TOPIC TUTORIALS

AIMS OF TOPIC TUTORIALS

1. The transfer of knowledge to a receptive and (fully conscious) registrar?
2. To assess the knowledge skill and attitudes of the registrar in the given area.
3. To encourage the registrar to see learning opportunities in the course of his work.
4. To encourage the registrar to relate his work to the General Practice literature and think critically about his work.
5. To promote lifelong learning.
6. To encourage the involvement of the registrar in the tutorial

SKILLS FOR TOPIC TUTORIALS

1. Creation of a suitable ambience with appropriate balance of challenge and comfort for the registrar.
2. Active listening
3. Appropriate use of questions, open and closed, open focussed questions and open closed cone.
4. Ask about registrar's feelings at appropriate junctures
5. Clarifying
6. Summarisation
7. Signposting
8. Chunking and checking
9. Use of Visual Aids
10. Acknowledging own uncertainty

THE BEDALE HUTTON RUDBY TOPIC TUTORIAL MODEL

This has two elements:

1. a set of 8 tutorial strategies (tutorial microstructures).
2. a framework within which the strategies are employed (tutorial macrostructure or learning needs envelope).

EIGHT TUTORIAL STRATEGIES

These concern the style in which the tutorial is conducted. It is envisaged that during any tutorial more than one strategy would be employed.

1. The Traditional or Authoritarian Style

Method favoured by Genghis Khan with his registrars. The trainer does all the preparation and delivers a lecturette. The dutiful registrar remains fully conscious and absorbs all the correct information. The trainer burns out soon, (although didn't someone assassinate Genghis Khan?). Not a good model for reapproval!

2. **The Libertarian Model (Heuristic or Thatcher/ Tebbit Model).**

Perhaps in response to a question asked of the trainer by the registrar, the registrar does all the preparation and delivers the lecturette. The trainer remains fully conscious and alert (GCS 15) and his knowledge, skills and attitudes improve dramatically in the given area. The registrar burns out and complains to Jamie!

3. **The Egalitarian Model (modified Ormston/Crouch method)**

Trainer and Registrar agree the content of the tutorial beforehand. Each then identifies an area that they prepare and present to each other during the tutorial. Presentations form the basis for discussion and allow the trainer to assess the registrar's knowledge skills and attitudes.

4. The Inquisitorial Method (the preferred of the Spanish during the 15th 16th and 17th centuries).

The registrar carries out preparation specified by the Trainer in relation to the topic. The trainer for his part formulates a series of questions which either test the knowledge of the registrar or alternatively his ability to apply that knowledge (problem solving skills).

5. **The Experiential Method (the Albatross method possibly no longer practical early in the second millennium)**

The registrar prepares as directed by the trainer. The registrar also brings along the records of appropriate cases he has seen during the course of his work in the practice. The registrar's management of his patients is then discussed in relation to the preparation he has carried out.

6. **The Modified Experiential Method (Old Nick's Favourite)**

The registrar does preparation as directed by the trainer. The trainer brings along some of his own cases or alternatively devises scenarios in relation to the topic under discussion. The registrar's knowledge, problem solving skills and attitudes can then be assessed against the trainer's cases or the devised scenarios.

7. **The Task Based Model**

The registrar prepares as directed by the trainer. The tutorial takes the form of the carrying out a task e.g. the preparation of a protocol or the development of a plan to implement changes in the practice (e.g. NSF for IHD).

8. **The Counselling Model**

The trainer uses counselling skills to address affective issues, which arise during the tutorial for the registrar.

THE FRAMEWORK WITHIN WHICH THE 8 STRATEGIES ARE USED
(The tutorial "macro structure" or learning needs envelope")

Preparation

Registrar and trainer prepare a list of learning needs in relation to the topic. In compiling the list it might be possible to consider the following questions.

1. What does the registrar know already?
2. What concerns the registrar about this topic?
3. What sources of information are there?
4. What other services are available?
5. What is the range of the topic
6. Are there areas of Health Promotion to consider?
7. Are there areas relevant to Administration or management to consider?

During the Tutorial

1. Registrar and trainer compare lists and develop and order of priority
2. Registrar and trainer deal with the areas in order of priority and in accordance with the time and resources available.

At The End of the Tutorial.

Those areas that have not been dealt with adequately are identified, a plan of action is made and a follow up date set.

THE BEDALE HUTTON RUDBY TOPIC TUTORIAL MODEL

There are **5 phases** to the tutorial

1. Preparation
2. Beginning
3. Middle
4. End
5. Follow up

Preparation

Registrar does preparation as specified by the trainer. Registrar and trainer prepare lists.

Beginning

Comparing the lists a mutually agreed prioritised agenda is produced.

Middle

Registrar and trainer address the areas in order of priority. It is during this stage that the **8 tutorial strategies** can be employed.

End

Registrar and trainer summarise areas not dealt with. A plan is made to deal with these and suitable date fixed.

Follow up

This occurs at a time set by agreement between the registrar and trainer. Areas of outstanding learning need are dealt with as agreed in the learning plan.