RCPCH Progress domain resources: Education and training

Quality and Standards team
Teaching is the key element for all paediatricians, be that teaching their colleagues, children or families. This is one of a series of resources - developed with and by trainees, supervisors and children and young people - to support trainees in understanding and achieving a domain in the curriculum.

Last modified
28 June 2019

Post date
1 February 2019

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These resources are related to the curriculum domain 10 - Education and training.

The practice of medicine is intricately linked with education. Every action teaches something; to the doctor, to the patient, and to the observer.

Nick Schindler, Paediatric Trainee

What do children and young people say?
They told us...

- We want to help you to learn as well as you teaching us about our condition.
- It's not only doctors that need to learn new things, we wish that all school staff understood more about our conditions like epilepsy and asthma. Maybe doctors or nurses could visit the schools?
- We need all doctors to be taught about mental health so that if we see them in the hospital or in A&E or in our school they know how to help us or who is the best person that can help quickly.

Download our CYP flyer

Overview and teaching resource

Our presentation explains the domain in more detail, and can be used as an overview or in a teaching session.

Download presentation (PowerPoint)

How paediatricians use this domain in their everyday practice - videos

This is one of the domains that best encapsulates what it means to be a paediatrician.

Dr Rachael Mitchell, the Curriculum Trainee Lead and Trainee in Emergency Medicine at St Mary's Paddington, tells us why it's so important and how she's been inspired by people who have taught her.

I thought that education was all about how to give good tutorials or lectures, but it's more important than that.

Dr Lauren Filby, Consultant Paediatrician at the Ipswich Hospital and RCPCH College Tutor, talks about three key areas: sharing knowledge, giving constructive feedback and educating families and children.

Next, our case studies give examples of evidence that could be used to demonstrate contribution towards the domain learning outcome.
Teaching to design examination questions - case study

I now place a greater emphasis on problem solving and clinical assessment when delivering bedside teaching.

Setting: Workshop

How did the opportunity arise?

The Paediatric Educators Special Interest Group (PEdSIG) invited doctors of all grades to attend a workshop to design questions for medical school finals. The event was organised in conjunction with the MSCAA (Medical Schools Council Assessment Alliance) and the aim was to produce high quality paediatric questions for inclusion in a national question bank used by all medical schools.

All members of PEdSIG were invited and the event was also advertised on Twitter and Facebook.

What happened?

Approximately twenty doctors - from FY1 to ST7 - submitted single best answer (SBA) questions to the PEdSIG committee. The questions were collated and those who submitted them were invited to attend a workshop.

During the workshop, attendees split into small groups, each headed by a paediatric consultant. The groups then worked through the questions that had been submitted by each member of the group, checking them for accuracy and clarity. A heavy emphasis was placed on whether the questions were of a suitable level for medical finals and some were rejected for being too difficult.

During the day, there were a number of ‘cobweb shake off’ sessions to keep attendees fresh. These included silk painting and desk yoga so that especially artistic or flexible trainees had a chance to shine!

How did this support your development?

The event allowed me to gain an insight into undergraduate medical assessment and the process and methodology of producing examination questions. I worked collaboratively with doctors of various grades from around the UK and produced high quality content.

After the event, I reflected on which are the key aspects of paediatrics for undergraduates and foundation doctors. This has meant that I now place a greater emphasis on problem solving and clinical assessment when delivering bedside teaching.

Any practical tips?
Writing a good SBA question can be trickier than it seems, so use guidance provided and think whether your question would pass the ‘cover test’. This means that a candidate should be able to discern the correct answer based on your question without looking at the available answers.

For more information about PEdSIG, follow @PEdSIG on Twitter or see their Facebook page. Trainees with MRCPCH may also be interested in helping write questions for the RCPCH theory exams.

Small group teaching - case study

Try to ascertain your students’ baseline knowledge and be prepared to be flexible... [they may] appreciate the opportunity to go over more basic things first

Setting: General Paediatrics

How did the opportunity arise?

At the start of your rotation, you were asked whether you would like to be involved in teaching some of the fourth year medical students who will be on placement in the department. After agreeing to this, you were assigned three students to “co-tutor” along with another junior (LST) trainee and a more experienced (HST) trainee acting as “lead tutor”.

What happened?

You were informed that the lead tutor would be meeting with the students at least weekly, but that you were free to offer any teaching you wish over the course of the six-week placement.

You speak with your lead tutor and find out that they are planning to give mostly theory-based teaching. You therefore contact your students and ask whether they would like to arrange some bedside teaching with you – they are very keen for this!

You arrange to meet the students one afternoon, after ward round will have finished, to cover respiratory examination in children. You find an infant with bronchiolitis whose parents are happy to be involved with teaching, and talk through respiratory examination. However, you notice that the students are quite nervous just approaching and interacting with the baby, so you switch the focus of your session to how to interact with children and their families.

How did this support your development?

