

# How to be Productive College tutor

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25-1-2024

# Why we need a CT ? (Interactive)

- ▶ Back ground - Ensuring patient safety through training
- ▶ Deanery structure
- ▶ Trainee structure

# What are the qualities of good CT?

## Roles and responsibilities

- ▶ Knowledge
- ▶ Skills
- ▶ Attributes

# Knowledge required to be a good CT

- ▶ Training portfolio - how to manage/ generating reports
- ▶ Portfolio different to GP, Foundation and specialty trainees
- ▶ Training matrix / syllabus / curriculum- different to level of training
- ▶ Where you find this info ?
- ▶ Knowledge about the ATSM/SITM provision - who is the preceptor, which ATSM/SITM can be offered in your unit, changes to the syllabus and requirements
- ▶ Workforce - stability / retention and recruit
- ▶ Awareness of sick leave/ maternity leave policy
- ▶ Knowledge about ARCP, EWTD, Exception reports
- ▶ Don't forget trust grade doctors

# Skills required for a good CT

- ▶ Good Communication skills
- ▶ Negotiation skills
- ▶ Conflict resolutions
- ▶ Ensuring adequate teaching and training within the department
- ▶ Equality and diversity
- ▶ Recruitment ethics
- ▶ Local recruitment policy
- ▶ Establishing an educational governance
- ▶ Writing up JD

# Attributes required

- ▶ Confidentiality
- ▶ Empathy/ sympathy
- ▶ Honesty- reference related
- ▶ Patience and positivity
- ▶ Team work - with CS, ES, CD, DME, and with deanery
- ▶ Flexible / approachable
- ▶ Encouraging/ motivator
- ▶ Professional standards
- ▶ Reflection on feedbacks

# Personal development

- ▶ Educational appraisals - included into main appraisal for CT
- ▶ Clinical supervisor / education supervisor courses
- ▶ Tiered approach - Tier 2/3/4 courses
- ▶ Attending STC board meetings
- ▶ Attending HEE meetings
- ▶ Attending local DME meetings
- ▶ Exams - PG Certificate, Medical education, ATSM/SITM
- ▶ E learning modules
- ▶ Medical education leadership modules

# Extended roles of CT in some units

- ▶ Compliance to mandatory trainings within the department
- ▶ Specialty specific trainings - CTG, PROMPT etc
- ▶ Concerns and complaints
- ▶ Escalation process - CD, DME, deanery
- ▶ Over all rota management - CT may be expected to oversee
- ▶ Career advises, references, reports
- ▶ Monitoring progress of trust grade/ SAS doctors / CESR help



# Scenario 1

- ▶ ST3 trainee has still not passed MRCOG part 1. ( Who did 2 attempts as ST1 and 2, deanery discussion progressed him to ST3 as up to date with training portfolio, got all OSATs, has a good ESR )

# Scenario 2

- ▶ A trainee has reported to deanery that he/she is not getting released for regional deanery teachings on frequent basis, You have a mail from HOS asking to review the situation as similar thing was reported in the past too.

# Scenario 3

- ▶ A midwife coordinator has reported that a ST3 registrar is struggling to do instrumental deliveries (applies Kiwi cup which slips of several times and applies forceps and abandons to take woman to theatre), This has happened couple of times. How do you go about this ?

# Scenario 4

- ▶ A registrar has taken several sick leaves most of them were on Fridays and Mondays. This is causing disruption to rota and service delivery. How do you address this ?

# Scenario 5

- Its been brought to your notice that a trainee is assisting a consultant for the surgical list in a private hospital on regular basis. The trainees has not declared it and he works very closely with the mentioned consultant who is his ATSM supervisor too. How do you manage this ?

# Scenario 6

- ▶ A trainee was asked to design a guideline. He/she has completely copy pasted this from the guideline from another unit. This was told to you by other doctors. Same doctor was implicated in the past for fabricated audit data. How do you address this ?

# Scenario 7

- ▶ You want to make changes to rota to incorporate training opportunity, but you are resisted by rota coordinators, What you do next ?