

Results from our first Q-sort Study

Research Team: Alison Bullock,
Lesley Pugsley, Lynne Allery, Janet MacDonald,
Esther Muddiman, Katie Webb

Dr Esther Muddiman

BBT National Meeting 16th May 2016



<http://www.cardiff.ac.uk/research/curemede>

ACADEMY OF
MEDICAL ROYAL
COLLEGES


Health Education England





Q-methodology is becoming increasingly popular in a range of applied and health-related disciplines.

Participants rank a set of statements against one another in a normal distribution.

Inverted factor analysis groups individuals according to their ranking of statements. This reveals the key subjective viewpoints held within the group.

Our Q methods study



We developed a set of 40 statements on **'being a good doctor'**, informed by both existing focus group data and a review of the literature.

Thinking about your future career, please rank the following statements from most agree to most disagree:

Being a good doctor in my specialty means...

Most disagree ← 1 2 3 4 5 6 7 8 9 → Most agree

— Agree
— Neutral
— Disagree

C Number _____

Results from our first Q-sort sweep



We collected Q-sort data from BBT trainees (n=16) which we compare with those on traditional postgraduate specialty training pathways (n=22) to explore whether BBT trainees have a different view on what makes a good doctor compared with those on traditional training pathways.

Specialty	BBT	Comparator	Totals
Paediatrics	5	2	7
GP	8	2	10
Medicine	2	10	12
Psychiatry	1	1	2
Other specialism	0	7	7
Total	16	22	38

Our analysis reveals three distinct factors (groups) of participants...

1. GENERALISTS



This group gives highest priority to ‘having excellent communication skills’ and a ‘breadth of medical knowledge’. They also emphasize ‘understanding the community to which my patients belong’, ‘orchestrating care for patients with multiple conditions’ and ‘making appropriate referrals’.

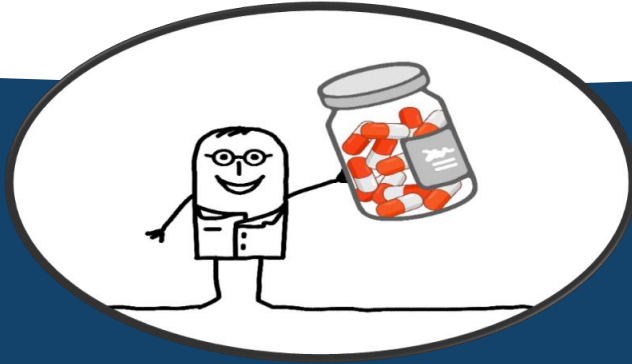
They gave lowest priority to ‘being an expert’ and ‘having the final say in the multi-disciplinary team’. The overall statements of those in this group lead us to interpret them as generalists and team-players with a collegial and patient-centred approach to their role.



Factor 1: EV 7.68 Explains 20% of variance

* As a proportion of the total number of participants with significantly loading Q sorts

2. GENERAL SPECIALISTS



This group focussed on ‘paying attention to the overall wellbeing of individuals’ and ‘having excellent communication skills’. Whilst they prioritise ‘having a depth of medical knowledge’, they also want to understand ‘the links between specialties’.

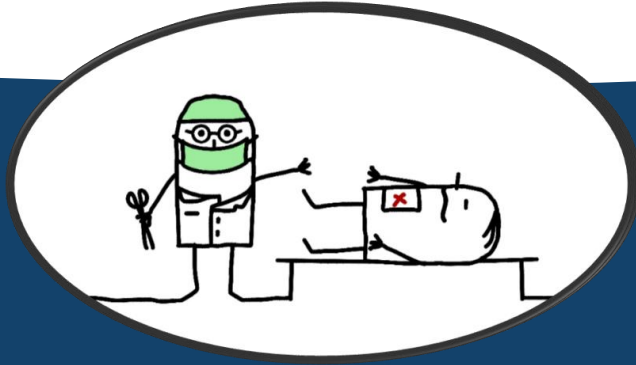
They ranked ‘reaching consultant status’ and ‘being well remunerated’ lower than those in other groups. The overall configurations of this group suggest that they aspire to be specialists but with a generalist and patient-centred approach to care within their specialty area.



Factor 2: EV 9.54 Explains 25% of variance

* As a proportion of the total number of participants with significantly loading Q sorts

3. SPECIALISTS



This group placed ‘having a good work life balance’ and ‘acting with compassion’ as their highest priorities. They focussed on how their specialty can help the patient, constantly challenge themselves, and to be respected by others.

They placed less emphasis on making appropriate referrals, paying attention to the overall wellbeing and emotional aspects of patient experiences, and orchestrating care for multiple conditions. Our analysis of this group suggests that they aspire to being highly specialised and progressing in their own medical career.



Factor 3: EV 5.09 Explains 13% of variance

* As a proportion of the total number of participants with significantly loading Q sorts



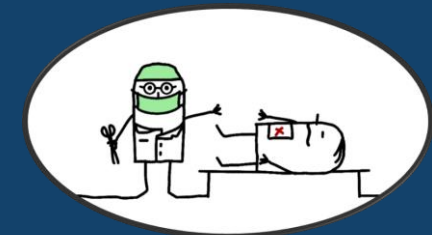
GENERALISTS:

- Most aligned to the generalist agenda outlined by Greenaway.
- Higher proportion of BBT trainees than the comparator group.
- Mainly those aspiring to be GPs in the primary care setting, but also those training in core medicine who are likely to be hospital-based.



GENERAL-SPECIALISTS:

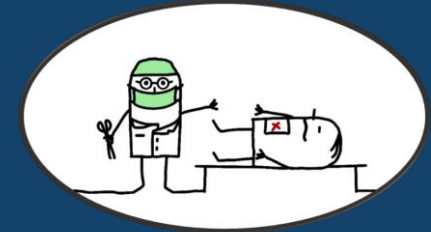
- Emphasize balancing having a depth of medical knowledge with caring for the whole person and being sensitive to individual needs.
- Dominated by those aspiring to be paediatricians, suggests that those in secondary care focussing on a patient group (e.g. children/the elderly) may have more generalist outlooks than those focussing on a particular body part or system.



SPECIALISTS

- Have a more singular focus on how their specialty can help the patient.
- Members of this group from 'other specialties' include general surgery, neurology and histopathology.

TAKE HOME MESSAGE



GENERALISM

SPECIALISM

It is helpful to understand the relationship between generalism and specialism as less of a dichotomy and more of a continuum that transcends primary and secondary care settings.

WHAT'S NEXT?



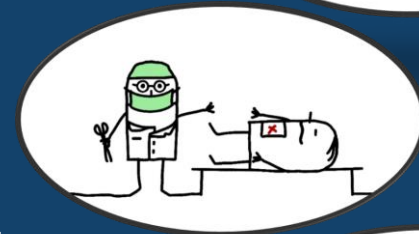
We need your help!

We are launching an online version of the Q sort task and will be promoting it via Twitter...

Please share the link with other postgraduate medical trainees who have made a decision about their onward career specialty (as long as they are UK-based)

All participants (including those who have taken part in the Q exercise today) will be entered into a

prize draw!!!





Thank-you for listening!

Please get in touch:



Esther Muddiman

**Cardiff Unit for Research into Medical and
Dental Education (CUREMeDE)**

MuddimanEK@Cardiff.ac.uk

<http://www.cardiff.ac.uk/research/curemede>

References

1. **Greenaway D.** (2013) Shape of Training: securing the future of excellent patient care, final report. Available at: <http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>.
2. **Watts S and Stenner P** (2012) *Doing Q methodology*. London: Sage.