed to absorb by osmosis, by watching what the bosses do with their juniors"* [I04]. That the PDPR provided input they did not otherwise receive in medical training left a substantial impression on many registrars, particularly since it was apparent that this program would have effects that extended across their perceptions, understandings and ways of functioning in the workplace.

The Effects of Reflection

Traits brought to consciousness

Within some workshops, it was suggested that some participants were inclined to conform or "fit into their group", exhibiting perhaps exaggerated versions of the 'types' into which they had been grouped by their personality assessments. This theme of embracing, even retreating into the set of personality traits identified in the MBTI was evident in one interviewee's contemplation of going into other specialties, *"because I'm probably not the ideal person to work in Emergency"* [I01], having related their workplace fatigue and dissatisfaction to personality characteristics explored in the PDPR.

Recognising perspectives and personal contributions

More prominent and prevalent, however, were stated intentions to and recounted instances of using the insights gained during the PDPR (particularly regarding personality and habitual approaches to conflict) to determinedly examine their assumptions and automatic responses. The workshop's frameworks for informed introspection and consideration of others' perspectives were adopted with enthusiasm by many registrars keen to use these mechanisms to pursue heightened insight into themselves and *"how I come across to other people"* [I09] and as well as intentions to *"realise my own behavioural stereotypes and think of alternative ways"*.

Gained insights were greatly valued for their usefulness when making personal adaptations to better suit the circumstances at hand. Participants reported that they had developed a keen interest in evaluating their own contributions to difficult situations, relating their use of the new knowledge to adjust their attitudes and behaviour toward others: *"the way I approached people changed... (it) made me a bit more lenient and less impatient with people"* [I03]. An increased understanding of and appreciation for others' perspectives gained from the PDPR provoked a re-evaluation of a recent run-in on the ward with another registrar (who happened to attend the same workshop): *"I remember thinking this man was just so difficult and so unreasonable. I was quite angry about the interaction we had had about the patient.... and doing the course... it became apparent to me that it was probably more a personality conflict rather than a medical conflict"* [I03].

A new courage to act

A lasting awareness of their own habitual conflict mode, and an enduring recollection of the circumstances under which very different approaches are critically needed, both of which were imparted by the PDPR, drove the most powerful example of workplace change that was revealed during the evaluation:

> *"As a consultant...there are times when you are responsible for a large number of people and some of them are more senior than you and some of them aren't from (your own) discipline, and there are instances where conflict arises. Just recently there was a time where there was a surgeon who wanted to keep operating but it was very clear that the nurses didn't have staff, that the anaesthetists weren't capable, and we were over-stretched. (The surgeon) was getting quite angry and wanted to keep going and I happened to be in the supervisory role.*

> *"In this situation, normally I would have avoided it - I think avoidance was one of the things that highlighted in my way of conflict resolution – and I made a conscious decision that actually, I'm going to have to step in. I think competitive, or competition, was one of the conflict resolution techniques that I rarely use and it wasn't shown as being useful except in certain time critical situations and I thought well this is a time where I'm going to actually have to step in and be a bit more aggressive and a bit more outspoken.*

> *"And that conscious decision related back to my experience of the workshop. And so I sort of barrelled in guns blazing and it worked very well... I found that quite useful (and it) was instructive for me on the usefulness of the course, and also on a personal level about how I could manage situations"* (I06)

Better teachers and mentors

Workshop attendees commonly voiced their conviction that they would *"be a better supervisor… (having) reflected on what I could have done better in situations I have come across"*. Others were *"inspired to use this on the job and improve my teaching"*. Interviewees reported increased focus on providing quality supervision to their juniors as a result of attending the PDPR, via putting into practice the strategies and frameworks learnt. Interviewees revealed that this had been one of the main outcomes of the program, describing their having *"taken more responsibility for mentoring and teaching"* [I06]. They had also become more active in assisting junior staff, particularly those they now more readily could identify as struggling.

