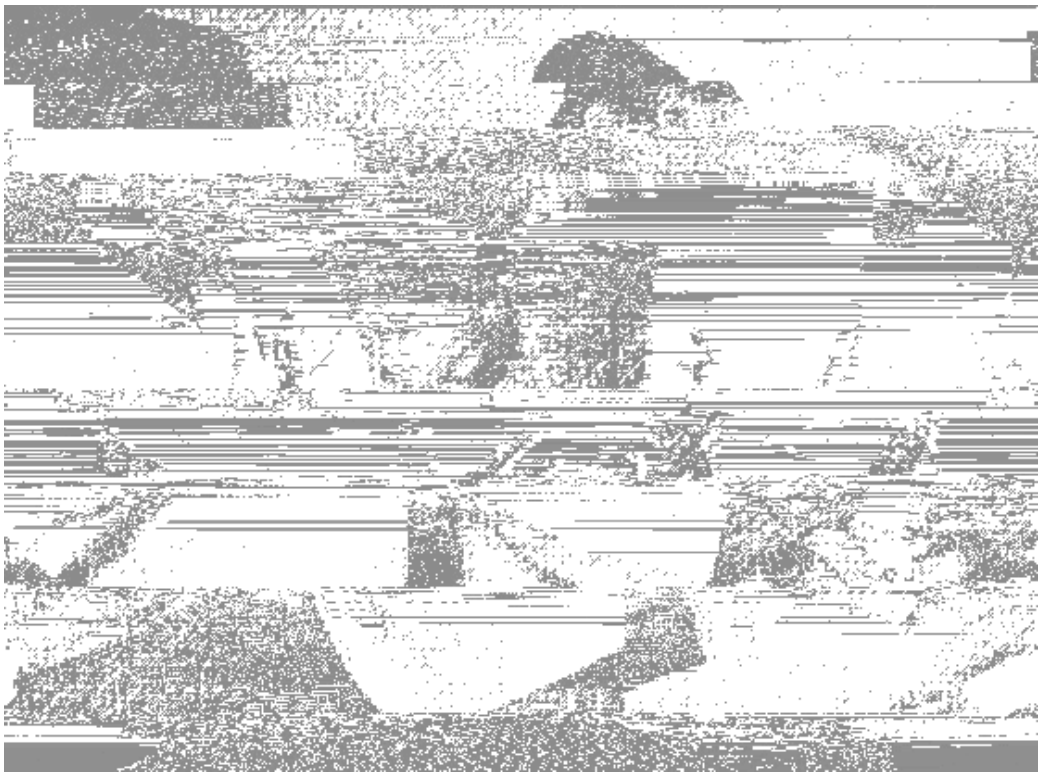
Teaching Tips for Tutors



A brief guide to teaching for General Practitioners.

Contents

Key

Important for small group teaching ´

Important for core general practice teaching

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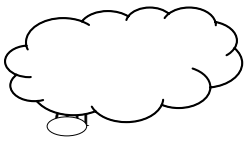
3. General Principles of Teaching and Learning



Think point; List some principles of teaching and that you consider important. Compare your list to the one below

Role modelling – Do not forget how powerful this is. Your student will be observing you and your interactions; it is an ideal opportunity to teach correct attitudes.

§ **Action Point**: For your own teaching setting write down ideas you have for making your teaching more active for the students

Key tip: Active learning means the students are thinking. This leads to a greater chance that this new knowledge will be retained. Thinking also leads to deeper level learning.

È Further reading

1. Hutchinson L. ABC of Learning and teaching, Educational environment, BMJ 2003:326: 810-2

2. Bednar, A.K. Cunningham, D. Duffy, T.M. & Perry, J.D. (1995) "Theory into Practice" in Instructional Technolgy: Past Present & Future, 2nd edition by Anglin, G.J, pp88-101

3. Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Englewood Cliffs, NJ: Prenticve Hall.

4. Taking a History

Think point: how do students in their early years a history?

Students have been given a lengthy list of questions to ask patients, including the “systems review”. It should not really come as any surprise that in a clinical encounter they spend all their time trying to remember these questions rather than talk to the patient. Asking multiple closed questions is called the “exhaustive method” of history taking, and it tires the teacher from listening to it as much as the student from performing it.

§ **Action point**: Write down ways you think could help improve your students ability to make a diagnosis.

