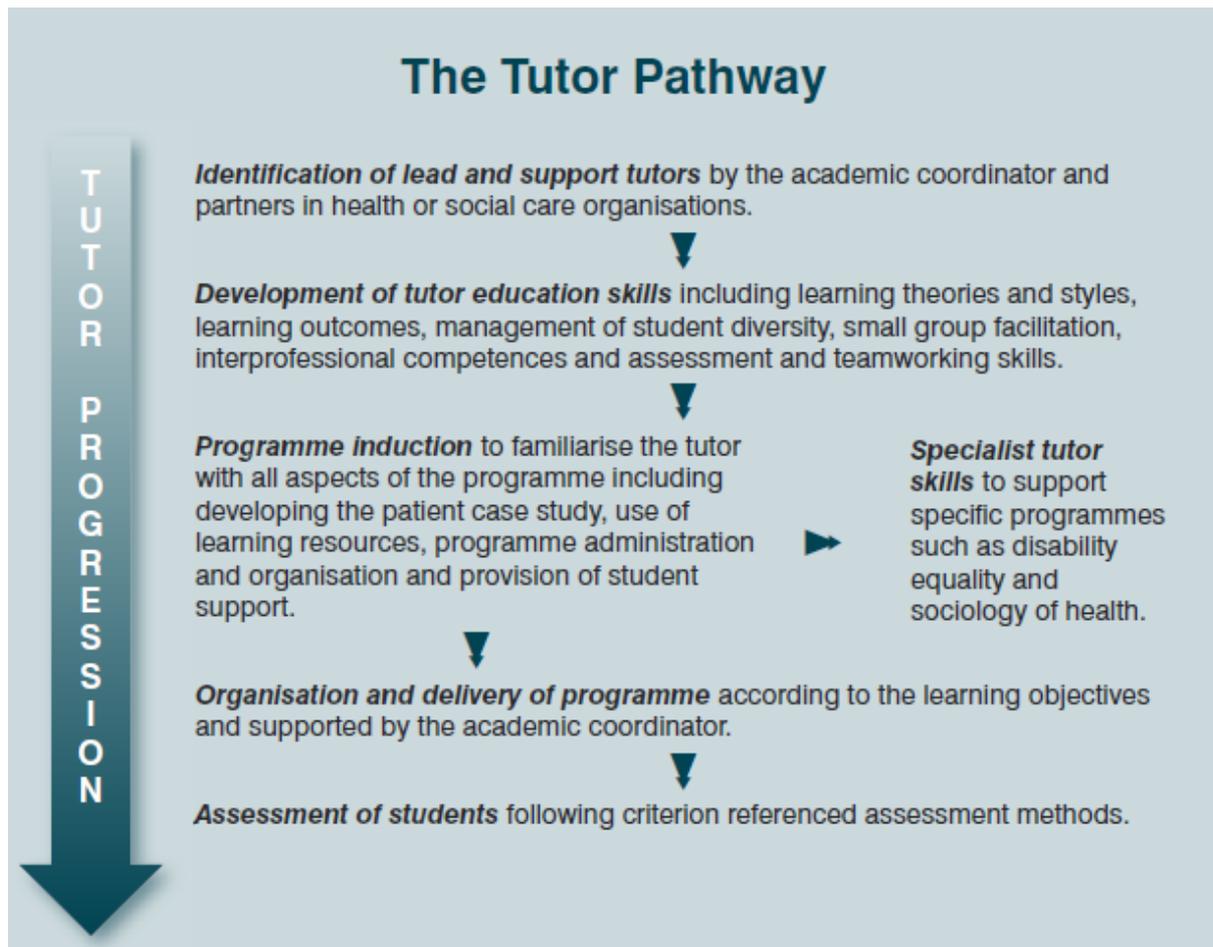


The Facilitator/Tutor Pathway

Introduction

Tutors bring a wealth of up-to-date clinical experience and local knowledge to the programmes. Wherever practical, the professional background of tutors reflects the range of involved health and social care students. The tutor pathway is summarised in Figure 9.

Figure 9: The tutor pathway.



Identification of Tutors and the Teaching Teams

With the locality identified, the academic co-ordinator liaises with the host health or social care organisation to identify the lead tutor and support tutors.

