



Generic Instructor Course

FACILITATOR & EDUCATOR GUIDE, JUNE 2021

NAME: _____ **DATE:** _____

**HANDBOOK FOR TEACHING ON THE GENERIC
INSTRUCTOR COURSE FOR FACILITATORS
AND FACILITATOR CANDIDATES**

DISCLAIMER

Newborn Essential Solutions and Technologies–Education
Generic Instructor Course (GIC)

This series reflects the work of the NEST360 team through a joint effort with partner organisations. Some rights reserved. This work is available under the Creative Commons Attribution–NonCommercial–NoDerivatives 4.0 International license (CCBY–NC–ND4.0; <https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode>).

Under the terms of this license, you may copy and redistribute the work for non-commercial purposes, provided the work has not been modified, and it is appropriately cited as indicated below. In any use of this work, there should be no suggestion that NEST360 endorses any specific organisation, products, or services. The unauthorised use of the NEST360 names or logos is not permitted. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: *“This translation was not created by Newborn Essential Solutions and Technologies (NEST360). NEST360 is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.*

Suggested citation. NEST360. *Newborn Essential Solutions and Technologies–Education – Generic Instructor Course*. (September 2021). License: CC BY–NC–ND 4.0.

Rights and licensing. For queries on rights and licensing, see the full legal code for the Creative Commons Attribution–NonCommercial–NoDerivatives 4.0 International Public License (<https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode>).

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. All reasonable precautions have been taken by NEST360 to verify the information contained in this publication. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by NEST360 in preference to others of a similar nature that are not mentioned. The published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall NEST360 or affiliated partner institutions be liable for damages arising from its use.

The authors have made every effort to check the accuracy of all information and suggested steps in the clinical treatment of patients. As knowledge base continues to expand, readers are advised to check current product information provided by the manufacturer of each device, instrument, or piece of equipment to verify recommendations for use and/or operating instructions.

In addition, all forms, instructions, checklists, guidelines, and examples are intended as training resources to meet national and local health care settings’ needs and requirements.

ACKNOWLEDGEMENTS

The Newborn Essential Solutions and Technologies (NEST360) GIC is based upon the “Handbook for teaching on the Generic Instructor Course for instructors and instructor candidates” written by Andy Coleman for the European Resuscitation Council. It uses the principles of adult learning theory and teaching methodology outlined in the “Pocket Guide to Teaching for Medical Instructors” and the online Virtual Learning Environment (VLE). We are grateful to have learned from the Kenyan and Myanmar paediatric associations that produced similar handbooks.

NEST360 is made possible by generous commitments from the John D. and Catherine T. MacArthur Foundation, the Bill & Melinda Gates Foundation, The ELMA Foundation, the Children’s Investment Fund Foundation, The Lemelson Foundation, the Ting Tsung and Wei Fong Chao Foundation and individual donors to NEST360.

PREFACE

This handbook has been designed with the intention to support you in the role of a GIC Facilitator or as a GIC Facilitator Candidate; it is not meant to replace the Pocket Guide to Teaching for Clinical Instructors.

The handbook is not exhaustive but is an ‘aide memoire’ to those of you who teach on the Generic Instructor Course and a guide for those who are Facilitator Candidates.

ABBREVIATIONS AND NOMENCLATURE

APLS Course	Advanced Paediatric Life Support Course
Facilitator	Member of faculty on this course
GIC	Generic Instructor Course
MCQ	Multiple Choice Question
Participant	A person being taught in the GIC session
Providers’ course	2- to 5-day practical trainings for clinical or technical staff in defined areas of care. The focus may be on neonates and infants, children, adult emergencies, trauma management or health technology management
Scenario lead	Participant or facilitator faculty member role-playing the scenario instructor lead during a scenario session
Student	Participant or facilitator faculty member role-playing the student being taught during a teaching session
VLE	Virtual Learning Environment

