

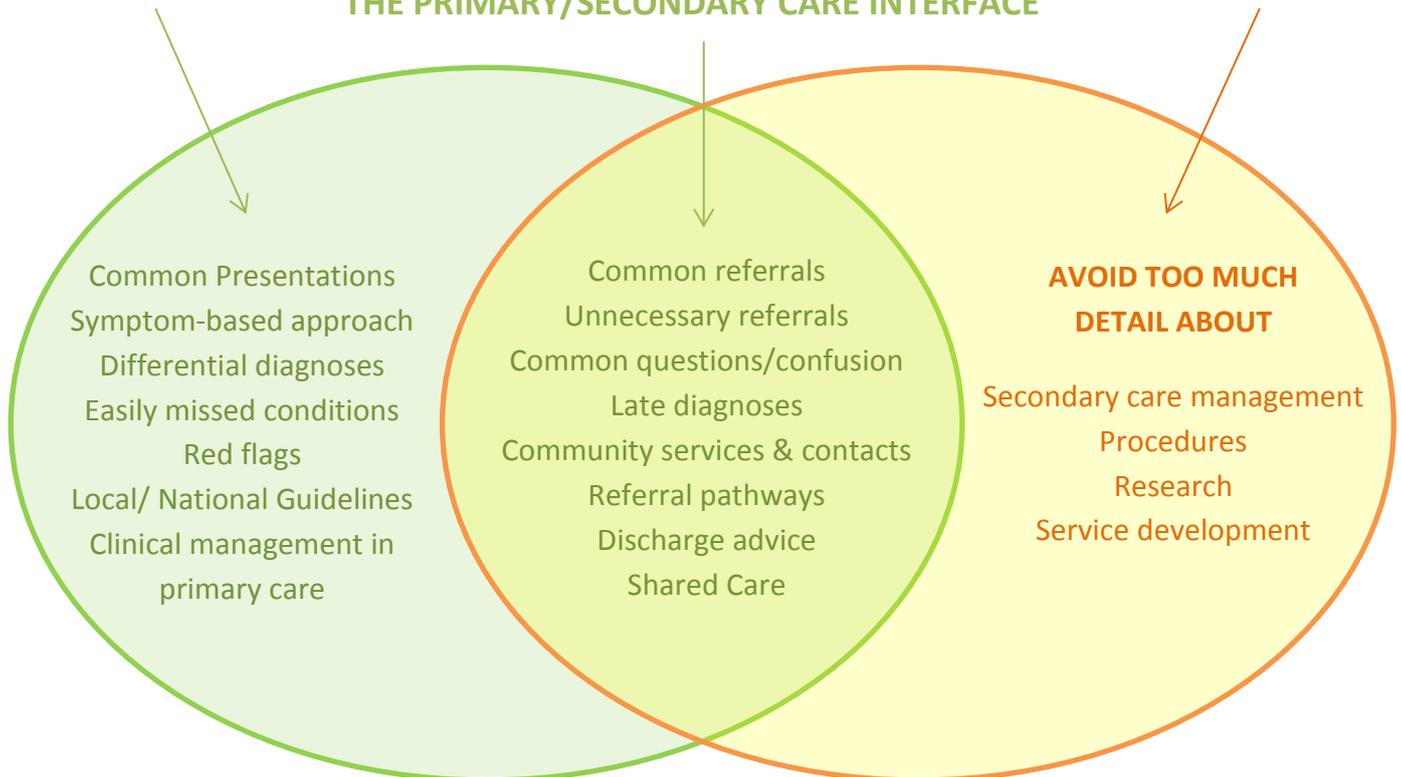
- **Overview:**

- Who is in your audience? How does their daily practice include your speciality?
- How big is the group? Does it have to be a lecture? Who else could you involve?
- What do they want to know? How can you find out? Can you include discussion?
- What is relevant to their daily practice? What are your key messages and why?

PRIMARY CARE

SECONDARY CARE

THE PRIMARY/SECONDARY CARE INTERFACE



- **What GPs say they want to learn from secondary care speakers:**

“How to diagnose something and how to manage it” “A practical basis - what do I do about it”

“Symptom based, like real life” “Practical and pragmatic advice on actually what we need to do”

“No great detail about secondary care management, it isn’t useful because we just don’t do it”

“The emergency or important things you don’t want to miss” “A brief update on recent changes, new advances”

“Tell us about services; who to access and how to contact them” “Have plenty of time for questions.”

