



Continuing Educational Development and Harmonisation of Expert Teachers in General Practice/Family Medicine in Europe through a systematic process of quality improvement (CEDinGPII)

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**Literature review report –
published evidence about appraisal of the level of expertise in
General Practice / Family Medicine educators**

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Literature review report - published evidence about appraisal of the level of expertise in General Practice / Family Medicine educators

Aim: This review is conducted to summarise the published evidence about appraisal of the level of expertise in GP educators.

Methods: The following databases were searched: MEDLINE (via PubMed), Cochrane Library, [Eric](#) (Education resources Information Centre), [Education Full Text](#) and [PsycINFO](#). The literature search was conducted on 10 June 2014 (MEDLINE via Pubmed) and 16 June 2014 (other databases). All articles, incl empirical research, descriptions of current practices and articles presenting viewpoints and opinions about appraisal of the level of expertise in GP educators were included. Search was conducted and abstracts as well as full texts were reviewed by Marje Oona.

The following search strategy was used in PubMed: ("Faculty"[Mesh] OR teacher OR educator OR trainer OR supervisor OR preceptor OR tutor) AND (appraisal OR assessment OR accreditation OR competent) AND ("General Practice"[Mesh] OR "General Practitioners"[Mesh] OR "Family Practice"[Mesh]). Same keywords were used in other databases.

Results:

Pubmed search retrieved 212 hits. By screening the titles and abstracts of the publications, a total of 195 publications appeared not to be of relevant to the topic *i.e.* appraisal of the level of expertise in GP teachers, and were eliminated from further review.

A total of 17 articles were retrieved for the detailed evaluation. Based on the full text of the publications, six articles had no direct relevance to this review (see Appendix 1, Ref 3, 5-7, 11, 12). A total of ten articles expanded upon appraisal or accreditation of GP teachers. Brief summaries of those papers are presented in the appendix (see Appendix 1, Ref 1, 2, 4, 8-10, 13, 14, 16, 17). Full texts of all those articles are sent to the study group. One of the papers is probably relevant (Ref 15), unfortunately the link to the full text contains only [very brief summary of this paper](#).

In summary, only one out of ten studies provided levels of expertise of GP educators: [Guldal 2012](#) (Ref 2) discerned two levels of expertise of GP educators: (1) novices and (2) experts.

Hand searching of web links provided in [Spencer-Jones 2010](#) (Ref 8) led to the following document: [AoME Framework Areas and SPESC Competencies](#). In this document two levels of expertise are discerned: (1) effective supervisor and (2) excellent supervisor. In the Appendix A criteria for use on the Scottish Prospective Educational Supervisors' Course are



provided: (1) insufficient evidence; (2) needs further development; (3) competent; (4) excellent.

Search in the Cochrane Library, [Eric](#) (Education resources Information Centre), [Education Full Text](#) and [PsycINFO](#) did not retrieve more relevant papers.

Conclusion: published evidence about appraisal of the level of expertise in GP educators is limited.

Appendix 1

1. [Procedures and processes of accreditation for GP trainers: similarities and differences.](#)

Lyon-Maris J, Scallan S.

Educ Prim Care. 2013 Sep;24(6):444-51.

The aim of this survey was to provide a resource setting out the current arrangements of the processes and procedures that are required to become a GP trainer across deaneries in UK.

Data collection was carried out among lead educators in each UK deanery (n=17) who held responsibility for the accreditation of new GP clinical and educational supervisors by questionnaire followed by semi-structured telephone interviews in order to clarify particular issues.

In conclusion, the findings of this survey suggest that there are number of areas where baseline practice across deaneries could potentially be harmonised (*see following list*) as well as formalising links with arrangements to recognise trainers in non-GP postgraduate training and in undergraduate education.

- *The number of years post-CCT a potential trainer*
- *Length of time in current practice prior to becoming a trainer.*
- *Does a sole trainer in a practice have to be a partner?*
- *The requirement for a compulsory academic qualification.*
- *The continuum of training for general practice.*
- *Continuing professional development for educators.*

2. [Educational expectations of GP trainers. A EURACT needs analysis.](#)

Guldal D, Windak A, Maagaard R, Allen J, Kjaer NK.

Eur J Gen Pract. 2012 Dec;18(4):233-7. doi: 10.3109/13814788.2012.712958.

A survey of perceived educational needs and wants among both novice and expert European GP educators was carried out. A questionnaire was constructed in two versions: for novice GP trainers and for experts. Experts were defined as persons with broad educational and organizational responsibilities including, but also beyond, practice level. Novice GP trainers were working in teaching mainly at the primary care practice level.

It was concluded that educational needs of GP educators did not vary much in the required throughout Europe, but did vary more in the level and complexity between novice and ekspert.