TABLE OF CONTENTS

Disclaimer	2
Acknowledgements	3
Preface	3
Abbreviations and Nomenclature	3
Introduction	6
Candidates	6
Faculty	6
Mentors	7
The GIC Programme	8
Instructor Allocations	12
Being a Facilitator	16
GIC Content	17
1. Introduction	17
2. How Adults Learn & a Structured Approach to Teaching	17
3. Introduction in Mentor Groups & Equipment Familiarisation	17
4. Effective Feedback & Feedback Practice	18
5. Lecturing / Presentation Skills, Demonstrations & Lecture Practice	18
6. Skills Teaching with Continuous Assessment	19
7. Teaching Simulations	20
8. Group Dynamics & Facilitating Small Groups (Closed & Open Discussions)	21
9. Assessment in Simulations	22
10. Practice Two	24
Appendices	26
Appendix 1 Theory of Adult Education	28
Appendix 2 Giving Feedback	30
Appendix 3 Lecturing	34
Appendix 4 Skills Teaching	38
Appendix 5 Simulations and Scenarios	42
Appendix 6 Group Dynamics	46
Appendix 7 Simulation Assessment	48

Introduction

The Generic Instructor Course (GIC) is designed to train potential instructors in how to teach providers' course material. The principles of how to teach adults in different learning environments are beneficial beyond life support courses, and that which is learned on this course should inform all your teaching.

The course is run over two days and comprises lectures, demonstrations, discussions and practice sessions.

Participants

A manual and pre-course materials are usually sent to the participants two to four weeks before the course. They are advised to read these materials carefully and prepare appropriately. The participants are informed that they will be **allocated a specific time frame to deliver their sessions and that they are not expected to cover the whole topic allocated**. They should concentrate on a particular aspect of that topic. Whilst the course is designed to teach the participant how to teach adults effectively, it is essential that the participant has excellent core knowledge of a providers' course.

The participants should deliver their teaching session based on the format – **Set, Dialogue and Closure**. The GIC Facilitators will of course run their whole practice session using the same format of – **Set, Dialogue and Closure** – and summarise at the end with key learning points.

To successfully complete the GIC, the participant must attend for the duration of the whole course.

Course Director

The Course Director should be an experienced GIC Facilitator. This person is responsible for the quality assurance, smooth running and time keeping of the course. They also act as a figurehead for the faculty and a point of reference for the participants. The Course Director works in tandem with the Course Coordinator to ensure the participants receive the best learning experience available. A Course Director Report is expected after the GIC. The report should be submitted to the sponsoring institution within two weeks of the training and should contain:

1. Pre-course activities summary
2. Course activities summary, including faculty list and roles and participant details (names, contacts, cadres, allocations, performance and final recommendations from faculty)
3. Faculty and participants course evaluation report
4. Any recommendations for future courses

Course Coordinator

The Course Coordinator organises the course. This role is crucial for the course to run smoothly. The Course Coordinator attends the course and helps with time keeping and housekeeping arrangements. There is also much to be done before the course begins; such as pre-course letters of invitation and letters to the hospital directors to request members of their staff to attend, accommodation, transport and per diems. In addition, the Course Coordinator will book the rooms used for teaching, ensure the equipment is available, undertake any photocopying required for the course and make arrangements for catering.

Facilitators and Facilitator Candidates

Your role as a GIC Facilitator or GIC Facilitator Candidate is to support the learning and development of the participants attending the GIC, whilst also developing your own skills and ability. As a GIC Facilitator Candidate you will be paired with a more experienced GIC Facilitator, who will act as a mentor in the sessions and support you in your practice.

The course uses generic adult learning methodologies. As such, you may be expected to teach participants who have done any type of providers' course. This does not mean to say that as a GIC Facilitator you must have an in-depth knowledge of all the Courses, but you should have a general working knowledge of any course you are teaching.

Participant Mentors

Prior to the GIC commencing, the participants will have been allocated a mentor from the faculty list. This can be done in a variety of ways. Some centres allocate individual faculty to one or two participants and other centres allocate a group of participants to two or more faculty members. The main aim of any system used is to provide support, guidance and a focal person for the participants. It is your role to provide that support in an appropriate, honest and achievable way. Formal mentoring time is allocated throughout the programme but can take place whenever a moment presents itself. It can also be used to create further practice time should the participant request it. If you find there is an issue with your mentoring allocation, please bring it to the attention of the Course Director as soon as possible.

