

FAQ

FREQUENTLY ASKED QUESTIONS

Teaching that connects

As a GP supervisor you play an important role in the education and clinical competency of your registrar. To be effective, your teaching needs to connect. This does not mean you should do all the work or teach by sounding like a broken record.

Get ready to think outside the box!

Why should I teach

To be an effective teacher, a supervisor should understand what motivates them to teach. Supervisors often give the following reasons for teaching a registrar:

- Professional satisfaction
- Professional responsibility
- Fun
- Helps stay current/up-to-date
- Personal satisfaction
- Recruitment
- Succession planning
- Ethos of learning/passing the baton

What outcomes should my teaching deliver to my registrar?

Your teaching journey should equip your registrar to have/or be:

- Knowledgeable with a deep understanding of medicine
- Clinical reasoning
- A complex and creative thinker
- An active explorer
- An effective communicator
- A participant in a knowledge-sharing world
- A reflective and self-directed learner
- Resilient

How can I fit regular lesson plans into my schedule?

Creative teaching means you won't always need a lesson plan. There are many ways to save time and facilitate teaching that connects with your registrar.

But a lesson plan gives structure to a teaching session and helps me feel organised! Why should I divert from traditional teaching methods?

The traditional model of teaching works on the concept that the registrar is the learner and the supervisor is the teacher. However, recent feedback from registrars to General Practice Down Under demonstrates registrars want "more honest feedback in terms of clinical reasoning, less lecturing".

While registrars want their supervisors to share their knowledge, they also want feedback on how they are thinking and approaching their work. They will benefit greatly when you **share your teaching** and you will save yourself valuable time.

How can I deliver teaching that connects?

Traditional teaching methods, where the teacher prepares and delivers a lesson, will always be relevant.

However, it is important to also **think outside the box** to add true value to your teaching.

You can **'flip'** a teaching session, teach **'disruptively'** and **use digital technology** as learning tools. These methods will inspire self-directed learning and even enhance your learning. Thinking of new ways to teach will add fun and motivation to the learning and teaching for you both.

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What does it mean to 'flip' a teaching session?

To flip a teaching session means **to share the teaching with your student**.

Instead of the supervisor preparing everything for a teaching session, the registrar can add value to their learning by bringing their own knowledge and research to the session.

A flip teaching method means **the supervisor does not do all the lesson planning, nor dominate the conversation**. This encourages the registrar to **learn through their own teaching and put their knowledge into practice**.

While flipped teaching is widely used in schools, it is relatively new model to medicine and supervisors are encouraged to embrace this concept and its benefits.

What is the outcome of flipped teaching?

Flipped teaching enables efficient use of teaching sessions.

Keep in mind that it is often difficult for registrars to capture what is being said during a didactic teaching session, especially if they come from non-English speaking backgrounds. Often they don't have the time to reflect on what the supervisor said and may miss key points.

Flipped teaching means **teaching time is spent on application of knowledge versus knowledge gathering**.

What are the main advantages of flipped teaching?

Flipped teaching encourages a partnership between the supervisor and registrar to achieve the best learning outcome.

The advantages are:

- Shifts the learning and teaching responsibilities onto the registrar.
- Encourages collaboration between the supervisor and registrar.
- Makes teaching and learning more efficient and fun.
- The registrar shifts from a passive listener to an active learner.
- Works well for identified weaknesses.

- Excellent for researching knowledge-based questions.
- Enhances techniques such as random case analysis.
- Develops critical reasoning.

Are there any disadvantages of flipped teaching?

The advantages outweigh the disadvantages. Primarily flipped teaching can be difficult to implement if the registrar is disengaged and does not prepare for the sessions.

Disadvantages include:

- May require more organisation from supervisor initially.
- Works better if a teaching plan is in place. The supervisor will need to think ahead about how to give/suggest resources for the registrar's session preparation.
- Registrar engagement is vital (they are the ones doing the work after all).

Is it unfair, even lazy, to ask the registrar to contribute to their own teaching?

No – well, not if it is done properly! Flipped teaching saves the supervisor time and adds value to the registrar (and supervisor's) learning. Flipped teaching makes effective use of time during a teaching session for maximum benefit.

Advantages of Flipped Teaching

- Shifts the learning and teaching responsibilities onto the registrar
- Encourages collaboration between the supervisor and registrar
- Makes teaching and learning more efficient and fun
- The registrar shifts from a passive listener to an active learner
- Works well of areas identified as a weakness
- Excellent for researching knowledge based questions
- Enhances techniques such as random case analysis

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Can you give an example of how to prepare a registrar for flipped teaching?

