



UCLMS Guidance for Junior Doctors' contribution to the MBBS Programme

Introduction

The GMC's *Outcomes for Graduates* and *Good Medical Practice* and the Foundation Programme curriculum all outline the need for junior doctors to develop their teaching skills. Junior doctors, having completed their finals examinations and begun their professional role as doctors relatively recently, are extremely well placed to teach medical students within the clinical environment. They are able to identify important teaching areas; they remember skills and competencies which may have caused them and their peers anxiety during their own revision; they can provide clinical and professional relevance to learning by drawing on their own experiences as students; their recent mastery of knowledge and skills can be helpful with regard to clarity of instruction; and their recognition of the learners' perspective and relatively junior status enables them to provide a relaxed learning environment.

For these reasons, UCLMS recognises and welcomes the role of junior doctors in undergraduate education and encourages junior doctors to be involved in the planning and running of patient-based informal bedside teaching, which encourages situated learning.

This guidance is provided to help junior doctors deliver good quality workplace-based teaching and learning activities within the undergraduate programme. It is also useful for medical school faculty, educational supervisors and the employing trusts to ensure supervision, guidance and due recognition is provided to junior doctors involved in teaching and the support of learning.

What is good quality medical teaching?

Good quality teaching goes on every day on medical wards, in theatres, in outpatients and in community settings. There is no one ideal formula for good teaching, but effective learning happens when teachers are enthusiastic and supportive, when students are engaged in doing as well as listening, when teaching is based around patients and cases and not diseases and when students can interact with the teacher and learning materials. A good place for novice teachers to start is with the free e-learning modules designed by the London Deanery and hosted on the e-Learning for Healthcare website: <http://www.e-lfh.org.uk/programmes/educator-hub/how-to-access/>.

Firm involvement and supervision

Teaching undergraduates is a team endeavour. Junior doctors should ensure that the firm lead and their educational supervisor are aware of their teaching activities so that appropriate support and workload planning can be set up. Peer observation and feedback between members of the teaching firm can be helpful in developing teaching skills and ensuring the provision of good quality education.

Junior doctors' teaching opportunities

- The table on page 4 includes:
 - A range of ward-based, on-line and mentoring opportunities.
 - Summaries of the responsibilities for each.
 - Details of who to contact to express an interest.

Final year assistantships and junior supervisors

During their DGH attachment, each final year student will have a period of assistantship lasting at least 4 weeks. The assistantship aims to prepare the student for their role as an FY1 doctor and focuses on helping them develop their clinical decision-making skills, prescribing skills, communication in real-life situations, appreciation of the multi-disciplinary team and their understanding of the hospital outside the normal working day. It also gives them the opportunity to gain experience in certain clinical procedures.

During the assistantship period, the student will have a consultant clinical supervisor, who will have overall responsibility for their time as an assistant. They will also have a foundation doctor as a junior supervisor: a role which has both supervisory and teaching elements. Junior supervisors will be expected to share their clinical work with the students, beginning with basic tasks, but with the aim of gradually increasing their responsibilities so that by the end of the attachment they are acting, as near as possible, like a fully qualified doctor. Details of the types of activity that students should be encouraged to undertake and those that should be avoided are contained in Factsheet 6: Information for junior doctors: <http://www.ucl.ac.uk/medicalschoo/staff-students/course-information/year-6>

Supervising an assistant is an excellent opportunity to develop skills in teaching and working with a more junior member of the team. The relationship should be rewarding to both of you: reducing your workload while helping a future colleague. Learning to delegate effectively and appropriately will be a valuable tool throughout your career.

Provision of additional teaching

Junior doctors involved in providing supplementary teaching outside that provided by their firm should ensure that: they have discussed their plans with the undergraduate tutor/director of undergraduate education to ensure that it is appropriate; there is a senior clinician with overall responsibility for supervision of the teaching; the planned teaching does not take students away from the wards unnecessarily; and it does not conflict with established teaching (students missing scheduled teaching or clinical commitments is unacceptable). Such teaching sessions should be open to all interested students at the site on a voluntary basis. Wherever possible, such teaching should not require room bookings or additional support, but where this is needed, it should be discussed in advance with the undergraduate tutor/director of undergraduate education. Please remember that there may be costs associated with these requirements.

Focus of teaching

Supervising history taking and clinical examination and encouraging clinical reasoning should be the main focus of teaching, particularly for final year undergraduates. Remember that students are training to be practitioners and so teaching should be based around patients, cases or symptoms. It is more useful to teach about breathlessness and then to apply this to a breathless patient, than to teach about pulmonary fibrosis. Students should also be encouraged to make diagnoses and management plans. Please remember to pitch your teaching at the right level for your students. Final year students do appreciate teaching or clinical examination skills before the OSCEs, but your teaching should focus on difficult points of technique, or honing their presentation skills, rather than teaching the basics of a systems examination. Keep teaching sessions active and engaging: an hour of teaching is more valuable if spent honing skills at the bedside rather than in a didactic lecture session. Remember to teach data interpretation, communication and ethical and legal aspects of clinical care *in the clinical setting*. You will be a role model to the students, whether you wish to or not, so remember to model good behaviour at all times.