The selection criteria include:

- experienced clinical staff;
- knowledge of service delivery in the locality in which the programme is based;
- experience in teaching or a willingness to undertake skills development;
- an enthusiasm for interprofessional learning.

The composition and size of teaching teams varies according to the programme. On average, two tutors will support a cohort of 24 students working in 6 small groups with 6 patients.

Tutor Training

Training opportunities are available for tutors. All tutors are initially expected to observe and shadow a teaching programme and new tutors are paired with experienced tutors.

Educational development for tutors falls into three areas:

1. education skills, including interprofessional competences;
2. programme induction;
3. specialist tutor skills.

1. The Development of Tutor Education Skills

Tutors are given access to a 2-day university-based programme of education skills development which is accredited at a Masters academic level. The course is entitled '*Teaching for Learning – focus interprofessional education*' and runs throughout the year. The content includes:

- an understanding of the context of interprofessional education regionally, nationally and internationally;
- quality standards for interprofessional education;
- learning theories and their application to the Leicester Model of Education;
- constructive alignment of an interprofessional curriculum;
- maximising the student learning and achievement of deep learning;
- learning styles;
- management of student diversity;
- skills for effective small group facilitation including management of dysfunctional groups;
- an overview of the curriculum of professional groups involved in programmes;
- roles and responsibilities of tutors, particularly in an interprofessional setting;
- the context of the educational programmes within local health and social care services;
- assessment.

CAIPE Error! Bookmark not defined. has provided invaluable advice on teaching facilitative skills for interprofessional learning.

2. Programme Induction

This is compulsory. The academic co-ordinator holds regular programme induction sessions which consist of three parts:

- programme processes and responsibilities;
- developing the patient case study;
- facilitation of student experiential learning.

Programme Processes and Responsibilities

Tutors are provided with information on:

- the aim(s) and learning outcomes, structure, content, delivery and distinctive features of the Leicester Model of Education;
- for undergraduates, the timing of the programme in the student curriculum; cross modular links; the knowledge and experience students bring to the programme; and how the programme is timetabled in their weekly work schedule. For post-registration learning, the context of this programme in their career progression;

- administrative responsibilities of the tutor;
- the development of the patient case studies. One tutor will work closely with 3 - 4 patient case studies; Tutors are required to meet with the patient in their home or care setting pre and post student interviews to familiarise themselves with the patient's situation;
- involvement of the wider workforce e.g. visits to locality facilities, attendance at student presentation sessions, or by receiving student feedback;
- student resources: tutors are responsible for collecting written and other materials on theoretical knowledge relating to the programme objectives, evidence based practice, educational resources include web-access, texts and academic papers;
- facilitation of student learning and hosting presentation sessions: tutors develop their skills to encourage discussion and debate throughout the programme. Videos of past student presentation sessions are used as a resource, and new tutors are encouraged to attend presentation sessions prior to their involvement;
- an understanding when and how to access the incident process¹;
- their specific responsibilities in the programme assessment;
- the development of the programme timetable and delivery plan: detailed booklets with computer discs and activity planners are provided to support this task. Template grids are particularly valuable to organise the timetable of activities;
- the range, and accessibility of HEI academic and pastoral support services for students: tutors are guided on how to manage student diversity and recognise student worries and concerns uncovered during the programme. Opportunities are timetabled for student de-briefing sessions and tutors are made aware that for some students their experience of real life circumstances may expose personal issues or cause distress.

Post programme responsibilities including collecting evaluation material and thanking all stakeholders including the patients and agencies.

Developing the patient case study

a) Patient: The locality tutor, supported by the academic co-ordinator, prepares patients for the programme. In some cases the patient may be known to the tutor.

The patient is normally seen at home, in hospital during an admission or other care settings, and familiarised with their involvement. Confidentiality and ethical principles are emphasised and form part of the patient contract. Tutors are required to complete the paper work, including the consent forms. Tutors help the patient to prepare a briefing paragraph for students and to identify the range of agency involvement.

b) Agency: Tutors contact the identified agencies and inform them of their role.

c) Involvement of the wider workforce: Tutors are required to identify and prepare organisations for locality visits by students according to the programme objectives.

d) Completing the patient and agency timetable: The tutor develops the programme timetable using template grid (See example in Figure 10). This work is completed with the help of the programme administrator.

Figure 10: Template grid used in the multi-agency inner city course.