Example: The registrar informs their supervisor they are overwhelmed with managing patients' depression and asks to cover this topic at the next teaching session.

Before next teaching session the supervisor asks the registrar to:

- Read NPS – Depression. Challenges in Primary Care. <http://www.nps.org.au/publications/health-professional/nps-news/2012/nps-news-depression-challenges-in-primary-care>
- Watch Confessions of a Depressed Comic https://www.ted.com/talks/kevin_breel_confessions_of_a_depressed_comic?language=en
- Preselect a couple of their points on depression to explore further at the teaching session.

During the teaching session

- The supervisor facilitates a random case analysis with the registrar on patients with depression. This explores the registrar's knowledge application.
- Refer to GPSA website for teaching guide on depression. (There is a suite of guides on the website which link supervisors to resources and useful information to use with registrars).

What is disruptive teaching?

Teaching disruptively is about **teaching in a different way**.

It is about **how** we teach, **where** we teach and the **technologies and resources** that we use to investigate knowledge.

If you want to provide teaching that connects with your registrar, it is important to use the many available and emerging resources of this modern age.

The term 'disruptive' teaching sounds negative. What is the relevance of this description?

In the context of a teaching method, the word 'disruptive' means to **interrupt the normal, or traditional style of teaching**. In this context, disruptive teaching represents:

- Challenging the traditional dogma of the registrar as the learner and the supervisor as the teacher.
- Getting away from didactic teaching.
- The registrar exploring or finding the knowledge and bringing it back to the supervisor.

What is my teaching role as a supervisor?

Your role as a supervisor is to **facilitate** learning NOT do all the work.

A good supervisor will **learn** from their registrar more than they teach. Complementing traditional teaching methods with flip and disruptive teaching methods will encourage your registrar to be a directive and self-reflective learner. This in turn will help them develop into a confident GP.

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Where should teaching sessions be held?

Just like using non-traditional teaching methods, you can also use different – and multiple – teaching spaces. Alternate settings to make lessons effective and fun.

Obviously the space needs to be appropriate and private for the time and duration of the session. The subject matter will also need to be considered when choosing a space.

| Teaching space | Consider |
|----------------------------------|--|
| Supervisor's consult room | Some registrar's may feel anxious about a perceived power imbalance in the supervisor's room. They may learn more effectively in a space which feels more neutral. |
| Registrar's consult room | Ensure registrar feels comfortable to use their consult room as a teaching space. |
| Tearoom or meeting room | Will need to ensure the room will be free from interruptions. |
| Café | A good place for informal lessons, but be mindful of privacy issues. |
| Walk and talk | Share learning while walking to work, or during an exercise break at lunchbreak. |
| Home | For registrars with babies or young children, organise a teaching session in their home. |
| Other | Be creative! Mix things up to add variety and interest. |

Why should I use digital technology in my teaching?

Did you know the world's largest taxi company (Uber) does not own taxis? Or that the world's largest movie house (Netflix) has no cinemas. This is an example of digital disruption and innovation.

Digital disruption turns traditional thinking on its head. The music and entertainment industries have led the way with digital disruption (think music albums being replaced by cassette tapes, CDs, I-Pods and music downloads) – and now healthcare and medicine is catching up.

For example, medical knowledge was traditionally obtained from text books, journals and supervisors and in recent years, conferences. These methods of learning remain important but the emergence of online resources and social media conversations has "disrupted" traditional teaching methods in a revolutionary way. Supervisors and registrars are encouraged to get on board – no matter what your age!

How does social media fit into the medical profession?

There is a global community of health practitioners sharing their expertise, advice and questions on social media – for free. There are blogs, webinars, podcasts, articles and conversations available to you and your registrar any time, anywhere on your digital devices. Encourage your registrar to use these resources in their knowledge gathering before teaching sessions.

As a supervisor, don't be daunted by using these tools and social media conversations for also advancing your medical knowledge. Don't be too proud to ask for help if you don't know how to tweet or use facebook.

If you are new to the realm of social media try:

- Free Open Access Medical Education for General Practice (FOAM). <https://foam4gp.com/>
Or twitter #FOAMed
- Social Media and Critical Care (SMACC) conference at <https://www.facebook.com/SMACCCConference/>
- Recommended sites for connecting with Australian GPs are at <http://www.gp.org.au/facebook.html>