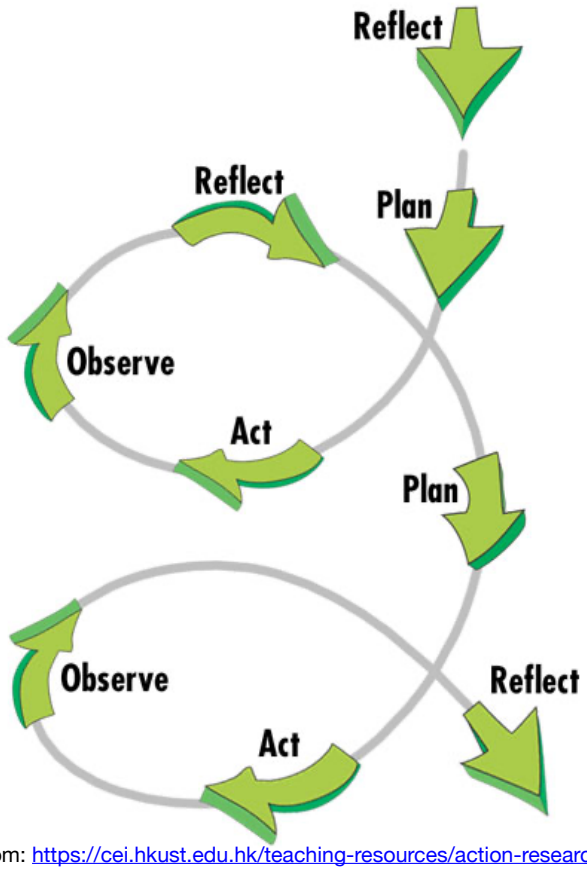
User driven improvement of the specialist training for General Practitioners (GP) at Randers Regional Hospital (RRH)

- an Action Research study design.



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INTRODUCTION AND BACKGROUND

The specialist training for GP in Denmark lasts 5-5,5 year including 2,5 years in a Regional or University Hospital. At Randers Regional Hospital the resident doctors work at five different clinical departments as listed in tabel 1 [1] .

The specialist training program for GP at RHH	
Medical department, RRH	9 months
Department of Gynecology and Obstetrics , RRH	5 months
Department of Pediatrics, RRH	5 months
Regional Mental Health Service Randers	5 months
Emergency Department, RRH	6 months

Tabel 1 - The specialist training for GP at RRH.

The length of stay at each workplace is short, and time spent with other GP resident colleagues is swift and sporadically. Following this fragmented organizational structure, the GP residents´ sense of belongingness could be challenged.

In Denmark, departments employing residents have an educational team. The aim of the present study was to improve the empowerment and psychological safety of the GP residents at RRH by introducing a GP resident (AP-UKYL*) with reference to the hospitals senior doctor education coordinator (UKO**) and with responsibilities according to two focus group interviews.

This opportunity was given to us by the hospital administration and it was implemented by conducting an action research study. Action research is a research method where there is a collaboration between researchers and the community these changes directly affect. The goal is to create knowledge through changes [2].

METHOD

In August 2021 ten GP residents participated in two focus group interviews lasting two hours. All five clinical departments at RRH participating in the speciality training for GPs were represented, and the participants differed in both gender and duration of completed specialists training. The GP residents were 7 women and 4 men, working at the department of medicine, gynecology and obstetrics, pediatrics, psychiatry or emergency.

Inclusion was done by sending out emails to educational responsible senior doctors at departments involved in the GP specialist training at RHH, asking them to enroll a GP resident at the department. Some GP residents were directly contacted if the senior doctor was not able to enroll any residents.

Interviews were conducted according to Action Research tradition with a moderator. The focus group sessions were audio recorded after oral consent from the participants. There were 11 GP residents attending 2 different focus group interviews (including the AP UKYL), each lasting 2 hours. One of the participants attended the interview virtually, the others participated in-person. The AP UKYL participated in both interviews.

From the focus group interviews, an actionlist (table 2) was derived, based on GP residents suggestions. Most actions were implemented the following year, and the rest is undergoing implementation in 2022/23.

One of the initiatives (organising meetings with social and academic content) were informally evaluated by the participants using the free online-evaluation tool surveymonkey.com. We received 29 anonymous evaluations in total.

The process of implementing these actions is a continuous process, in dialog with the GP residents, and we therefore plan to revisit the focus group interviews in 2023, and the project is undergoing dynamic changes at any point, based on the GP residents´ evaluation.

