

Travelling Fellowship

Faculty Support and Development

There is a commonly held belief that all doctors are born teachers. This is equally fallacious to the understanding that the way medicine was taught to the previous generation is appropriate for the doctors of the future. Teaching students of any kind carries a moral imperative to ensure that the method of teaching serves to improve the individual and not cause harm. Appropriate selection of teachers is crucial to minimise the risk and maximise the benefit.

As understanding of modern teaching methods leads to changes in the curriculum for students it is critical that the teachers are encouraged to adapt their own teaching style and keep up to date with current educational theory. It is also essential to make sure that "teacher fatigue" does not lead to loss of good teachers or have impact on their students. Teachers learn well from each other and require peer support mechanisms but they also need to be given adequate time for preparation and teaching opportunity.

While for many teachers the rewards of observing student progression is enough, the costs of good teaching are real and need to be fully recognised. If teachers are not adequately encouraged, supported or rewarded the teaching and the students will suffer. Teachers who are not continuing to provide good education should be discouraged from participating or offered remediation. Those who continue to put students at risk may need to be removed from their teaching responsibilities.

Stress within working lives

Stress, sickness and illness amongst doctors are well-recognised problems and affect a significant proportion of faculty during their professional lives, but there are few mechanisms to identify and correct problems at an early stage. Attempts are now being made to detect doctors who are "burning out", before stress affects their professional performance, with inevitable collateral damage to working relationships, especially those with trainees. Effects of faculty stress on trainees, such as neglect of teaching, neglect of supervision, harassment and bullying may be compounded by apparently softer effects such as poor role modelling, which can have a lasting impact on the trainees' own careers. Several bodies within the UK are addressing these problems. Many work away from the consultant's own hospital base. Some, such as the annual appraisal process, are not designed primarily to detect stress, but may do so during the process. Data are hard to come by, largely because of the sensitivity and confidentiality of many of the issues. Much of the data available through the Medical Defence organisations and at the General Medical Council relates to the effects of stress on physician's clinical performance and represents the extreme of the problem. The effects of faculty stress may more difficult to identify, describe and quantify, but could be examined at several different levels such as surveys of trainees and staff, up to those, including Postgraduate Clinical Tutors, who deal with the fall-out of such problems.

Educational supervision

An average District General Hospital (DGH) will have around 100 trainees (PRHOs, SHOs and SpRs q.v.) Teaching hospitals may have many more. All trainees should have an educational supervisor who is responsible for arranging their programme of education and ensuring at least 4 hours of protected learning time each week throughout the 6 months post. Educational supervisors are also responsible for trainee appraisal and assessment. All trainees should meet with their Educational Supervisor at the start of the post (to set educational objectives); in the middle of the post, (to check there are no problems on either side that need correction); and at the end of post, (to check that objectives have been gained). This latter, together with an assessment of the trainee's performance in post, form the basis of the Review of In-training Assessment (RITA), which must be agreed before the trainee takes up the next post.

Although the broad concepts are largely agreed, differing models are rife. Of particular interest is how we can gather evidence that when necessary denies a trainee a satisfactory RITA. Although this should be uncommon it is vital pursue it when assessments are bad. Unsatisfactory RITAs will be challenged and the evidence must be robust. Work with various tools including 360 degree appraisals, is underway.

Educational Supervisors may not always be the trainee's supervising consultant (the particular consultant for whom they work). The educational supervisor may need to act as an advocate for the trainee, if education is not being provided to a satisfactory standard