

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

The General Medical Council's (GMC) guidelines in *Tomorrow's Doctors (2009)* aim to set out outcomes for graduates that should be achieved by the time medical students finish medical school. One of the outcomes in particular involves being able to reflect, learn and teach others and help to develop teachers and trainers involving both fellow colleagues, and patients. It is advised by medical schools to introduce development programmes which are varied and tailored to the needs of each teacher and trainer. Medical students play an important role of teachers and while students often engage in teaching roles, formal teaching training is not always provided. Currently within the Year 5 DATE module, it comprises of 3 half-days with involvement of a teaching and learning workshop, presentation skills workshop and a microteaching session. The aim of the module is to introduce us to fundamental aspects of effective teaching. It was suggested in Cohen, Steinert and Cea that there should be 4 guiding principles for training students to be teachers which are:

- Teaching skills training should be formally implemented in undergraduate medical education and should, whenever possible, be compulsory
- Teaching skills should be taught longitudinally and progressively along the undergraduate to postgraduate continuum
- Curriculum content should be aligned with a school's preexisting curriculum and local context
- Authentic opportunities for students to engage in teaching roles should be included

Whilst some of these are fulfilled in the current DATE module, it is important to discuss varying different strategies that may aid to boost engagement and increase positive evaluation that can allow for transferable skills into the transition to Foundation Year 1.

Conceptual frameworks are useful for establishing a congruent relationship between the program curricula, objectives and content. Walker and Avant advance the utility of conceptual frameworks as providing the logic behind the interrelationships of terms and variables, and improving explanation and understanding. If there is a framework in place within the primary care GP assistantship module, this can increase uptake interest in the relationship between primary care and medical education.

It can be suggested that the microteaching session can be transferred to an in-person session within the GP practice and be shared with other students from different years being on the same placement. This then changes the contents of the microteaching session to be directly focused towards medical content. Being able to teach other students with a GP tutor present allows for the protégé effect to be in place with supervision. The protégé effect is a psychological phenomenon where teaching or preparing to teach information to others helps a person learn that information. Especially during final year when peak of medical knowledge may be reached, a framework in place like this can lead to increased motivation to learn and increased feelings of competence and autonomy and encourages the student to view themselves as playing the role of a teacher, rather than that of a student. This experience may prove more valuable to the final year student and increase confidence and leadership ability, further contributing to the GMC's outcomes for graduates.

A positive experience that came from the DATE module was varying methods of teaching strategies that goes beyond the traditional methods of lectures, that promotes active student participation and smooth flow of information. Challa et. Al stated that it is necessary to implement flexible modern teaching to balance and bridge the gap between traditional teaching methodologies and modern educational requirements. The module should allow the student to choose from a set of teaching methods, including traditional methods like a mini-lecture, or even allowing for more practical methods such as teaching OSCE content or simulation based learning that requires active engagement. Even teaching involving role-playing can be invaluable to the student. Cayley looked into different strategies for teaching medical students and was subdivided into 4 different teaching methods.

The first looked into "One-minute precepting" that looked into 5 key steps for an effective teaching encounter, which are shown in Table 1. It was shown that the one-minute precepting teaching was preferred by medical students compared to traditional teaching but there was no difference between both in rating overall teaching effectiveness. The SNAPPS-learner led education is based on cognitive learning and reflective practice theory. This

applies directly to patient-centred learning in which it looks at summarising the relevant history and physical findings, narrowing a differential, analyse the differential, probing the preceptor, plan patient management and select a case-related learning issue. The study found that students working with this method were more concise in summaries and presented more than twice as many diagnostic possibilities. Another technique is focusing on pattern recognition in clinical practice. This can be used particularly for radiology education, but has limited effectiveness in clinical practice. Whilst pattern recognition is more easily memorised and received by students, it is not always reflected in real-time practice. Although, for the purposes of medical education, for new taught cases, pattern recognition can lead to improved diagnostic accuracy. The last teaching strategy is active demonstration through using hands-on skills that requires teacher and student presence with direct supervision and feedback. This goes back to the 'See one, do one' notion that after observation, the student should be able to demonstrate such skill. The teacher must be aware of the student's prior knowledge and be clear on the learning objectives for the taught skill. The teacher may also be able to provide an environment that allows for supervision and provide structured feedback and discuss learning points with the student for them to reflect and consolidate. All methods help to optimise a learner's clinical skills, clinical reasoning and motivation for independent learning. Therefore this set list can be given to Year 5 students to then teach other students in the GP setting.

The module currently is taught online, and whilst online resources can be used for practical learning of clinical procedures as well as demonstrations, students are not able to gain the same direct contact with teachers and students. Interpersonal skills and improving interactions with students can only be developed through in-class learning. If we are able to provide a self-paced and blended learning approach with an opportunity for an in-person session, it allows for flexibility but still have the ability to bring the communication and teaching skills into practice. Being able to provide authentic opportunities for teaching may inspire those with previously no experience to continue further and initiate interest in medical education. Especially in a supportive learning environment that gives both near-peer feedback as well as senior feedback, there is a lot of opportunity to refine and develop such skills that will help for career progression and confidence.

References:

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