

The value of ‘expert trainees’ in primary care postgraduate education

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Abstract

Context

Peer led teaching is well established within many undergraduate medical courses but relatively underutilized in postgraduate training, despite the fact it can be useful for both teachers and learners. A significant number of doctors training to be GPs bring expertise and experience from other specialities and we explore the potential of utilizing ‘expert trainees’ to teach their peers on postgraduate GP training programmes.

Project aim

To introduce the concept of ‘expert trainees’ and explore their role in GP training schemes.

Description

A GP trainee with expertise in Lifestyle Medicine taught alongside local and national experts and delivered workshops to her peers. Questionnaires were used to establish the acceptability and quality of ‘expert trainee’ peer-led education.

Outcomes

This was a positive experience for the ‘expert trainee’ who felt valued both as a trainee and as someone with expert knowledge, and for her peers with excellent feedback on her workshop.

Conclusions

The knowledge and skills of ‘expert trainees’ represent an untapped resource which could be more systematically and effectively used within GP education.

KEYWORDS: GP training, near-peer teaching, peer-teaching, expert trainee, post-graduate education

The Value of Peer-experts in Primary Care Postgraduate Education

Context

Peer teachers can be defined as: *'people from similar social groupings who are not professional teachers helping each other to learn and learning themselves by teaching'* (1). Peer and near-peer teaching is relatively well-established in undergraduate medicine and is beneficial for both peer teachers and learners (1,2). However, it has been relatively underutilized in post-graduate medical education (3). Opportunities for GPs to engage in peer-led teaching have been limited and often unstructured (2,4).

Peer-led teaching has been suggested as an approach to 'unburden faculty' when student numbers rise against static teaching resources (1). This is particularly relevant to primary care with the Royal College of General Practitioners calling for at least 5000 GPs needing to be trained every year to address the workforce crisis and a 'significant shortfall in funding for education and training of doctors' (5). Health Education England report other speciality doctors are increasingly expressing an interest to switch to general practice, bringing with them experience and knowledge that could benefit the training of their peers. Other GP trainees develop specialist interests and portfolio careers alongside their GP training. We suggest these doctors bring an expertise above and beyond the norm for their peers and, in this short report, provide an example of how 'expert trainees' can be supported and given opportunities to contribute to postgraduate education.

Project aim

To introduce the concept of 'expert trainees' and explore their role in GP training schemes.

Description

I have a special interest and expertise in Lifestyle Medicine. I am the Regional Director of the British Society of Lifestyle Medicine for Hampshire and Dorset and have established a lifestyle medicine blog 'The Lifestyle Pill'. I am a part-time GP trainee and working towards a diploma in lifestyle medicine.

The Dorset GP Vocational Training Scheme ran a series of workshops to upskill GP trainees, and foundation doctors working in GP rotations, on various aspects of lifestyle medicine.

These were led by local and national experts in each area. I was offered the opportunity to conduct a workshop giving GP trainees an overview of technology and apps relevant to lifestyle medicine. The workshop consisted of an overview of several pillars of lifestyle medicine including stress management, sleep, movement, nutrition and human connection. Following each topic overview several self-help apps were discussed which patients, or indeed GP trainees themselves, could use to support healthy lifestyle behaviours. During the workshop all participants experienced a 10-minute introduction to mindfulness meditation using Calm, an app focussing on sleep, meditation and relaxation. Formal feedback was obtained through post-workshop questionnaires.

Outcomes

I benefitted from the opportunity to teach as an 'expert trainee' alongside other experts. Lifestyle medicine such an important speciality – both for the wellbeing of doctors themselves and to equip them with key knowledge and skills to help them discuss lifestyle changes with their patients. Overall, I found the experience extremely positive. Formal feedback showed that my

peers found it highly useful and were as satisfied with the teaching as they were with the workshops led by local and national specialists. For example, 14/17 (82%) reported they were likely/very likely to recommend the session to a colleague (range for other workshops 77%-88%) and that the session was engaging/very engaging. 89% thought workshop resources were relevant and accessible/very relevant and accessible. Qualitative feedback regarding what was most useful about the workshop included “list of useful apps to enable us to encourage patients to use to promote wellbeing”. Qualitative feedback from attendees advising what they would have liked to have learned more about included: “I expected something on managing the negative effects of technology/social media” and “online resources other than apps”. This feedback will be used to improve the session for any future workshops.

It was an interesting dynamic to be both a teacher and a learner in the same event. I gave two workshops and attended one as a trainee. This raises the issue of ensuring ‘expert trainees’ balance their learning needs and opportunities with teaching. This balance should ultimately be individualised according to the level of expertise each ‘expert trainee’ has within their field of interest and the scope of the educational event within which they are teaching.

Conclusions

Medical educators need to develop opportunities to nurture the expertise and specialist knowledge that some GP trainees bring to their training programmes. Teaching others is one way to achieve this and a win-win scenario, as it is beneficial to the ‘expert trainee’ and to their peers. Furthermore, we suggest that ‘expert trainees’ represent an important educational resource, currently underutilized, within GP training schemes. ‘Expert trainees’, for example, could provide workshops during day-release courses on a vast array of

topics, from dermatology to wilderness medicine, depending on the expertise of local trainees. We have an increasingly diverse cohort of GP trainees, and more doctors working towards portfolio careers. The knowledge and skills of these doctors represent an untapped resource which should be more systematically and effectively used within GP education.

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Biographical note:

First author: Dr Emma Thurston, is a General Practitioner trainee in Dorset. She qualified from Oxford University in 2015 with a distinction in Medicine and a master's degree in medical sciences. She is now studying for another master's degree in Public Health from the University of Edinburgh alongside her GP training. She has a special interest in Lifestyle Medicine, is the Regional Director for the British Society of Lifestyle Medicine for Hampshire and Dorset and manages The Lifestyle Pill platform, which aims to educate and empower people about the potential healthy lifestyle behaviours have on our wellbeing.