



INTRO

INTERACT 2: Phase 2 post-intervention survey for GP Registrars

Department of General Practice and Primary Care, University of Melbourne.

Thank you for participating in the INTERACT 2 project. Your feedback is crucial for assessing the impact of the teacher training and teacher activity.

This survey aims to gather data on your experiences and attitudes **after** the teacher training and teacher activity. It should take about 15 minutes to complete. We would be grateful if you could provide a detailed account of your experiences, as this will underpin the findings of our research.. You will be compensated via a \$75 e-gift voucher for your time.

NB: Data will be de-identified by the researchers.

DEMOGRAPHIC INFORMATION

What is your current stage of training?

☐ GP term 1

- ☐ GP term 2
- ☐ GP term 3
- ☐ GPT 4/ Extended Skills
- ☐ Other (Please list)

Preliminary questions about the teaching activity

3. How long did you spend preparing (outside the teacher training) for the teaching activity(s)?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ More than 3 hours (please state how long in text box below)

Who did you teach? (Please tick all that apply)

- ☐ Doctor of Medicine (MD) **Year 1** Student
- ☐ MD **Year 3** Student
- ☐ MD **Year 4** Student
- ☐ Medical student other or unsure which year level
- ☐ GP Registrar
- ☐ GP
- ☐ Allied health (please state which type in the text box)

- ☐ Other (please state which type in the text box)

How long did you spend teaching medical students (or other learners) during the activity(s)?

- ☐ Less than 60 minutes
- ☐ 1-3 hours
- ☐ 3-5 hours
- ☐ More than 5 hours (please state how long in the text box below)

Which of the following teaching skills have you used during your teaching activity? (Select all that apply)

- ☐ **Structure in Teaching (STIC) Method:** Setting agendas and roles before teaching. Targeting and teaching during the session. Recapping and planning after teaching.
- ☐ **Questioning Techniques:** Using open, closed, probing, reflective, hypothetical, and clarifying questions.
- ☐ Feedback Model: **Pendleton Model:** (Identify strengths, reinforce, improvement areas, constructive suggestions)
- ☐ Feedback Model: **Delta Model:** (What went well, what would you change)
- ☐ Feedback Model: **AERO Model:** (Affective, Effective, Reflective, Objective)
- ☐ **Teaching Practical Skills -Adapted from Peyton:** "Do it fast, do it slow, do it together and away you go" and provide feedback
- ☐ **1-Minute Preceptor Technique:** Get commitment, probe for evidence, teach general rules, reinforce, and correct.

- ☐ **Intentional Role Modelling:** Make implicit skills explicit, be aware of role modelling.
- ☐ **Active Observation: WHO Method** (Who should observe, what to hone in on, and gather observations)
- ☐ **Wave consulting:** Seeing patients in parallel.
- ☐ Other (Please list)
- ☐

Please provide any insights or examples of how you've applied these teaching techniques above.

Changes in Attitudes and Confidence

In the following sections we will ask you to rate several aspects of the teaching experience (from strongly disagree, to strongly agree).

My confidence in teaching has improved after the teacher training and teacher activity.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I am more interested in incorporating teaching into my future career as a GP.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Teaching is now a more important role for me as a GP registrar.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Please describe any changes in your attitudes towards teaching in a general practice setting

Perceived Competence and Support Post-Teacher Training and Teacher Activity

I feel more adequately prepared to teach in a general practice setting after the teacher training and teacher activity.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I have developed the necessary skills to teach effectively through the teacher training and teacher activity.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I feel supported by my practice to continue in teaching roles.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

What additional support do you still need to feel confident in your teaching role?

Impact on Workflow and Time Management

Teaching in a general practice setting has interfered with my clinical duties

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I have found it easy to balance both teaching and my clinical

workload

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Please comment on how teaching medical students impacted your daily workflow.

Compensation and Incentives for the Teacher Activity

Compensation for the teaching activity was discussed with the practice manager or supervisor.

- ☐ Yes
- ☐ No

What was the result of the discussion?

How did you feel about the interaction and discussion?

Block 9

Why wasn't it discussed?

What form of compensation should registrars receive for conducting teaching activities? (if any)

Overall Experience and Suggestions

The INTERACT 2 project has met my expectations.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I have achieved my goals in developing teaching skills through the project.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

What aspects of the INTERACT 2 project were most beneficial?

What suggestions do you have for improving the INTERACT 2 project? Note: You may want to discuss the teacher training, logistical aspects of teaching within your clinic or the broader

landscape of GP training.

GIFT VOUCHER

Please provide your name, phone number and email address to receive the \$75 token of appreciation for completion of this survey

Name

Mobile number

Email address

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