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The tutorial is dead: long live the tutorial

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Context

The tutorial is a long established educational activity used in both primary and secondary care. Historically tutorials have been topic based with less consideration given to the setting. Mehay (2012) proposes a tutorial *"is not for the teacher to impress the learner or for the learner to impress the teacher. Rather, it is for the learner to walk away from the tutorial with something they will remember that will help them in consultations not just for the next few days but maybe for the rest of their lives".*[1] Mehay further suggests *"tutorials which work on skills and attitudes are likely to 'last longer' than those that purely focus on knowledge."*[2] We are now educating a new generation of trainee (Generation Y – 'Millennial's and Generation Z – 'Digital Native's')[3] with new technologies available, we must be cognizant of this, and move the tutorial to the 21st century.

Method

General practitioner (GP) supervisors in the United Kingdom hold a weekly tutorial with their trainee. Data was collected via a questionnaire to ascertain; what modalities are used in tutorials, where tutorials take place, and the reasons why the structure/place is varied. A workshop, which included a short walk, was subsequently held with multi-specialty medical educationalists, sharing questionnaire data and gaining a wider perspective of the tutorial. Feedback was subsequently shared with the GPs, sharing ideas and validating the varied personalised approach.

Figure 1: Selection of alternative tutorial settings used by GP Supervisors outside the clinical environment

Results

GP supervisor questionnaire results (n=21) demonstrated the following modalities are used during a tutorial: YouTube clips (52%), Online eLearning (58%), Shared tutorial (more than one trainee present) (81%), Role-play (81%) and tutorial with "other" practice member(s) (53%). Alternative settings included the trainee in the "consultation" seat ("chair of power") (86%), trainees room (71%), coffee/other room in practice (29%), café / restaurant [ensuring patient confidentiality] (52%), Supervisors home (43%), performed while walking (67%). Figure 1 highlights a selection of other tutorial settings used outside the clinical environment. General themes for changing the structure and venue were to address challenging issues/trainee and for variety (see Figure 2).

Figure 2: Reasons why GP Supervisors chose to change the structure or location of tutorial

When in the multi- specialty professional workshop (n=32) the GP's present (1/4) had varied their tutorial style and location unlike the hospital doctors. At the end of the session all could see the benefit and felt they could adapt and do something different in the future.

Conclusion & Take home messages

Tutorials aim to educate a professional life long learner. There is a drive to create a more personalised approach, looking at the wider picture of training during tutorials, developing 'softer skills', addressing the 'hidden curriculum'. Alternative tutorial/small group work can help manage challenging issues and provide variety. Adaption of the current format of tutorial is required for the new generation of trainees and enables additional learning needs to be addressed both in the primary and secondary care setting.

References

[1] Mehay R (2012); The Essential GP Training Handbook; CRC Press; p254
2 Mehay R (2012); The Essential GP Training Handbook; CRC Press; p374
3 Mind the Gap: *Exploring the needs of early career nurses and midwives in the workplace; NHS England* http://www.nhsemployers.org/-/media/Employers/Documents/Plan/Mind-the-Gap-Smaller.pdf *[accessed 4th July 2018]*