Next steps

Gaps in knowledge

Registrars' appreciation of the degree to which the PDPR workshop had advanced their non-clinical skills raised consciousness regarding a number of topics unaddressed by the program. While the time restrictions were noted as a potential barrier to covering all of the desirable content, the following additional topics were suggested:

- Medico-legal and ethical decision making
- Diffusing Code Black (violent) situations
- Public speaking skills
- How to find or select a mentor
- Motivating underperforming trainees
- Principles of negotiating, persuading and influencing
- Picking your battles

Maintaining gains

The need for follow-up sessions to consolidate the material learnt was raised in terms of concerns that *"as time has gone on it's kind of becoming harder to remember. I kind of need some booster shots"* [I02]. Other interviewees felt that follow-up sessions would *"help people reflect on things and cement the concepts"* [I04] or *"get people to work out if they've actually managed to implement any of it"* [I05] although doubts were frequently expressed about the feasibility of themselves and others finding time to attend. Many were content with the gains they had made from attending the one workshop.

Facilitated opportunities to meet up with others from the same workshop was suggested, with reference to networking of this kind representing a means by which to discuss and maintain learning, as well as increase useful clinical collaboration.

Conclusions

The PDPR was devised to help registrars gain the non-clinical skills needed to shoulder the workload and professional responsibilities that are specific to vocational trainees. The evaluation finds that registrars are acutely conscious of the complex and difficult space they inhabit within healthcare facilities and the medical hierarchy. The PDPR would seem to afford registrars a welcomed recognition of these challenges including acknowledgement of the multiple roles that registrars are required to fill. The program makes a valued contribution to a range of professional competencies that are necessary to rising to these challenges, and fills a gap in medical training. The PDPR is clearly well received; workshops are described as enjoyable as well as informative and useful, conferring immediate benefits in terms of increased insight and reflection. Importantly, the interviews with past participants of the program revealed that content learnt at the workshops were transferred to the workplace. Teaching and mentoring of juniors had been improved, and insight into others' perspectives enhanced. Most vividly, the self-reflection and knowledge regarding approaches to conflict resulted in actions critical to the safety of a patient in theatre.

Future research could incorporate reports from multiple sources (including colleagues, trainees or supervisors) to add to knowledge of program outcomes. The present evaluation suggests that the PDPR makes a strong contribution to the skills that registrars need.

References

Dent, A. W., B. Crotty, et al. (2006). "Learning opportunities for Australian prevocational hospital doctors: exposure, perceived quality and desired methods of learning." Med J Aust **184**(9): 436-440.

Singh, J. (2006). "Professional development of registrars." Med J Aust **184**(8): 422-423.

Strauss, A. L. and J. M. Corbin (1998). Basics of qualitative research : techniques and procedures for developing grounded theory. Thousand Oaks, Sage Publications.

Appendix: Question guide for telephone interviews

Interviewees were reminded that the interview was being recorded (and would be transcribed to aid with analysis), and that they could request that the tape be stopped at any time. Information was then sought regarding their current employment and any positions in which they had been employed (specialty, area of medicine, and level of seniority) since participating in the PDPR.

The following topics were addressed during the semi-structured telephone interviews; question order and phrasing was flexible.

What have you changed or done differently as a result of doing the PDPR workshop?

On reflection, does some of the content covered in the course seem particularly relevant to you as a registrar?

What challenges have you faced in the workplace and how do these relate to anything covered in the PDPR?

Can you think of an incident or situation that has stuck in your mind, relating to being a registrar that relates to any of the skills or knowledge that was covered in the PDPR?

Have you generally felt able to put what you learned into practice?

Do you feel that any of your colleagues / supervisors, or more junior trainees responded any differently to you as a result of what you learned at the PDPR?

Was there anything that should have been included in the PDPR program that wasn't there? Prompt if stuck – what have you felt not prepared for? Is there anything that you detect in your working life that the usual medical education doesn't address, but which causes you or others difficulty?

The following item was added part-way through the progression of interviews, for interviewees who were noted to currently work in Emergency Medicine, and those who had worked in Emergency either as a registrar or subsequently a consultant:

Do you perceive the situation as being different in Emergency?