

# The Supervisory Relationship – from the GP Supervisor’s perspective

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## Acknowledgment of Country

*“We acknowledge the Traditional Owners of the land in which this meeting is taking place, and pay respects to their Elders, past and present and their families.”*

# Acknowledgements

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# Why this project?

Impact of unsatisfactory placements

One-way nature of feedback

Giving a voice to supervisors within the primary care sector

Importance of the supervisory relationship



# Supervisory relationship

“These experienced general practitioners establish and maintain **educational alliances** that support the **clinical, educational and personal development** of registrars who come to work in their practices.” (Susan Wearne)

- <http://www.agpt.com.au/GP-supervisors/GP-Supervisor-Resources/Supervisor-Snippets>

# It's a relationship!!!

Other measures:

- DREEM
- PHEEM
- STEEM
- ATEEM
- CLER



# Features of the original SRM

- **Safe base:** e.g. my trainee is open and honest in supervision
- **Supervisor commitment:** e.g. I am available and accessible to my trainee
- **Trainee contribution:** e.g. my trainee works hard on placement
- **External influences:** e.g. my trainee has other life stressors that distract them from their work
- **Supervisor investment:** e.g. I am able to share my strengths and weaknesses with my trainee



# Research question

1. Can the SRM be modified for use as a reliable, valid measure of the trainee-supervisor relationship from the GP supervisor perspective?

And for today:

