



Commentary

## Developing Teaching Skills Using the TAP Course

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### Abstract

**Background:** Teaching skills are essential for medical students to meet the requirements outlined in the General Medical Council's Outcomes for Graduates. At the Undergraduate Medical Education Department within Nottingham University Hospitals NHS Trust, senior undergraduate medical students taught junior students on the Timely Assessment of Ill patients (TAP) course. The aim of this was to improve the confidence of senior students in teaching clinical skills, lecturing and facilitating low-fidelity simulation. **Methods:** The course consisted of six sessions over five weeks. Seventeen fifth-year medical students attended at least 2 sessions, initially observing before delivering their own teaching. They practiced teaching clinical skills, lecturing and facilitating low-fidelity simulation before receiving structured feedback. Questionnaires assessing confidence teaching by each method were collected before and after the course. **Results:** Overall, confidence increased across all teaching styles and all 17 participants agreed or strongly agreed with the statement "The TAP course helps me to work effectively and appropriately as a mentor and teacher for other learners in the multi-professional team". **Discussion:** The programme was extremely well-received and resulted in increased confidence in all teaching styles demonstrating the success of teaching on the TAP course in helping to meet GMC requirements and thus improving students' teaching ability.

**Key words:** Learning; TAP Course, Medical Education

### Introduction

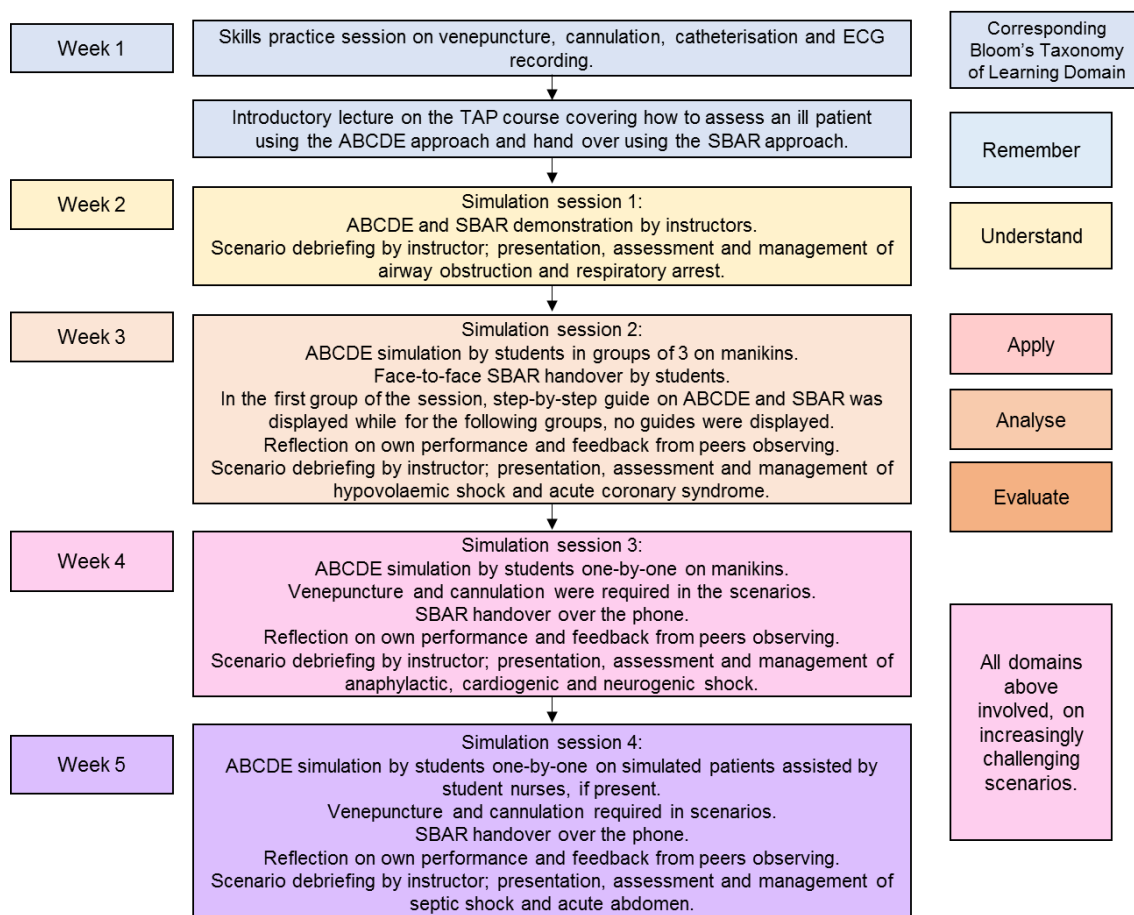
The word doctor is derived from the latin *docere*, which means 'to teach' [1]. Historically within the medical profession, the ability to educate others is thought to improve with clinical knowledge and seniority. It is increasingly recognised that being a good teacher is a separate skill. Teaching is a General Medical Council (GMC) requirement and the ability to "work effectively and appropriately as a mentor and teacher" is outlined in Outcomes for Graduates [2,3]. Doctors are not only responsible for teaching future generations of doctors, but will often have to educate patients, families and other health-care professionals. Teaching also helps to consolidate a physician's own expertise, allowing them to recognise gaps in their knowledge and communication skills [4,5]. It can be assumed that improving doctors' teaching skills will improve their overall ability as clinicians.