In this chapter we will make a distinction between a consultation, which we see as a bigger holistic situation and gathering information. Here our aim is to focus on aiding information collection and analysis.

There are two key ways to try and improve the clinical reasoning that goes on in a history taking setting.

Firstly pattern recognition: In hospitals students tend to see rare conditions, which naturally spark more interest for them and their colleagues. They also may not have the medical knowledge to know how things present and will not link diseases with epidemiology. So in your teaching it’s really useful to get them to see very common conditions again & again. Integrating the prevalence will help “common things happen commonly”. Comparing and contrasting

medical conditions, rather than listing features of one, also aids learning.

Secondly we introduce a theory: Hypothetico-deductive reasoning. This is how experienced clinicians take histories.
It means that we ask questions, think of likely diagnosis, formulate further questions to test our hypothesis and ask again all within the

5. Teaching a Skill

Think point: Think about a skill you have learnt. List the things the instructor did that helped you learn.

"Over two-thirds of academic and clinical staff had received no formal training in

§ **Action point**: List what a good teacher would do when teaching a skill and compare it to our list

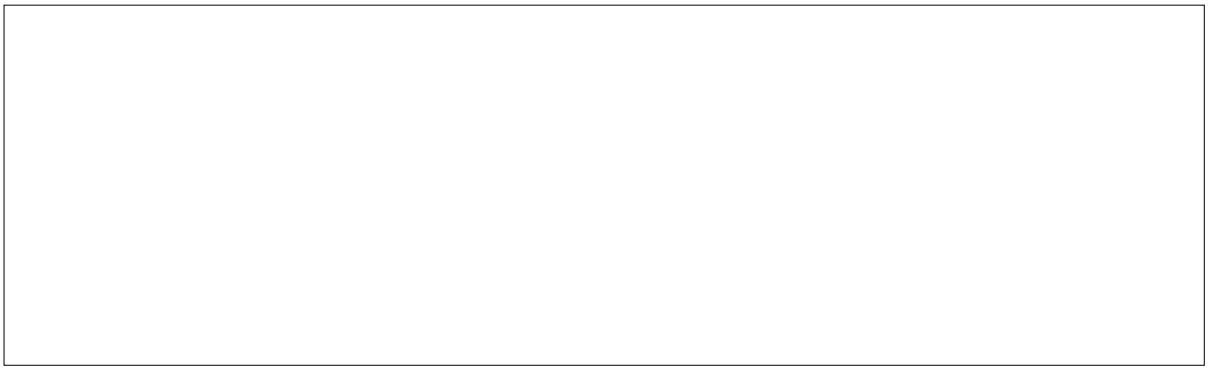
The Good teacher

Tells them why a skill is useful
Performed it from beginning to end
Talked their way through link

6. Feedback

Think point: think back on the last time somebody criticised you. What were the things that would have

§ **Action point**: You're 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?



Key tip: Your feedback is essential to promoting and shaping learning. It is probably the most important aspect of the course.

Ă **Educational opportunity**: The "Rules of Feedback" can be applied anywhere, at home, at work, at play. Try them out

È Further reading:

1. Gordon J. ABC of learning and teaching in medicine: One to one teaching and feedback. BMJ 2003:326;543-5

2. http://www.clinicalteaching.nhs.uk/site/Docs/PACS-1-Guidelines-for-Feedback.pdf

7. 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 observing with the doctor is a very passive experience and little learning will occur. 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	If you have the room space, get the student to make the initial assessment of the patient. They will need supervision and feedback

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Unfocused	Get them to take longer more formal histories with patients that illustrate good learning point Try and provide aims and objectives but not too many of them
Conflict between teaching and seeing patients	Try to book fewer patients in total or give yourself longer appointment times. Try to promote reflection and discussion remembering it does not have to be done immediately. The student could keep a log of queries.
Consent and confidentiality	Warn everyone you have a student with you, it saves time if the patient is expecting a student. A waiting room poster may be a very good idea.
All your responsibility	Involve all the primary care team. It's important that the student has a good grasp of who they are and they will be expert in other fields . Share the learning with your other partners, a GP registrar also usually makes a good teacher as he/she is usually nearer their own age.

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

8. Small Group Teaching

Definition of a small group

Think point: Can you define a small group. What advantages can it offer to learning?

Many people concentrate purely on a numerical divide between small and large groups and this obviously does have importance. However it's the amount of student interaction that is key to being a small group, you can still lecture to two people!