Teacher training

“You should be prepared to contribute to teaching and training doctors and students” (Good Medical Practice 2013): http://www.gmc-uk.org/guidance/good_medical_practice.asp

The medical school runs a range of clinical teacher support activities, including the 'Training to Teach' course: <https://www.ucl.ac.uk/medicalschooll/postgraduate/learn/training-to-teach>.

Recognition of commitment

It is important to acknowledge and reward all teachers' contribution to teaching medical students. Even if you only manage to run a few teaching sessions, you should discuss these with your educational supervisor to ensure they are acknowledged and documented. The trusts and medical school have various ways that sustained commitment to teaching can be recognised:

1. Junior doctors who have made a significant contribution to teaching can apply to their undergraduate tutor for a certificate endorsed locally by the trust to recognise a good level of input to workplace-based teaching.
2. Those who have shown a greater commitment to teaching and development as a teacher can apply to UCLMS for a Certificate of Merit. Application is by a personal statement and reference and should demonstrate the doctor's contribution to medical education and how it is 'considerably above and beyond' what is expected from junior doctors: <http://www.ucl.ac.uk/medicalschooll/quality/teaching-awards>
3. Those who make a sustained and significant impact in all areas of teaching and support of learning throughout their years as a junior doctor can apply for the annual Excellence in Medical Education Awards: <http://www.ucl.ac.uk/medicalschooll/quality/teaching-awards>

External and commercial courses

The medical school does not endorse any external or commercial courses and has very clear guidance in this area: http://www.ucl.ac.uk/medicalschooll/staff-students/general-information/a-z/#ext_courses. It is important that you have read this guidance before you consider involvement in such activities.

UCLMS MBBS -Teaching opportunities for junior doctors

Type of teaching	Year of course	Locations	Workload	Expressing your interest
Junior Supervisor to Student Assistantship	Final Year	DGHs	Day-to-day sharing of patient-based clinical tasks supervision, sign-off WBAs etc. In return, you get satisfaction associated with teaching and assistance with your workload.	Allocated via your Clinical Supervisor
Bedside teaching	Years 4 & 5	Royal Free, Whittington, UCLH, DGHs (Paeds & O&G)	Selection of patients, observation & feedback of support, advice etc.	Apply to your local undergraduate tutor/director of undergraduate education via the year administrator
Case of the Month Tutor (CoTM)	Final Year	Online	Provide online feedback to 10-12 students. 1 training session in October. Six cases spread between October & May (2-3 hours' commitment per month)	Sarah Bennett s.bennett@ucl.ac.uk
Reflective writing	Year 4	Online	2 submission dates in January and March. Ensure the standard of students' work is satisfactory to progress. Be a tutor/marker for 9 to 16 students. Mark essays of 500 – 1000 words and provide feedback.	Ayana Sakey a.sakey@ucl.ac.uk
Twilight or Breakfast case-based clinical teaching tutor	Final Year	DGHs	Weekly sessions from September to April. Led, organised and delivered by FY tutors and supported by local administrator and undergraduate tutor.	Apply to your local DGH undergraduate tutor
Shadowing tutor	Year 1	Royal Free, UCLH, Whittington	1 week in May/June (Year 2 IOM week) – post-exam Year 1 students. Allow pairs of students to shadow you for half a day during your normal working day during.	Tor Wright t.wright@ucl.ac.uk

Undergraduate leads and administrators

Site	Undergraduate tutor/Director of undergraduate education	Administrator	Email
Barnet	Dr. Puja Ayrton	Mohammad Hafeez	m.hafeez@nhs.net
Basildon	Dr. Shilpa Selvan	Julie Smith	julie.smith@btuh.nhs.uk
Lister	Dr. Sagen Zac-Varghese	April Hall	april.hall@nhs.net
Luton & Dunstable	Dr. Muniswamy Hemavathi & Dr Shashank Gurjar	Susan Gill	susan.gill@ldh.nhs.uk
North Middlesex	Dr. Paul Maxwell	Charles Spady	charles.spady@nhs.net
Queen's	Dr Steven Snooks	Susan Coull	susan.coull@bhrhospitals.nhs.uk
Watford	Dr. Ashley Reece	Alex Paice	AlexandriaJane.Paice@whht.nhs.uk
UCLH	Dr. Gavin Johnson	Magdalena Tosun	magdalena.tosun@uclh.nhs.uk
Royal Free	Dr. Paul Dilworth	Zarina Khan	zarinakhan@nhs.net
Whittington	Dr. Caroline Fertleman	Stephanie Woods	s.woods@ucl.ac.uk
Case of the Month	Dr. Sarah Bennett	Jane Rowles	jane.rowles@ucl.ac.uk