With curriculums ever expanding and expectations of junior doctors increasing, there is little time available to educate medical students in teaching skills. The Undergraduate (UG) Medical Education Department within Nottingham University Hospitals NHS Trust (NUH) facilitates the Timely Assessment of the Ill Patient (TAP) Course.

This course, aimed at third-year medical students, runs between March and June of each year [6]. We gave final year UG medical students the opportunity to become student-teachers on this course, with the aim of improving their teaching skills. Our evaluation ran between March and June 2019.

The course follows a step-wise format in the assessment and management of the acutely unwell patient. There are clear learning outcomes for each session, which are based on Bloom's taxonomy (Figure 1). The course is made up of fourteen groups, each containing five third-year medical students. Each group receives six sessions over five weeks, giving eighty-four sessions in total. The TAP simulation course offers a wide variety of teaching environments for the student-teachers to observe, facilitate and receive feedback in. It also provides a springboard for the student-teachers to become involved in further teaching and research projects of their own.

In this study, we aim to evaluate how teaching on the TAP course affects the perceived teaching abilities of final year UG medical students.



**Figure 1:** The timely assessment of Ill patients course structure.

## Methodology

Seventeen final-year medical students (student-teachers) were asked to fill in a pre-course questionnaire in which they rated their confidence ('none', 'little', 'average', 'confident' or 'expert') in delivering five different aspects of medical education (teaching clinical skills, assessing clinical skills, lecture style teaching, teaching in low fidelity simulation, and ward-based teaching). The questionnaire was created using Microsoft Word and completed anonymously by the students in paper form. The completion rate was 100%.

The student-teachers were then sent session dates and asked to pick at least two: one to first observe the TAP course, further sessions to teach on the course in a supervised environment. There was variation in the number and type of teaching sessions delivered by each student-teacher depending on their availability. Some sessions were also attended by nursing students.

After delivering each session, the student-teachers were all given constructive feedback on their performance by supervisors and fellow student-teachers. They then had further opportunities to demonstrate learning from these points in later sessions.

Following the five-week course cycle, student-teachers were required to complete a questionnaire similar to the pre-

course assessment. The data was collected over eighteen weeks.

## Results

Overall, feedback from the student-teachers indicated an increase in confidence across all teaching domains following the TAP course. These results are summarised in Figure 2.

Objectively, the teaching style that showed the greatest improvement in confidence following the facilitating on the TAP course was low-fidelity simulation teaching. Prior to the session, 75% of respondents expressed an 'average' or lower confidence in this style of teaching. Following the course, this improved to only 12.5% expressing an 'average' confidence, with the remaining 87.5% describing themselves as 'confident' or 'expert'.

The teaching domains that showed the smallest improvement in confidence were lecture style and ward-based teaching. Prior to the session, 53.8% of respondents described their confidence in lecture style teaching as 'average' or below. This improved to 30.8% following the session, with 61.5% feeling 'confident' and 7.7% describing themselves as 'expert'.

