

Teaching Tips for Tutors

A brief guide to teaching for General Practitioners



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Introduction

Welcome and thanks for taking part in the undergraduate teaching. It is very rewarding, as we are sure you will realise. This brief guide is aimed at giving you a few key tips to enhance the experience for yourself and the students.

This is a basic “starter” guide to teaching and learning in General Practice, and you would be more than welcome to join us on our teacher training courses (Training to Teach) to learn more.

This guide will give you information about

- the basic principles of enhancing teaching and learning in the community

- other sources to get further information and training

- a series of activities that provide you with evidence of reflective teaching practice that you could include in your personal development plan (PDP).

How to use this guide

The guide is clearly laid out to enable you to choose the way you use it. Some may prefer to start at the beginning and read through, others may only want to pick out relevant chapters.

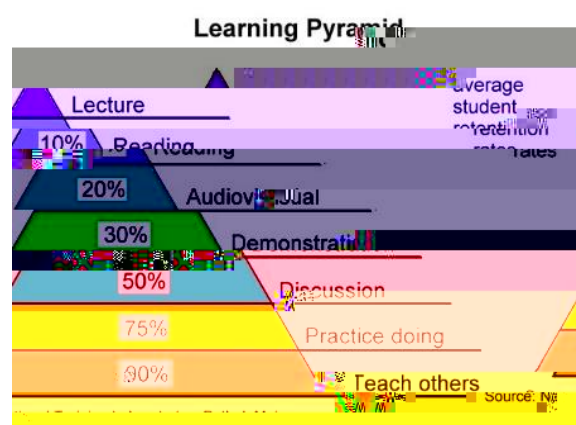
Each topic has a self-assessment exercise related to the common problems encountered by tutors,

1. Communication and social media

We encourage you to establish effective methods to communicate with students, such as sharing email addresses. We would ask you to let the students have a practice bypass number (or perhaps your mobile, if you are willing), so they can let you know about illness, etc.

Messengers (e.g. WhatsApp, Viber, Facetime, etc.) and social media can work well to arrange sessions e.g. meeting at a Nursing home, but both tutors and students need to be careful not to share patients' clinical detail.

It is also important to remember that exam results are confidential data, and students may not wish to share this with their group or tutor. It is not appropriate to share this information via group messages or social media. Any concerns about a student's academic progress can be raised and discussed with the course academic lead,



In this chapter, we will make a distinction between a consultation, which we see as a bigger holistic situation, and gather

4. Feedback

Think point: Think back on the last time somebody criticised you. What were the things that would have made you consider a change in your behaviour and what aspects would have you dismissing all that person had to say?

The aim of feedback is to improve students' performance. If a student is upset by the manner in which feedback is offered then s/he will not be in a psychological state to benefit from it. There are some general principles for giving feedback listed below.

General principles for facilitating feedback

Address the behaviour and not the person: there is no point criticising things that can not be changed.

Constructive rather than destructive: criticisms should be constructive and phrased as areas for improvement or targets they can work on for next time. So ensure the focus is on how they can improve next time on 4221.963(re)7(th)-ETBET2.30



Action Point: Your student is having difficulties in communicating with patients, because they are using too much jargon. Outline using the principles of feedback, how would you deal with this?

5. Teaching in the General Practice Consultation

Think point: How can you teach and see patients in the surgery setting? What problems can you envisage?

Sitting in and observing a doctor is a very passive experience, with limited learning opportunities. It is important to balance your need to provide a clinical service with active teaching.

Compare your list to ours – we have added a few tips that may solve these problems

Problem	Tip
Passive experience	<p>If you have the room space, get the student to make the initial assessment of the patient. They will need supervision and feedback.</p> <p>Make use of the student, get them do blood pressures, listen to heart sounds, look up drug doses, etc.</p> <p>Ask them what they would do next/what are they thinking, etc., and try to avoid something like “give me 12 causes of atrial fibrillation”</p> <p>Book “student surgeries” so patients know they are seeing the student first</p> <p>Get them to take your surgery whilst you observe and supervise them</p>
	Find out what they want to learn, their current level of ability and plan a timetable accordingly