Action list	**Implementation status**
Meetings with social- and professional purposes. Scheduled and in relation to work hours.	Implemented 2021
Specific introduction meeting designated new resident GPs with focus on the different departments and educational goals and requirements	Implemented 2022
Department specific checklist for how to master the educational goals as defined by the Danish Health Authority, including which patient clinics and functions GP residents should experience during their stay	Undergoing implementation 2022/2023
Experience notes from previous GP residents with tips/tricks on how to enhance education at different departments	Implemented 2022
Establishing a forum for informal discussion between GP residents (Facebook, google groups ect.)	Implemented 2021
Establishing a shared forum on the hospitals computers for GP residents to upload relevant material like experience notes and tips for new residents	Implemented 2022
Establishing a joint mailing list for all GP residents employed at the hospital.	Implemented 2022

Table 2 - Action list (with implementation status)

RESULTS

In general, the residents were satisfied with the education obtained while working at RRH. All residents emphasized the sense of ‘not belonging’ and the ‘feeling of loneliness’.
This was emphasized at both departments with many or few colleges. Most of the GP residents wished they had more shared work-time with other GP residents.

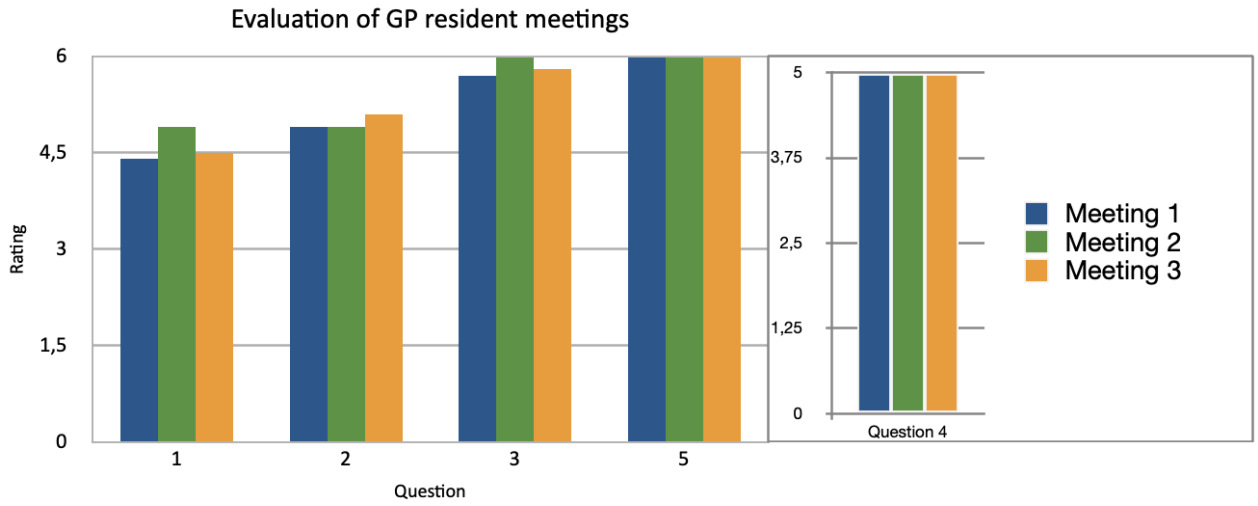
They all agreed there was a need for someone to gather experiences and communicate/debate successes or problems with the different departments. GP residents were less likely to bring up educational issues because of the short period of employment at each department. An Educational Responsible Young Doctor for GP residents could be the missing link in this process, and gather information and experiences from different GP residents employed at departments at different times.
We agreed educational issues that were department specific should be communicated between the AP-UKYL and the Educational Responsible Doctor at the inflicted department. If there were issues across the departments, the communication should be between the AP UKYL and the UKO.

The action list for GP education team (AP-UKYL and UKO) derived from the interviews are summarized in Table 2.
The initiatives proposed can be divided into three categories: social, practical and professional initiatives.
The social initiatives include organized meetings and introduction for GP residents. GP residents highlighted that this should be in relation to work hours. The debate concluded that a 2 hour meeting at the end of a work-day, were the last hour took place in the GP residents spare time were acceptable because of the both social and educational aspect of the meetings, but they all wished the whole meeting could be placed during working hours.

Questions	**Rating possibility**
1 -Did you feel well informed about the meetings content prior to the meetings	1 - Not at all / not necessary
2 - Are you satisfied with the meetings academic content?	2 - To a lesser extent
3 - Did you find the subject relevant	3 - A little
4 - Do you feel meetings like this strengthens the education of GP residents at the hospital?	4 - Appropriate level
5 - Do you appreciate the opportunity to attend meetings like this?	5 - Above expected / very relevant
	6 - Much more than expected / to a high extent

Table 3 - Evaluation questions

The practical initiatives were an apparent need for better communication between the GP residents. Many said they did not even know the other GP residents at the hospital, or how to contact them. They said both meetings, newsletter, mailing lists and IT platforms could contribute positively to the feeling of belonging and also the sharing of knowledge.