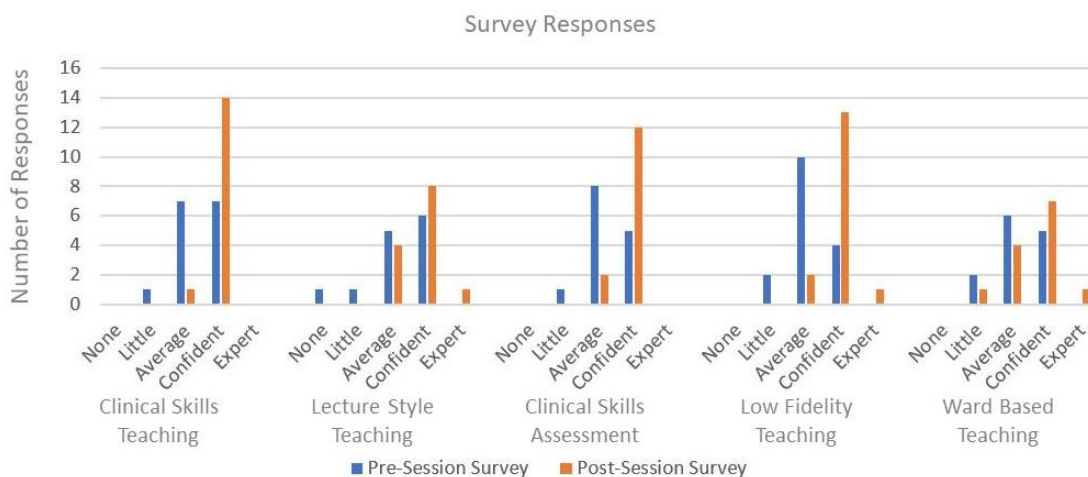
For ward-based teaching, 61.5% of respondents described their confidence as 'average' or below prior to the

sessions. This improved to 38.5% following the session, with 53.8% describing themselves as ‘confident’ and 7.7% describing themselves as ‘expert’.

Analysis of the subjective responses from student-teachers revealed that there was a range of prior teaching experience among the participants, with many having never taught prior to facilitating on the TAP course. Of the seventeen participants, three individuals described no change in their overall confidence in teaching; one of these explained

that the feedback received would help them address any areas that required improvement.

When asked how much the students agreed with the statement “The TAP course helps me to work effectively and appropriately as a mentor and teacher for other learners in the multi-professional team”, 100% of student-teachers ‘agreed’ or ‘strongly agreed’ (64.7% responded that they ‘strongly agreed’).



**Figure 2:** Summary of confidence in teaching styles, before and after participating in the TAP course, as evaluated in questionnaires.

## Discussion

This course is a simple yet effective way for senior UG medical students to increase their confidence in teaching. One of its strengths is simplicity; the course is already running independently, so minimal adaptation is required to involve the student-teachers. Anecdotally, junior medical students on the course appreciated teaching from senior medical students, as the senior students understood their learning needs. Equally, the student-teachers have an opportunity to actively revise clinical topics, as well as develop teaching skills. Our approach is unique - it provides multiple teaching opportunities at the discretion of the student-teachers, in a variety of teaching styles. Whilst many teaching courses exist, ours provides experiential learning in a controlled environment, with the opportunity for student-teachers to reflect and act on feedback by attending further sessions.

The results clearly varied by teaching style; pre-course confidence was similar across all of the styles, so it appears that our scheme was less effective in developing ward-based and lecture-style teaching. Ward-based teaching was not part of the TAP course, we assessed confidence in it to gauge if teaching on the course provided transferrable skills. Simulation teaching sessions are centred on a culture of feedback; our student-teachers all received individual feedback from trained educators after each session, which may explain why student-teachers felt more confident in this area.

Our next step is to develop a pre-course session for the student-teachers, to formalise the course. We also aim to widen involvement to include junior doctors. Overall, this study has established that the course in its current form was 100% effective in enabling the student-teachers to meet GMC standards as a teacher and mentor. Given that many had no prior experience of teaching, these student-teachers may have not otherwise met these requirements. We therefore feel that this teaching course should become a standard part of senior UG medical education, encouraging the breadth of benefits that teaching provides [4,5].

## Competing Interests

This research received no grant from funding agencies in the public, commercial or non-profit sectors and there were no competing interests.

## Ethical Approval

This paper represents a course evaluation, thus ethical approval was not required. Data obtained from questionnaires was with consent (from the student-teachers) for use in this study. All data was collected anonymously. No other data from student-teachers, facilitators or participants has been collected. No participant data used.

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