Educational strategies for the foundation years: developing teamwork, communication and teaching

This article considers how the requirements of the new curriculum for the foundation years to develop teamwork, teaching and communication skills can be met by involving trainee doctors in the development and implementation of interprofessional education for undergraduate students.

The recognition of deficiencies in training for newly qualified doctors, especially at senior house officer (SHO) level, has resulted in new recommendations and guidelines for postgraduate education and training programmes (Department of Health, 2005). The acquisition of knowledge and skills remains a priority at clinical level, but communication and teamwork skills are also considered essential if practice and quality of health-care delivery are to be improved. The reports of the Bristol and Climbié enquiries (Department of Health, 2001; Laming, 2003) both recommended that it is essential for future medical practitioners to be effective teamworkers and communicators. Additionally, the General Medical Council (2000) has identified teamwork as an essential prerequisite to modern clinical care and effective communication skills an essential component of this.

The General Medical Council in *Good Medical Practice* (General Medical Council, 2001) also recognized that trainee doctors are the educators of the future and as such, they should develop the skills, attitudes and practices of a competent teacher. In the past the main responsibilities of trainees to provide service has prevented their involvement in other activities such as teaching.

Shorter duration of training, implementation of European working time directives and reduced availability of consultant time to deliver the training, further compound the challenges associated with meeting the new foundation programme's requirements. It is therefore timely that innovative approaches to the education of newly qualified medical graduates are developed which can assist with the effective implementation of the new foundation curriculum.

Dr Moira C Stewart *is Consultant Paediatrician and Senior Lecturer in the Department of Child Health,* **Dr Susan L Morison** *is Director, Centre for Excellence in Interprofessional Education in the School of Medicine and Dentistry, and* **Dr Paul Moriarty** *is Paediatric Specialist Registrar in the Department of Child Health at Queen's University, Belfast BT12 6BJ*

Correspondence to: Dr MC Stewart

This article considers the implications for new requirements in the foundation years in postgraduate medical education and training in the light of the findings of a ward-based interprofessional education project for undergraduate medical and nursing students, which involved trainee doctors in programme planning, teaching, evaluation and feedback.

The programme

In the academic year 2002–3, an interprofessional education programme was delivered to eight separate groups of undergraduate paediatric medical students and children's nursing students. Each group consisted of approximately four students (two from each profession) with a total of 31 students participating. A multidisciplinary team, including nurse specialists, a lecturer in education, paediatrician and paediatric SHOs, delivered and assessed the programme. The programme was ward rather than classroom based, and aimed to help the students develop their clinical knowledge and practical skills, and teamwork and communication skills by focusing on a common condition best managed by an interprofessional approach.

The student task and the SHO role

The students were given a clinical scenario and asked to work as a team to prepare to give an explanation to parents about the diagnosis, key aspects of management and its implications for the child and their family. They were informed that their clinical and communication skills would be assessed by an objective structured clinical examination (OSCE)-type examination and clinical knowledge, teamwork and communication skills would be assessed during a role play.

The SHOs were involved in the programme at several levels. They were asked to work with the ward-based clinical nurse specialists to facilitate students' learning of the required knowledge and skills. They helped to organize the OSCE and assisted with the assessment of relevant clinical skills. During the role play the SHOs were required to take the role of parents and were briefed in the use of prompt questions and responses to the information given by the students. They were also required to participate with other assessors in an interactive feedback session with students and were given guidance on how to do this.

Methods and analysis

Once all eight groups of students had completed the programme, a focus group was conducted with the SHOs as one component of the programme's evaluation. They were asked to consider the relevance of the experience to their own learning needs, the benefits or otherwise of being involved in such a programme, and the impact of the experience on their own clinical practice. The focus group was tape recorded, and transcribed (Kitzinger, 2000) and the content was thematically analysed. The data were also scrutinized by a second person to confirm the identification of the emergent themes (Pope et al, 2000).