3. [Implementing an evidence-informed faculty development program.](#)

Danilkewich AD, Kuzmicz J, Greenberg G, Gruszczynski A, Hosain J, McKague M, Bonnycastle D, McKay S, Ramsden VR.

Can Fam Physician. 2012 Jun;58(6):e337-43.

This study has no direct relevance to this review. The purpose of this research endeavour was to establish an evidence-informed faculty development program with full-time faculty members in the Department of Academic Family Medicine at the University of Saskatchewan.

4. [Train the Trainer for general practice trainer - a report of the pilot within the programme Verbundweiterbildung plus.](#)

Steinhäuser J, Ledig T, Szecsenyi J, Eicher C, Engeser P, Roos M, Bungartz J, Joos S.

GMS Z Med Ausbild. 2012;29(3):Doc43.

This article is a description of the conception and evaluation of the first Train-the-trainer(TTT)-workshop within the programme Verbundweiterbildung in Germany. A questionnaire was designed to get a self-assessment about organisational and didactic aspects oriented on the [CanMEDs competencies](#) of postgraduate medical training of the participants.

Authors concluded, that GP TTT-programme in Germany should highlight especially training in providing feedback and teaching in management aspects.

5. [What do GP educators perceive to be the opportunities and challenges of introducing revalidation?](#)

Agius S, Baron R, Lewis B, Hayden J.

Educ Prim Care. 2011 Nov;22(6):386-92.

This study has no direct relevance to this review. The aim of the study was to capture perceptions of GP educators on key opportunities and potential challenges of implementing a revalidation system of general practitioners in Great Britain.

6. [Revalidation: administrative burden or golden opportunity?](#)

Lyons N.

Educ Prim Care. 2011 Nov;22(6):359-60.

This article has no direct relevance to this review. This is an opinion piece about revalidation for doctors in Great Britain.

7. [Revalidation for educators: status box, status quo, and status maintenance.](#)

Peile E.

Educ Prim Care. 2011 Nov;22(6):357-8.

This article has no direct relevance to this review. This is an editorial for a special issue of journal *Educ Prim Care* dedicated to the topic of revalidation of GPs in Great Britain.



8. [What makes a good educational supervisor?](#)

Spencer-Jones R.

Educ Prim Care. 2010 Jul;21(4):230-5.

In this article a list of the 12 educational competencies, described by the organisers of the Scottish Prospective Educational Supervisors' Course (SPESC) organisers is provided. Also, the previous literature describing the essential qualities and skills required of a trainer/supervisor in a UK general practice setting is reviewed. As described in the paper, the 12 educational competencies are loosely based on Kolb's educational cycle.

The article states that the description of the competencies is provided in a reference #21 of this article, (a web document, is not accessible on 16 June 2014).

A note from the reviewer: an attempted to locate this document was made and was not successful (document not found)

The following document was found: [AoME Framework Areas and SPESC Competencies.](#)

In the Appendix A of this document Educational Supervisor Competencies for use on the Scottish Prospective Educational Supervisors' Course are provided and criteria for levels of competence are described. For this course four categories of competencies are used: (1) insufficient evidence; (2) needs further development; (3) competent; (4) excellent.

In the main body of this document, a description of how the 12 NTDG Competencies are met within the AoME/GMC Framework, and criteria for (1)effective supervisor and (2) excellent supervisor are provided.

9. [Residents' and faculty's beliefs about the ideal clinical teacher.](#)

Masunaga H, Hitchcock MA.

Fam Med. 2010 Feb;42(2):116-20.

The objective of this study was to examine how residents and faculty in family medicine compare in their beliefs about ideal clinical teaching. 205 residents and 148 faculty in family medicine who completed the Clinical Teaching Perception Inventory (CTPI) ranked 28 single-word descriptors that characterized clinical teachers along a 7-point-scale ranging from "least like my ideal teacher" to "most like my ideal teacher."

Main results: Both residents and faculty indicated that the ideal clinical teachers should be stimulating, encouraging, competent, and communicating and should not be conventional, cautious, or controlling. However, residents rated probing and innovative significantly lower than did faculty.

Conclusions: Clinical faculty and residents in family medicine have a shared view of the ideal clinical teacher. However, residents and faculty differed in their ratings on the descriptors "Probing" and "Innovative." This difference might at least in part stem from where residents and faculty are located along a continuum from novice to mature expert.



10. [A 'mutually agreed statement of learning' in general practice trainer appraisal: the place of peer appraisal by experienced course members.](#)

Main P, Curtis A, Pitts J, Irish B.

Educ Prim Care. 2009 Mar;20(2):104-10.