- **What research says audiences dislike in lectures*:**

Not describing objectives
Talking too fast
Lack of handouts

Too much information
Inaudibility
Illegible slides

Assuming too much knowledge
Forgetting to summarise
No visual aids

- **To maintain attention and engage the audience in lectures:**

A: Ask Questions

- Find out what they want to learn – pre-course questionnaire? Offer a choice of content at the start?
- To avoid putting people on the spot, create discussion and encourage more contributions:
 - o Ask questions with no wrong answers (eg about personal reactions, opinions or experiences)
 - o Ask the audience a rhetorical question and pause briefly, to let them think of their own answer
 - o Ask for questions from the floor, then encourage others to answer before you do
- Audience Response Systems (clickers) might be available – ask your course organiser
 - o (eg brief quizzes, “ask the audience” style questions)
- Reward all responses with a positive manner to encourage others to participate

B: Break it up

- **Avoid long periods of speech, use different styles of presentation throughout**
 - o Vary your pattern (pace, volume, movement, gestures, pauses etc)
- **Break your content into short topics**
- **Use visual aids to highlight key points**
 - o Keep content simple, print handouts of complex diagrams/tables/charts
 - o Keep slides brief, only one key point per slide, use pictures rather than words where possible
 - o Use anecdotes, observations, analogies, quotes
- **Provide some kind of break or change at least every 20 minutes**
 - o Use short videos, questions or brief exercises for individuals/pairs/tables
 - o Get everyone involved and thinking for themselves about what they actually do

Eg. Get them to generate a question for you, answer a question with a neighbour, think of a past experience

 - o Ask for volunteers to model for examination where appropriate

C: Cases

- When used to generate discussion cases can help you to pitch the level appropriately for the group
- As cases promote thought about own practice they can help individuals to recognise what they do not know
- They are useful when presenting to differing levels of understanding, as everyone recognises their own level
- Can be used to demonstrate your key points in practice
- Can introduce complex or multi-step questions (not necessarily a right/wrong answer)
eg decision making, considering options, interpreting investigations, clinical management choices
- Feel more genuine when they are real stories, and become more important, understandable and memorable

D: Discussion

- Keeps everyone alert and gets them thinking about what they actually do
- Helps individuals consider their own practice and compare to what others do
- Can be generated by encouraging questions (and answers) from the audience throughout the presentation
Eg. Has anyone had experience of X? What were the challenges? What do others think?