Why teach in small groups

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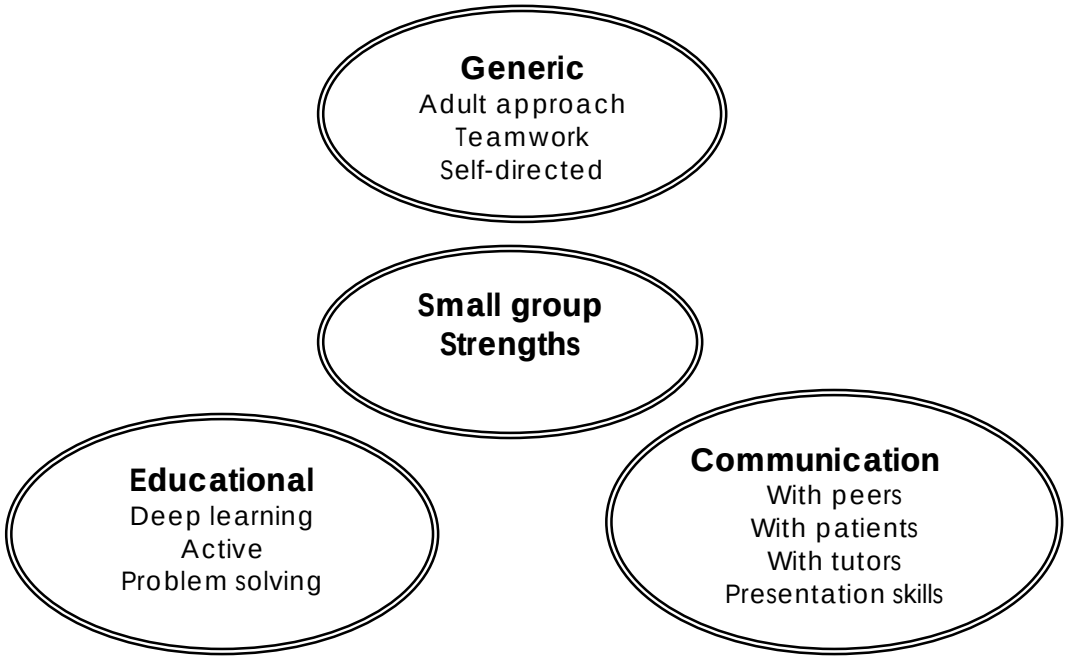
Because general practice placements are organised that way because GP surgery's do not usually have space for more than six students!!!

But there is more to it than that.

Teaching is in **protected time** and should combine:

Focused history taking, with discussion and feedback



Student-centred: meaning that learning is based on what the student needs to know rather than what the teacher wants to teach. It means finding out students learning needs and tailoring the course appropriately. This is especially relevant towards the end of year when student's abilities are much greater.

Promoting deeper understanding: by working in small groups and focusing around patient problems you are able to ensure that learning is not superficial. Use questions to clarify and ask students to discriminate and justify their responses. Make the learning as active as possible and focus it around real patient contacts.

Team working: as doctors we work in multi-professional teams, beginning working in this way is a very important aspect of this type of teaching. Start to use your students, get them to develop their own feedback skills and peer assessment. Taking control over their own learning is a vital aspect if we want to promote life long learners.

Two other important areas as you work in teams (remember to include your patients in this definition) is assessment of professional attitudes and getting active participation from the quieter members of the group,

Attitudinal assessment is a major strength of small group work; often the GP tutor will be the one person that will have observed it first hand

The developmental stages of a small group

We have mentioned some of the educational benefits of a small group. However problems may arise and it may be helpful to realise that the group has to evolve and go through five stages before it can "work"

Forming: The meeting and getting to know each other

Norming: Working out how the group is going to run

Storming: Leadership of group established and merits of individual participants. This can be the time when you skills of facilitation are required most.

Performing: The group starts to work effectively and a sense of belonging is developed

Mourning: Upset at the dissolution of the group.

It is one of the arts of a good small group tutor to diagnose and treat developmental delay!

The role of the tutor

You are encouraged to move away from the chalk and talk methods that you may be familiar with from your days of being taught. Try to facilitate sessions rather than "lead from the front", encourage your students to identify and vocalize their learning needs, just as you should yours when they raise a question to which you are uncertain of the correct answer. It is important to show students it's OK not to know all the answers!