A cohort of 24 students is divided into 6 small groups

Dates	Times	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Tuesday	Session1						
a.m.	09.00 -10.30	Introductory session, students allocated to their small working groups and spent time learning from each other.					
	11.00 -12.30	Groups examine locality service provision and visit the area.					
	12.30 -13.00	Student groups assess their learning on partnership working and prepare for their patient interview the following week.					
Tuesday	Session 2						
p.m.	14.00 Patient Interviews	Miss A	Mr B	Master C	Mrs D	Miss E	Mr F
	All student groups return from interviews to debrief reflect on learning and prepare for agency interviews in the next session.						
Tuesday	Session 3						
a.m.	09.00 -10.00 Agency 1	Miss A	Mr B	Master C	Mrs D	Miss E	Mr F
	10.00 -10.30	Student group debrief on interview, facilitated by the tutor.					
	10.30 -11.00 Agency 2						
	11.00 – 11.45	Student group debrief on interview, facilitated by the tutor.					
	11.45 -12.15 Agency 3						
	12.15 - 1300	Student group debrief on interview and preparation for presentation session. Facilitated by the tutor.					
Tuesday	Session4						
14.00-15.00	Reflective learning time. Further home visit to thank patient.						
15.00- 17.00	Presentation Session. Plenary Session to cohort and invited guests.						

Tutor Facilitation of Student Learning

There are two aspects of tutor facilitation required to maximise student learning:

4. small group facilitation skills - asking probing questions; helping students to interpret information they gather; steering the group in the appropriate direction; challenging inappropriate thinking and supporting positive ideas;
5. linking theoretical principles to the programme objectives - for example the principles and practice of team working, disability equality and inequalities in health.

Stages of tutor involvement

- Pre-patient interview: tutors encourage students to take full advantage of the 60 minute interview. Advice is given on structuring the interview; the communication skills required of welcoming, setting the context, use of questioning style (opening, probing, active listening, receiving and responding to information), sensitivity in questioning (particularly for cultural and emotional issues), closing the interview, demonstrating respect for the patient and upholding confidentiality. Interview guidance is also contained within their workbook.
- Post-patient interview: tutors support students to reflect on and interpret the information gathered during the patient interview, as well as the quality of the interview process. Tutors encourage students to apply theoretical learning to the context of the case study, and to judge how their findings will influence the subsequent agency interviews. Tutors explore student concerns or any untoward incidents. If untoward issues identified, tutors are instructed to complete the incident forms and liaise with the academic co-ordinator.
- Pre-agency interview: tutors guide students through their agency interviews. A more focused approach is required for the 30 minute interview which aims to identify the specific role of the agency in their patient's care and the general role of the agency. Tutors encourage students to carry out a critique of the agency including its strengths, responsibilities, short-comings, quality of mutli-disciplinary communication and accessibility. Students compare and contrast the agency's priorities with those of their patient and consider the patient's problems in the context of the agency's wider activities.
- Post-agency interview: tutors facilitate this process in a similar way to the post patient interview reflection, encouraging students to reflect on their interviews and to apply new information on the emerging holistic picture of their patient case study. Tutors help students to consider how the agency prioritises its activities, responds to patients' needs, communicates with other agencies and overcomes barriers to service delivery. Finally, a judgement should be made on how well the resource being utilised, including patient compliance.
- Case study presentations: tutors guide students to judge the overall effectiveness of the current care packages offered to their patient. They must consider if the patients' needs are being met and the quality of care is of an acceptable standard. Tutors help students to identify current problems and provide advice on solutions for multi-agency care.

Assessment

Tutors are informed about aims and methodology of assessment and offer help to students. Tutors involved in marking are expected to attend the education assessment skills training.

Post Course Responsibilities

Unless the tutors are involved in marking, their main role will be to collect evaluation sheets, return student data to the administrator, thank all stakeholders, follow up any incidents recorded and attend a formal debrief which takes place with the academic co-ordinator.

3. Specialist Tutor Skills

Many tutors require an advance level understanding of specialist aspects of the programme, for example on team working, disability equality and policies, sociological principles in health and student assessment.

For disability equality, a programme is delivered by experts in the voluntary sector, led by disabled trainers. Evaluation of this programme consistently demonstrates that tutors highly value this learning. The impact of this programme also influences their clinical practice.