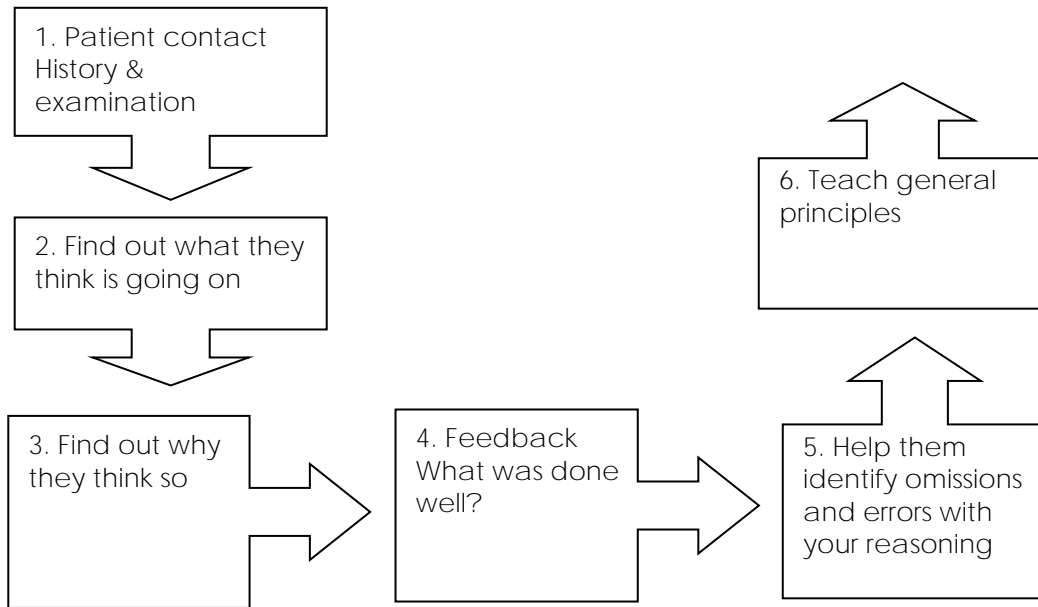
Unplanned

Consent and confidentiality	Warn everyone that you have a student with you, it saves time if the patient is expecting a student to be there. A waiting room poster may be a very good idea.
All your responsibility	<p>Try to involve all the Primary Care team.</p> <p>It's important that the student has a good grasp of who they are and they will be expert in other fields.</p> <p>Share the learning with your other partners, a GP registrar also usually makes a good teacher as s/he is usually nearer students' age.</p>

Key tip: In this setting, you will be studied in detail by your student. You will have a powerful effect as a role model.

Action Point: It is here that students pick up ideas about doctors' attitudes to patients. Think back to a recent surgery and list the positive features you would have demonstrated.

Key tip: “The one minute preceptor” model.



Educational opportunity: Try audio recording and analysing your consultations, like Byrne and Long did. Are you patient-centred in your consultations, are you student-centred in your teaching?

Further reading:

1. Spencer J. ABC of learning and teaching medicine. Learning and teaching in the clinical environment. *BMJ* 2003; 326:591-594
2. Carter F. Berlin A. The clinical consultation as a learning opportunity, a practical education module for clinical teachers. www.clinicalteaching.nhs.uk

The role of the tutor

Try to facilitate sessions rather than “lead from the front”, encourage your students to identify and vocalise their learning needs, just as you should vocalise yours when they raise a question to which you are uncertain of the correct answer. It is important

Quiet groups – your group may have only just formed and not functioning optimally. It might be a good idea to get them to talk in pairs and then feedback to the group. This would feel less threatening for students.

Teaching Methods

Clinical teaching – this is the mainstay of clinical instruction. You can do it by “theme-ing” your sessions around clinical scenarios and inviting appropriate patients. It is excellent for teaching clinical skills, by demonstration and practice, but all domains relevant to clinical competence can be taught and assessed in this way.

For an example see the [lesson plan for the Neurology session](#) focusing on common neurological conditions.

Problem-based learning – instead of delivering information, set a clinical conundrum. Let th

Objectives - Tell them what they will be able to do by the end of the session that they couldn't do before.

Content – Tell them how they will be achieving objectives.

Stimulate previous knowledge - “The monM e e” tÉ

7.1 Sample lesson plan for an introductory session on Neurology

It's often easier to illustrate a point with some examples and this guide will contain two sample lesson plans illustrating Gagné's 'Nine events for instruction'.

Just before that a little bit on aims and objectives.

Aims & objectives:

In summary, an aim is the broad-brush intention of the teaching programme.

An objective is a more detailed statement of exactly what you intend the student to know at the end of that period of time. This may seem a bit basic, but makes an important point. Students learn best in smaller chunks, and if they know what they are setting out to do and how they are going to get there.

Below is sample lesson plan. The topic is how to take a history and examine a patient with a neurological condition.

<p>Prior knowledge</p>	<p>demonstration depending on competence Presentation of clinical cases by the pairs and plenary session</p> <p>Reflections of patients with neurological conditions on ward/own experiences. Think about the steps in performing a neurological examination</p>	<p>5mins</p>	<p>Flipchart</p>
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8. Resources

[Introduction to Teaching in Primary Care \(ITTPC\)](#)

A two-day multi-professional course comprising one taught, face-to-face day and an additional day of personal study.

This course provides participants with an introduction to the facilitation of student-centred learning. It includes a mix of theory and practical skills that can be applied in the workplace environment. Topics include learning needs assessment, skills for one to one and small group teaching, giving effective feedback and developing reflective practice. The course is interactive and multi-professional in order to help promote confidence in facilitating learners from across the healthcare professions.

[Training to Teach](#) – Teaching in the clinical environment

[ARENA Open](#) - UCL Arena Open is a welcoming and flexible programme of events and opportunities which focus on advancing research-based education at UCL.

CONGRATULATIONS!

You have now reached the end of this “taster” guide to teaching and learning. We hope that you enjoyed taking part in the various sections on principles, teaching history taking and skill acquisition.

Your feedback on this guide would be much valued, we would be grateful if you drop us an email with any ideas – pcphmeded@ucl.ac.uk.

Good luck and enjoy the teaching!