This study explored participants' views of an approach based on an appraisal model within formal trainer courses as a means of focusing trainers' continuing professional development as educators – the mutually agreed statement of learning (MASL). It used a qualitative approach of retrospective semi-structured interviews. The use of peer-led MASLs (i.e. Co-MASL) in personal development planning was universally more popular than facilitator-led sessions. This approach resulted in a more formative approach that opened up mutual conversations that also promoted and enhanced reflective learning. The role of the group facilitator was valued in helping to structure the sessions. The wider use of peers and mentors to help deaneries with educational planning is recommended.

11. [Supporting clinical teachers - a review of the literature.](#)

Christensen S.

Aust Fam Physician. 2008 Apr;37(4):247-9.

This article has no direct relevance to this review.

List of terms used to describe GPs who teach medical students provided in this article was used to refine the PubMed search strategy.

12. [GP supervisors--their professional development and involvement in assessment.](#)

Kinsella P, Wood J.

Aust Fam Physician. 2008 Jan-Feb;37(1-2):66-7.

This article has no direct relevance to this review.

13. [Academic competencies for medical faculty.](#)

Harris DL, Krause KC, Parish DC, Smith MU.

Fam Med. 2007 May;39(5):343-50.

An [USA] expert advisory group of the Faculty Futures Initiative developed a document delineating competencies required for successful medical faculty. The proportion of time faculty in various roles should allocate to activities related to each competency was also identified. Competencies and time allocations were developed for various teacher/administrators, teacher/educators, teacher/researchers, and teacher/clinicians. This work was validated by multiple reviews by an external panel.

Core competencies for family medicine educators and competencies required for specific family medicine roles are provided (Tables 1 and 2).

Trial implementation of the developed products has occurred in faculty development programs at four medical schools.

The authors suggest that competencies and time allocations presented by them



help faculty and institutions define skills needed for particular faculty roles, plan for faculty evaluation, mentoring and advancement, and design faculty development programs based on identified needs.

14. [Characteristics of effective clinical teachers.](#)

Buchel TL, Edwards FD.

Fam Med. 2005 Jan;37(1):30-5.

This study's objectives were to identify teaching attributes that residents and faculty value most and to determine whether the opinions of residents and faculty differed.

Methods: A list of 15 teaching attributes was distributed to residents and faculty at eight family medicine residency programs. Respondents were asked to indicate the three most important and the three least important attributes of effective clinical educators.

Conclusion: There are areas of agreement and disagreement between faculty and residents about attributes of effective clinical teachers. With the implementation of competency-based assessment systems, it will become important to determine which attributes actually promote the development of competence among learners, thereby allowing the encouragement of those attributes.

15. [A toolkit for trainer appraisal and development.](#)

Rutt GA, Dodd MJ; Northumbria Vocational Training Scheme for General Practice.

Occas Pap R Coll Gen Pract. 2003 May;(85):iii-v, 1-37.

According to the abstract, this toolkit explores a system of appraisal designed to help trainers achieve these tasks efficiently, using structured feedback from registrars as well as the trainers' own reports as a basis for discussion during an appraisal interview.

A note from the reviewer: Link to the full text contains only [very brief summary of the paper](#). [A book](#) with the identical cover title and the same (first) autor is published by RCGP. This book is not freely available, hence not reviewed currently.

16. [Evaluating faculty performance: a systematically designed and assessed approach.](#)

Bland CJ, Wersal L, VanLoy W, Jacott W.

Acad Med. 2002 Jan;77(1):15-30.

The authors explain how the Department of Family Practice and Community Health (DFPCH) at the University of Minnesota School of Medicine has created an evaluation system that provides information for both feedback and merit-pay decisions. Also presented are the results of a 1999 assessment of the system.

The main components of the merit-review system are: (1) performance portfolio; (2) report of contributions and next year's goal form; (3) performance data and evaluation summaries. A departmental merit review committee is responsible for



evaluating each faculty member's merit portfolio against the established scales.

A note from the reviewer: According to the paper, the documents in their entirety can be accessed at their website, however, [the page](#) cannot be found (accessed 16 June 2014).

17. [What are the characteristics of the competent general practitioner trainer?](#)

Boendermaker PM, Schuling J, Meyboom-de Jong BM, Zwierstra RP, Metz JC.
Fam Pract. 2000 Dec;17(6):547-53.

A qualitative study conducted in the Netherlands in order to determine the traits, knowledge and skills required for a competent GP-trainer.

Conclusion of the study: Many characteristics were identified as a result of this research. The next logical step will involve a Delphi consensus procedure to obtain a profile of the competent GP-trainer. This profile will then be suitable in setting the standards for curricula for future GP-trainers.