The professional initiatives relates to GP residents at the meeting call for a better plan at different departments on how to achieve their learning goals at different departments. They all had spent different amount of time at different patient clinics and they also had different experiences with procedures such as the insertion of an intra-uterine contraceptive device.

In the fall of 2021 and spring of 2022, we evaluated three scheduled meetings with social and academic content. The evaluations and questions are showed in Table 3 and Figur 1. All questions were rated from 1 to 6, except question 4 which was rated from 1-5.

DISCUSSION

Yngre Læger (Danish Association of Junior Hospital Doctors affiliated to the Danish Medical Association) conducted a questionnaire study among GP residents in 2018 [3,4]. It showed that 34% of the junior doctors in general practice in some or high-degree felt lonely in their daily work-life. The GP residents felt significantly more lonely while working at the hospital, compared to working in general practice. It also showed a significantly lower evaluation of necessary supervision while at the hospital.

This action-study therefore aimed to study and directly implement GP residents suggestions for the newly appointed educational responsible GP resident, on how to strengthen the empowerment and creating a better community for GP residents in their hospital rotation, which seems much needed.

The implementation of a GP resident to facilitate this has been seen throughout Denmark the last years, although there is no structural overview of which hospitals that has implemented this, and no research into how this function can contribute to better specialist training and reduce loneliness.

In our action-study we implemented the actions proposed by the GP resident, and we evaluated on three GP resident meetings, achieving very high ratings. This is a process of creating knowledge trough changes. As previous mentioned, we learned from the focus group interviews that proposed initiatives can be grouped into three groups: social- practical and professional initiatives.

The social initiatives includes a possibility to meet other GP resident in social and professional forums, strengthening the community and hopefully increases the chances of more communication outside meetings and in the clinics. While conducting the meetings, a need to start the meetings with a “round the table”-talk became apparent. Here we discussed relevant topics at different departments and the other GP residents could share their thoughts on the subject. This was also a possibility for the educational responsible GP resident to stay informed

on subjects relevant to the doctors education, enabling the AP UKYL to debate these issues directly with the departments, which GP residents called for. They could also share experiences concerning sick-leave and the stigma of burned-out syndrome. Introducing a welcome meeting for new GP residents starting their rotation at the hospital has been planned and is scheduled to start in the fall of 2022.

The practical initiatives are a lot of easy-to-fix initiatives like creating IT platforms to share materials and documents, and establishing a better communication between GP residents. Surprisingly the residents had, to our knowledge, no way of communicating with the other residents at the hospital, or knowing which other residents were employed at the hospital at different departments than themselves. We started a tradition of sending out monthly newsletter to the GP residents at the hospital when this communication was established. The possibility to leave experience notes to new residents in a shared folder were also easily implemented. Furthermore, a social media site were made to discuss informal subjects.

The professional initiatives includes a wish for creating a rotation list for each department, giving the GP residents a better understanding on how to achieve their learning goals (as defined by the Danish Health Authority [5]) while at the department. It is of course important that this initiative is implemented in cooperation with the educational teams at each department, and that it is done in regard to the national learning goals. This work at RHH is undergoing.
It also includes GP residents´ suggestion for academic guest lectures from professionals that are important collaborators to physicians, such as pharmacists, local municipals health initiatives, as well as specialist teaching, focusing on the collaboration between hospitals and physicians.

LIMITATIONS

Many of the GP residents employed at the hospital at the time of the research is still employed there, as the GP residents spend 2,5 years there. Our study was based on the dynamic contributions from the GP residents through the process.

The free and open evaluation platform we used to evaluate the three meetings have its limitations as it is an open survey and the attendees was given the direct link at the meeting, but there was no secure log-in protocol to prevent false or multiple evaluations. No recording of IP-addresses were made. A better evaluation of can surely be made at a later point in time where the GP residents implicated have finished their speciality training at the hospital.

The AP UKYL participated at both focus group interviews, and both contributed to the debate and also moderated it together with the UKO.

CONCLUSIONS

This Action Research study shows that GP residents are generally satisfied with the educational standard at RRH. A feeling of loneliness and a need for more educational events designated GP residents was highlighted.

We can derive from our proces of implementing an AP UKYL that the GP residents have manageable and easily implemented suggestions for improving the speciality training at RHH.

Educational and social meetings, better online communication possibilities and check lists from the departments describing how to meet their educational goals was greatly demanded.

We suggest our action list combined with the input from local GP residents, is used to implement an AP UKYL at hospitals employing GP residents in Denmark

* Almen praksis uddannelsekoordinerende yngre læge = General practitioners educational coordinating young doctor
**Uddannelseskoordinerende overlæge = educational responsible senior doctor for the hospital

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