E: Enthusiasm & Enjoyment

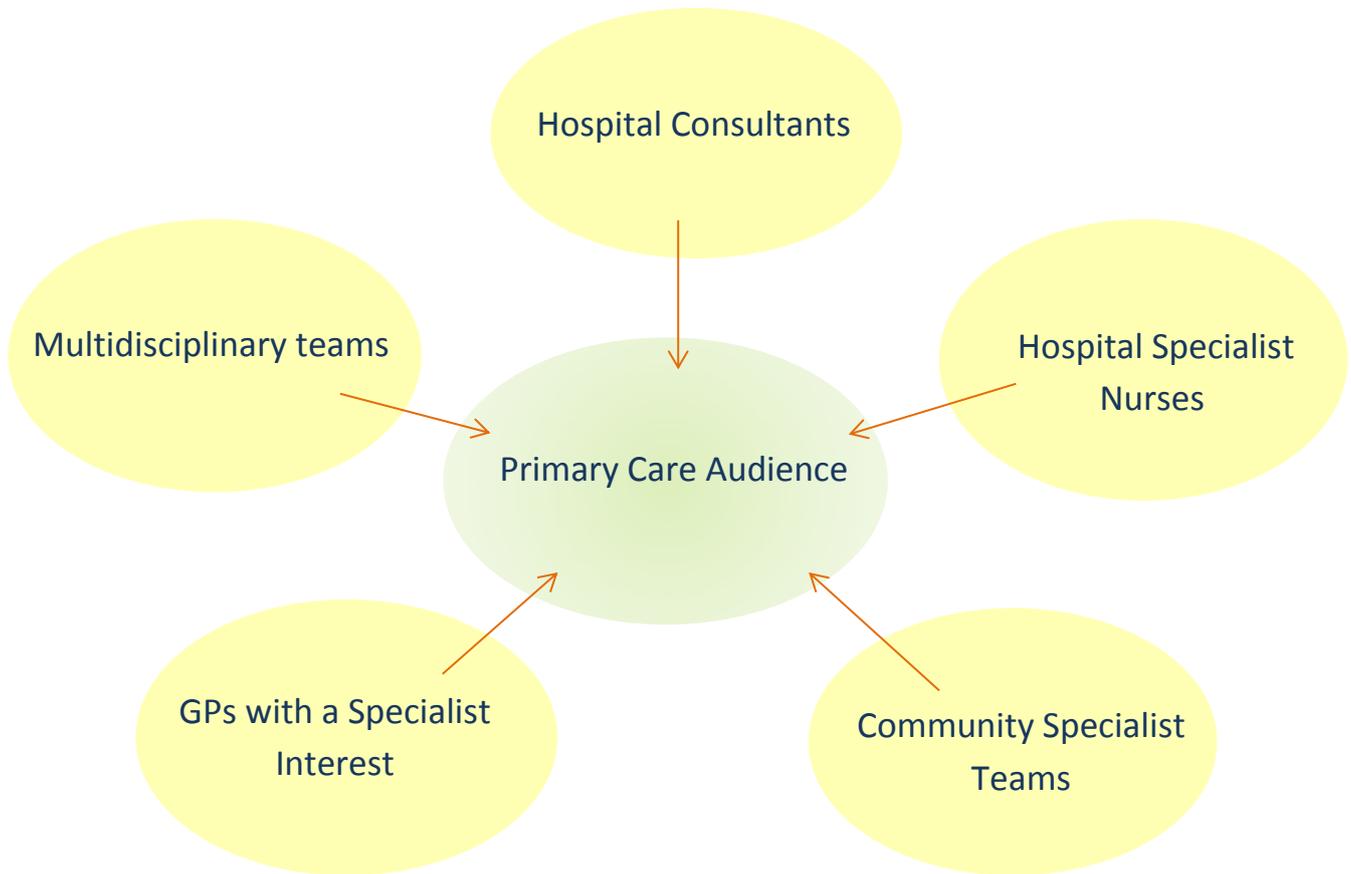
- Show your passion for what you do and what really matters to you personally, it is inspirational to others

F: Feedback

- **Before:** Request a pre-course questionnaire from course organiser – what do attendees want to cover?
Ask course organiser for feedback on your slides before the event. Is it what they expected?
- **During:** Watch the audience to ensure right pace (too slow they lose interest, too fast they can't keep up)
Eg. If they look confused find out why, pause if everyone is scribbling notes
Get feedback from small groups – give them 2 minutes to generate questions
- **After:** Talk to attendees, request copy of written feedback from course organiser

- **Involve your team**

- Where possible it is useful for GPs to meet your team members, eg. points of contact for referrals
- If you have a GP with a specialist interest working in the department (or you work closely with specific GPs) it would be useful to involve them in planning and presentation.
- Whole department events can also be very useful, such as a half day where different team members speak on their area/role/service, where relevant to GP.



Use & Distribution:

The most up to date version of this guide can be found at: <https://www.wgpet.co.uk/wessexgptutors>

This guide is freely available but users are requested to complete a very short feedback survey:

<https://www.surveymonkey.co.uk/r/7PCFBG6>

Further Reading:

Bligh DA (1998) *“What’s the use of lectures”* Jossey-Bass, San Francisco

Brown G and Manogue M (2001) *“AMEE Medical Education Guide No. 22: Refreshing Lecturing: a guide for lecturers”*, *Medical Teacher*. Vol 23, No 3: pp231-244

Cantillon P (2003) *“ABC of learning and teaching in medicine: Teaching Large Groups”*, *BMJ*. Vol 326: p437

Gallo C (2014) *“Talk Like TED: The 9 Public-Speaking Secrets of the World’s Top Minds”* St Martin’s Press

Lake F & Ryan G (2004-2006) *“Teaching on the Run”* Tips 1-14, *Medical Journal of Australia*

*Mohanna K, Wall D, Chambers R (2000). *Teaching Made Easy: A Manual for Health Professionals*

Revell A & Wainwright E (2009) What Makes Lectures ‘Unmissable’? Insights into Teaching Excellence and Active Learning, *Journal of Geography in Higher Education*, Vol. 33, No. 2, 209–223

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