2. Were there any differences in the results between regional/rural/remote supervisors and urban supervisors?



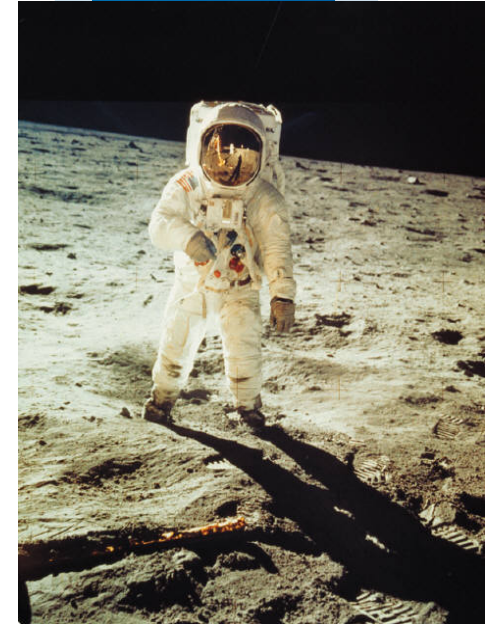


# Methodology

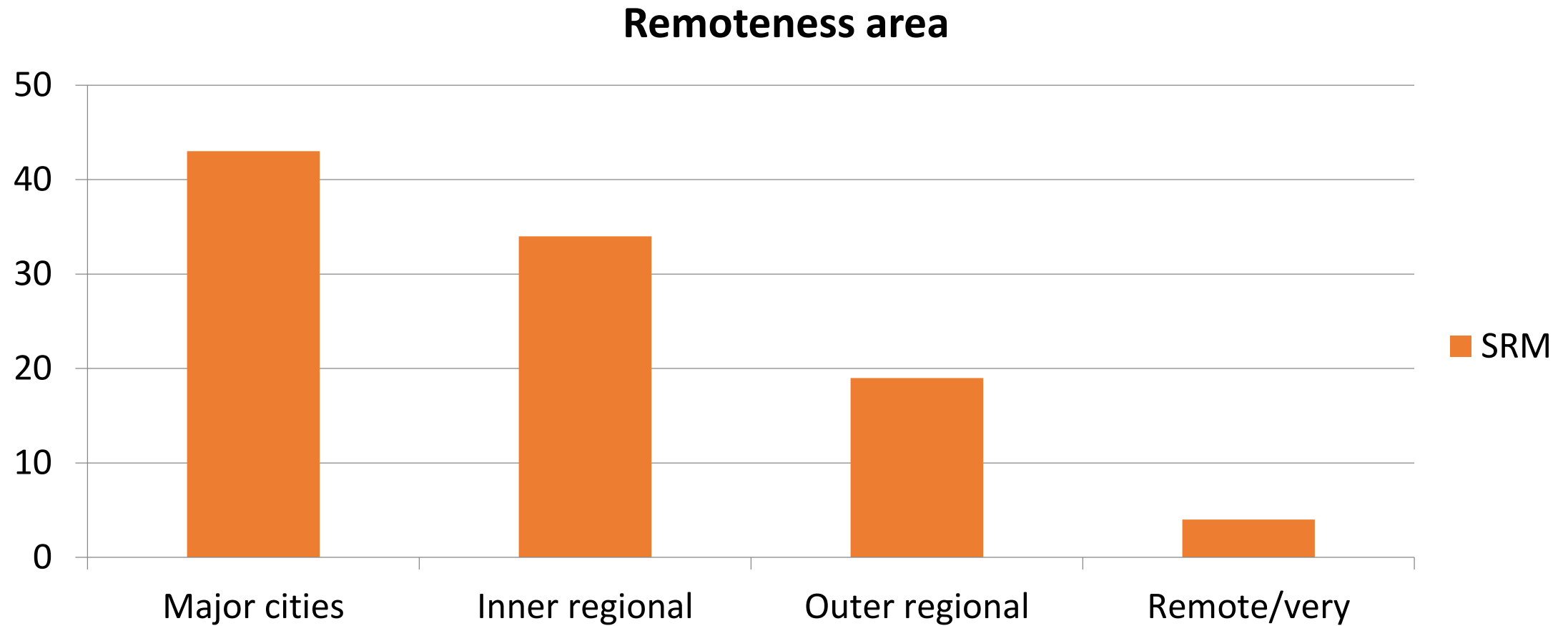
Expert Supervisor Review Group

Expert Supervisor Pilot Group

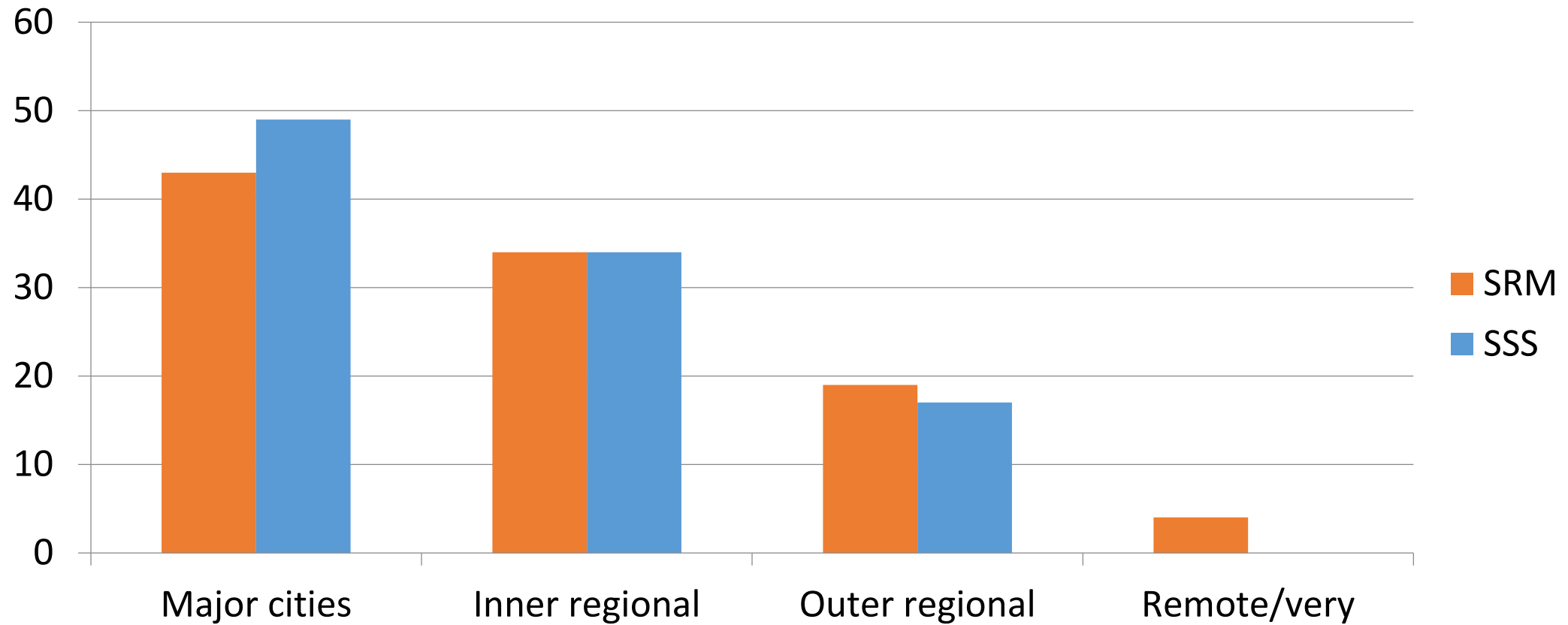
Main survey



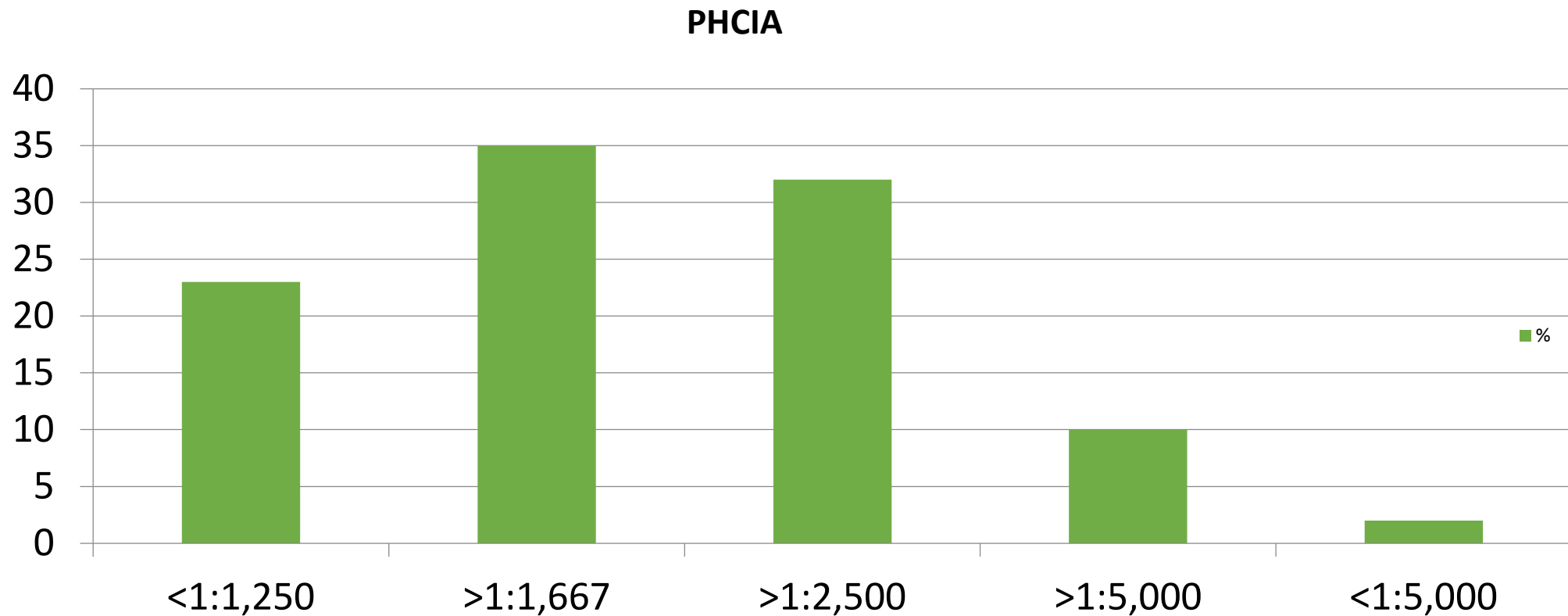
# Remoteness area (ASGC-RA)



# SRM cf SSS



# Primary Health Care Index of Access (ABS)



# GP-SRM

45 items, 3 subscales:

- Safe base
  - Supervisor commitment (SI + SC)
  - Registrar professionalism (TC)
- External influences – dropped out
- No differences between rural and urban



# Results

- Factor analysis:
  - Overall model fit 0.966 (PCA with Procrustes rotation)
  - Optimum fit 45 items
- Reliability (Cronbach's alpha)
  - Safe base (0.957)
  - Supervisor commitment (0.852)
  - Registrar professionalism (0.938)
- GP-SRM greater subscale reliability than original SRM (0.71 to 0.96)



# Items dropped

1. My registrar wants me to be their GP as well as their supervisor (EI)
2. My registrar's educational training requirements interfere with their clinical practice (EI)
3. My registrar's self-directed learning interferes with their clinical practice (EI)
4. My registrar has other life stressors which distract them from their work (EI)
5. I have stressors in my life which make it difficult for me to focus on supervision (EI)

# Comments

- *“it is good to reflect on the negative responses I have given and look at what I can work on”*
- *“interesting reflection, does make you think”*
- *“the importance of a supportive educational relationship cannot be underestimated if we want to encourage clinical honesty and a safe environment for registrars to learn”*



# Outcome

- GP-SRM suitable for use in AGPT program
- Might be a world first?

## Next steps:

- Rasch analysis
- Computer adaptive testing (CAT)



# Acknowledgements

Expert Supervisor Review Group - GPTT

Expert Supervisor Pilot Group – GPTT

Steering Committee

All the busy GP Supervisors across Australia who took time out to complete the survey and make this research possible.

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# Thank you!

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