Afterwards, the students thank you and say that they found the session really helpful – none of them have much experience of children and they appreciated you taking the time to go over the basics such as how to comfortably hold a baby.
This experience gave you the opportunity to teach undergraduates on their paediatric rotation. You then reflected on which parts of the session seems to be best received by the students and why you had to change from the planned focus of your session.

Any practical tips?

There will be lots of opportunities to get involved in teaching but you may have to be proactive and offer and arrange it yourself.

Pick a sensible time – you shouldn’t have to come in on days off or arrive early/stay late for shifts to fit teaching in, but think about what you can offer in the time available. You don’t want to commit to a two-hour teaching session when you know you’ll be on the ward round!

If doing bedside teaching, try to pick patients in advance and ask permission from them/their carers before the students arrive. Try to ascertain your students’ baseline knowledge and be prepared to be flexible. In-depth teaching on cardiac murmurs is great, but there will be some students who have never held a baby before and will appreciate the opportunity to go over more basic things first.

Organising teaching for a diverse group of learners - case study

You asked for input on the timing of teaching within the busy day... You pre-booked a spacious room... You made an attendance register...

Setting: Neonatal medicine

How did the opportunity arise?

At the start of your neonatal placement, the consultant lead for teaching expressed concerns over previous negative feedback highlighting a lack of organised teaching for trainees. She asked for a volunteer to help arrange a teaching rota for trainees (ST2-8) and advanced neonatal nurse practitioners (ANNPs) on the unit.

You stepped up to the challenge.

What happened?

The consultant had already introduced dedicated ‘teaching’ shifts to the trainee/ANNP (advanced neonatal nurse practitioner) rota. At induction, she explained that junior doctors/ANNPs should aim to lead teaching, skills drills, or procedure training on those shifts. You thought that this plan had great potential to increase the amount of teaching delivered - but you also wanted to ensure that the teaching was relevant and of high quality.

You met with the trainees/ANNPs at induction and asked what they wanted from teaching. Trainees asked for teaching on different ventilation modes, ionotropes and performing cranial
ultrasounds. The ANNPs asked for case-based and consultant-led teaching. To ensure the planned teaching was relevant to the trainees’ needs as well as their wants, you referred to the patient management neonatal illustrations of the RCPCH generic level 2 curriculum and sought advice from your consultant colleague (also RCPCH tutor) on topics to cover.

Armed with the list of topics to be covered, you asked the trainees/ANNPs to choose the topics they wanted deliver teaching on during their ‘teaching’ shifts. You discovered that one junior trainee was an expert in medical ethics and law. The ANNPs were keen to teach on neonatal procedures. Each junior trainee/ANNP was allocated a senior trainee/ANNP to support them in preparing and delivering their teaching. You held back the trickiest topics to be delivered by the neonatal consultants.

You asked for input on the timing of teaching within the busy neonatal unit day. Everyone agreed on 14:00, with teaching lasting 30-60 minutes. This gave time to finish ward rounds but was not too near evening handover. Consultant teaching was rostered for every Thursday when no other consultant meetings were scheduled. You pre-booked a spacious room with plenty of seating and a projector for every teaching session. You made an attendance register for the room and regularly remind trainees/ANNPs to sign it. At the end of the placement each trainee/ANNP will receive a list of attended sessions to upload to their portfolio. When PowerPoint is used, the presentation is uploaded to a shared drive where those who miss the session can access it. You plan to get trainee/ANNP feedback on the teaching rota at the end of the placement.

**How did this support your development?**

It gave you an opportunity to plan and deliver appropriate learning experiences for trainees/ANNPs. You practiced your supervision skills by helping junior trainees/ANNPs prepare their teaching sessions and providing feedback.

**Any practical tips?**

Meet with the learners and assess their expectations of teaching before you start planning what to teach. This is particularly important if you are planning teaching for a diverse group of learners.

Investigate the teaching resources available on your placement (both in terms of people and equipment). Ask people if they have particular interests or talents and use them to enhance learning opportunities for all.

If you are asking the learners to deliver teaching, be thoughtful about what you ask them to teach on and try to ensure juniors have a senior colleague to bounce ideas off. They should feel comfortable with the topic and well supported.

Schedule teaching for a part of the day when people will be available/receptive, and in a quiet location where disturbances are kept to a minimum.
Be receptive and flexible. With exposure to new clinical scenarios, new learning needs will surely present over the course of a placement. Be willing to adapt the rota to address these needs.

Special thanks and acknowledgement to Dr Nick Schindler and colleagues who contributed in providing the content for this domain. Also appreciation and thanks to Drs Amanda Friend, Sarah Walton and Leyla Turkoglu who contributed to the case studies.

Downloads
RCPCH Progress domain on education and training - children and young people's views (PDF) 261.27 KB
RCPCH Progress domain on education and training - teaching presentation (PowerPoint) 798.14 KB