It is your role to prepare the session, as we mentioned before this is what your students rate top of the hit parade.

It is also your role to foster the climate for learning, valuing the individual.

During the session try to ensure the following eight attributes of an effective small group occur.

All participate
Problem solving and clinical reasoning is prevalent
There is vocalization
Learners interact
Stay focused on task

Recapping on progress
Staying on time
Feedback

The role of the student

The student's role is to take an active part, work within the team and contribute.

Methods for small group teaching

There are many techniques and tips for getting a small group interacting. We will only cover a few of the most practical ones here but if you're interested read McLeod P J and Harden R M (1985) Clinical teaching strategies for physicians. *Medical Teacher* 72: 173-89

Physical groupings

You will have groups of 4 – 6 students at a time. For some aspects of small group work this will be fine, however in certain instances you may want to work in sub units. A few examples are listed below

Problem based learning – Instead of delivering information set a clinical conundrum. Let the group discuss the problem and come up with solutions. In the medical school they are often expected to go off and research the topic but in the community this is not appropriate. However you can easily highlight to them areas for further self directed learning

Brainstorming – Fun and quick but remember to value all contributions. Some ideas will need to be explored further and it's useful to keep a visible record on a flipchart.
An example may be "What factors cause falls in the elderly and why"

Games – Games are a useful adjunct to a teaching session and are very handy in case a patient is unable to attend. There are many and you can devise your own. We use a set of cards each with a medical diagnosis and ask students to rank them in likelihood order on hearing an evolving patient story. A fun way of testing clinical reasoning.

È Further reading

1. Jaques D. ABC of learning and teaching in medicine. Teaching Small groups. BMJ 2003;326:492-4

2. Dent J. Harden R. 2001. A practical guide for medical teachers. Churchill Livingstone Chapter 7, pp 74-81

9. Planning a teaching session and writing a lesson plan

When asked, it's planning of teaching sessions that students rate most highly.

In "Behaviour of effective teachers" (Irby 1978) organisation and clarity of presentation was ranked number one skill for effective teaching.

1. Organisation and clarity of presentation
2. Enthusiasm and stimulation
3. Teachers knowledge
4. Group teaching skills
5. Clinical supervision
6. Clinical competence
7. Modelling of professional characteristics

Even above knowledge and enthusiasm!

- Presenting the stimulus material
- Providing learner guidance
- Eliciting the performance
- Providing feedback
- Assessing performance
- Enhancing retention and transfer

We will now place these events into our structure

Beginning

- **Motivate** – your students to learn, highlight the importance, relevance. Coming up in exams is always a good one if you're stuck

- **Mood** – get this right, a non-threatening environment where it's OK not to know the answers. Remember coffee and a chocolate biscuit say more than words.

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

- **Content** – Tell them how they will be achieving objectives

- **Stimulate previous knowledge** - "The most important single factor influencing learning is what the learner already knows." (Ausubel,1968). Find out what they know by asking questions, or setting a patient problem for discussion.

Middle

- **Vary the stimuli** – Our attention span is about 15 minutes. By varying the learning stimuli you can keep attention maximised. Mix information delivery with brainstorming with practical sessions and presentations.

- **Less is more** – Self-explanatory but an easy trap to fall into unless you remind yourself!

- **Check learning** – just because you've taught it, it doesn't mean that's what has been learnt. Check

End

- **Summarise** – Tell them what you've told them
- **Sense of achievement** – do a little quiz, ask a question about patient care or get them to reflection on what they've learnt.

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 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.

Part of session	Content	Time	Resources
Beginning			
Motivate	Neurological problems are v		
Mood			
Objectives			
Objectives cont.			

Content	Small group work re prior knowledge/History taking. Patient interview in pairs Observed examination /demonstration depending on competence Presentation of clinical cases by the pairs and plenary session.
Prior knowledge	Reflection of patients with neurological conditions on ward/own experiences. Think

% Congratulations.

You have now reached the end of this “taster” guide to teaching and learning. We hope that you have enjoyed taking part in the various sections on principles, teaching history taking and skill acquisition. We hope that you will be able to teach students the more generic skill of feedback both in the consultation and small group setting.

You’re feedback on this guide would be much valued, we would be grateful if you could complete the evaluation sheet.

Good luck and enjoy the teaching.