Results

Three key themes emerged from the focus group data, which have implications for future developments in postgraduate education. The first of these was the recogni-

Table 1. Core competences for the foundation years

No.	Competence	Year
1.0	**Good clinical care. Demonstrates appropriate time management and decision making**	
1.1	Prioritizes and re-prioritizes workload appropriately	F1
1.2	Displays satisfactory decision making	
1.3	Demonstrates understanding of ensuring continuity of patient care	
1.4	Demonstrates appropriate decision making even when under pressure	
1.5	Is aware of work pressures of others and takes appropriate action	F2
2.0	**Maintaining good medical practice. Learning: regularly takes up learning opportunities and is a reflective learner**	
2.1	Routinely adopts a positive approach to learning	F1
2.2	Recognizes errors and mistakes and makes a serious attempt to learn from them	
2.3	Maintains a professional development portfolio; records learning needs and reflections in the portfolio	
2.4	Can identify personal preferred learning style	
2.5	Utilizes learning opportunities to the maximum advantage	F2
2.6	Demonstrates educational planning to address relevant needs that arise during the course of clinical practice	
2.7	Demonstrates and applies self-directed learning skills	
3.0	**Relationships with patients and communication. Demonstrates appropriate communication skills**	
3.1	Is always courteous, polite and considerate to staff	F1
3.2	Demonstrates appropriate bedside manner	
3.3	Respects patients' (carers') views and sensitivities, shows appropriate level of emotional involvement with the patients, carers and families	
3.4	Explains options clearly and openly	
3.5	Knows how to communicate with vulnerable patients and the dying, their carers and relatives when giving complicated or bad news	
3.6	Adopts behaviours likely to prevent a complaint occurring	
3.7	Records clearly what has been said to the patient	
3.8	Seeks appropriate assistance when dealing with patients with special communication needs whether related to disability or language	
3.9	Frames all communication with patients in the context of taking decisions and acting with the patient and not for them	F2
3.10	Demonstrates an ability to anticipate patients' needs, explains clearly and checks understanding	
3.11	Chooses a suitable setting with necessary support to break bad news when it is appropriate to do so	
3.12	Provides or recommends relevant written/online information for patients	
3.13	Deals appropriately with angry or dissatisfied parents/relatives	
4.0	**Working with colleagues. Demonstrates effective teamwork skills**	
4.1	Displays effective teamworking skills with understanding of personal role and ability to support a team leader	F1
4.2	Listens to other health-care professionals and heeds their views	
4.3	Has a good understanding of the role of other team members in the clinical team and understands their competences and care philosophies	
4.4	Treats all members of the health-care team with respect, whatever their professional qualifications, lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age or social or economic status	
4.5	Understands the setting of clinical work and the interactions that occur within it and shapes practice effectively in light of such understandings and insights	F2
4.6	Puts goals of the clinical team before personal agenda	
4.7	Can demonstrate leadership skills where appropriate but at the same time works effectively with others towards a common goal	
4.8	Encourages an atmosphere of open communication and appropriate directed communication within teams	
5.0	**Teaching and training. Understands principles of educational method and undertakes teaching of medical trainees and other health and social care workers**	
5.1	Demonstrates an understanding of how adults learn	F1
5.2	Supports and facilitates learning of other students and trainees	
5.3	Is willing and able to undertake teaching of students and other health-care trainees in a one-to-one setting	
5.4	Demonstrates appropriate preparation for teaching	F2
5.5	Demonstrates a learner-centred approach	

From Department of Health (2005)

tion of the value of teaching experience at junior doctor level. The second theme concerned the usefulness of role play in the assessment of learning, and the third addressed the importance of interactive shared learning with other health-care professionals.

The SHOs agreed that although it was expected that they should learn how to teach, the reality was that they had very little opportunity to do this. There was a consensus that this experience had provided a good introduction to learning and teaching and had enhanced understanding of teaching and assessment methods. In particular, the SHOs thought that the interactive, practice-focused nature of the programme was an effective teaching method and preferable to the teaching through intimidation model still prevalent in some areas of medical education (Lempp and Seale, 2004; Stewart et al, 2004).

The SHOs considered that their participation in the role play had enabled them to learn how to identify the variable performances of students and increased their awareness of the importance of good communication skills and the impact on parents of inappropriate language or information. As a result they would be more aware of using these skills appropriately in their own practice. Their first-hand observation of interprofessional learning served to convince them that such an approach better reflected future practice and effectively facilitated understanding of the value of working together and understanding others' roles and perspectives. Again this experience was seen as improving their own knowledge and understanding and having direct application to their own practice.

Implications for future foundation years' postgraduate education

The new foundation curriculum requires the development of knowledge, skills and understanding in areas such as communication, effective teamwork, and teaching and learning (Department of Health, 2005). Expected competences also include time management, decision-making skills and reflective practice. The SHO experience described in this paper can be mapped against these criteria at both foundation year 1 (F1) and foundation

year 2 (F2) levels and serve as a model that has the potential to benefit the education of medical trainees and also of undergraduate students and other health-care professionals.

Communication skills

Teaching undergraduate students required the SHOs involved in the programme to be effective communicators. Their involvement in the role play required them to consider the students' communication strengths (appropriate body language, clear explanations), weaknesses (jargon, inadequate or inaccurate explanation) and impact on the parents and/or patient. This had a secondary effect of allowing, through reflection, the opportunity to clarify their understanding and practice as communicators. The SHOs were required to demonstrate active listening skills along with the ability to engage in interactive feedback and provide constructive criticism, which was required to be sensitive, articulate and helpful (*Table 1*, 3.1).

Team work

The role play required students to demonstrate knowledge and understanding of the roles of different professionals in patient care, and thus provided the SHOs with the opportunity to guide students through this process and then assess what they had learned.

Through observation and evaluation of the team, and individuals within the team, in achieving the goals set, the SHOs were able to develop greater understanding of what contributed to the success or otherwise of the team's performance. They were also able to work alongside an established interprofessional team of health-care professionals in developing and implementing the programme (*Table 1*, 4.1).

Teaching and learning

SHOs were introduced to a learner-centred, problem-based approach to teaching in a clinical environment. They learned how to organize, deliver and assess an interprofessional teaching programme and had the experience of coping with varying levels of confidence, knowledge, and different personalities. They were exposed to consultant and other health-care professional approaches to teaching in a learner-oriented setting. In addition, the SHOs were introduced to the concept of developing learning outcomes and appropriate assessment methods, regarded as an essential component of effective medical education at all levels (*Table 1*, 5.1).

Time management and decision making

Organization of ward-based teaching, including venue, time and availability of the students, required SHOs to demonstrate time management skills and to prioritize tasks. Effective conduct of the role-play sessions required the SHOs to ensure inclusion of all participants and adherence to aims and learning outcomes. They also experienced the logistical difficulties involved in devising a curriculum that included interprofessional sessions (*Table 1*, 1.2).

Reflective practice

The activities of teaching, assessing, feedback and role playing all encouraged SHOs to reflect on and to learn from the experience and could provide valuable material for inclusion in a portfolio (although not a requirement for the SHOs involved in this programme) (*Table 1*, 2.3).

The scenario used in this programme was based around a child newly diagnosed with diabetes but could be adapted in other clinical settings where the health-care team has a significant role. Following an introductory session working with the health-care team, the responsibility for ward-based teaching in these areas could be given to the trainees and integrated into their clinical practice sessions. Inclusion of a portfolio record would also provide the opportunity to monitor trainees' learning and practice. The interprofessional nature of the programme should also help to overcome barriers between professionals where each member's contribution is valued and optimized and thus contribute to improved team spirit, working environment and patient care.

Conclusions

Postgraduate medical education requires a high quality, sophisticated approach, tailored to meet many new challenges. An interprofessional education programme involving postgraduate trainees at both F1 and F2 levels of the new foundation curriculum would undoubtedly contribute. **BJHM**

Conflict of interest: none.

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KEY POINTS

- Some of the demands of the new foundation education and training programme can be met by involving trainees in teaching undergraduate students.
- Teaching on a ward-based undergraduate interprofessional education programme enabled trainee doctors to learn about teamwork, communication and time management skills.
- Involvement in a ward-based undergraduate interprofessional education programme provided trainee doctors with the opportunity to reflect on their own practice.
- Participation in a ward-based interprofessional education programme enabled trainee doctors to learn about teaching and assessment methods.
- Planning, teaching and assessing a programme for undergraduate students complements portfolio requirements for trainee doctors.