Facilitator Mentors

A Facilitator Candidate will also be allocated a mentor from the faculty. It will always be a more experienced Facilitator but not necessarily a professional peer. They will support and guide your practice during the course. Feedback will be given as the course progresses.

It is helpful for the Facilitator Candidates to teach sessions with different Facilitators during the two days so that they are exposed to as many different educational encounters and facilitators as possible. At the end of the course the faculty need to discuss a Facilitator Candidate's performance and may ask the person(s) to leave the Faculty Meeting. This should only take a few moments after which they will be asked to return and be informed of the faculty decision. This consists of three options:

1. To recommend as a full Facilitator without a further course as a Facilitator Candidate
2. To recommend a second course as a Facilitator Candidate (which is the usual practice)
3. To recommend that no further General Instructor Courses are undertaken

The GIC Programme

The Generic Instructor Course (GIC) is designed to train potential instructors how to teach the providers' course material.

The participant to facilitator ratio should be no more than 6:1. This means that a course is usually limited to a maximum participant number of 24. Planning and arranging a GIC starts well before the course itself. Appendix 1 explains what materials are required and what needs to be done before the course begins to be able to hold it effectively.

The programme usually runs over two days with some minor flexibility for timing and order of events. As with most providers' courses, timing on a GIC is incredibly tight. An example of a GIC Programme is shown below.

TIMETABLE DAY 1

08:15 Faculty Meeting & Participant Registration

Faculty should meet to confirm participant and faculty allocation throughout the programme, assigned rooms and laptop access.

08:45 Introduction & Welcome

Introductions, housekeeping and GIC philosophy.

09:00 Adult Learning & Effective Teaching

Plenary lecture led by a faculty member.

09:30 Introductions in Mentor Groups & Equipment Familiarisation

Small group sessions led by assigned faculty members.

10:00 Break

10:15 Feedback

Plenary lecture led by a faculty member.

10:45 Lecturing & Presentation Skills

Plenary lecture led by assigned faculty member, followed by demonstration of a 5-minute lecture and a feedback discussion led by a faculty member.

11:15 Lecturing & Presentation Skills Practice

Small group sessions led by assigned faculty members. Each participant should present their assigned 5-minute lecture with 10 minutes of feedback provided per participant.

12:30 Lunch Break

13:00

Skills Teaching with Continuous Assessment

Plenary lecture led by assigned faculty member, followed by demonstration and feedback led by a Facilitator with two co-facilitators role-playing as students. Demonstration should be followed by discussion led by a faculty member.

13:30

Skills Teaching with Continuous Assessment Practice

Small group sessions led by assigned faculty members. Each participant should present their assigned skill in 10 minutes with 5 minutes of feedback provided per participant.

14:45

Break

15:00

Teaching Simulations (Scenarios and Role Play)

Plenary lecture led by assigned faculty member, followed by a demonstration (5-minute 'story', 2-minute 'feedback' and 1-minute 'closure') led by a Facilitator with co-facilitators role-playing as students. Demonstration should be followed by discussion led by a faculty member.

15:30

Teaching Simulations Practice

Small group sessions led by assigned faculty members. Each participant will provide an 8-minute simulation teaching with 7 minutes of feedback provided per participant.

16:45

Mentor Group Meetings, Feedback & Close

TIMETABLE DAY 2

08:30

Faculty Meeting & Participant Registration

Faculty should meet again to confirm participant and faculty allocation throughout the programme, assigned rooms and laptop access.

08:45

Group Dynamics & Facilitating Small Groups (Open & Closed)

Plenary lecture led by assigned faculty member, followed by a demonstration (including a 7-minute discussion and 5 minutes of feedback) led by a Facilitator with co-facilitators role-playing as group members. Demonstration is followed by discussion led by a faculty member.

09:15

Facilitating Small Groups Practice (Open or Closed)

Small group sessions led by assigned faculty members. Each participant will lead an 8-minute small group discussion followed by 7 minutes of feedback per participant group.

10:30

Break

10:45 Simulation Assessment

Plenary lecture led by assigned faculty member, followed by demonstration led by a Facilitator with a co-facilitator role-playing as a student. Demonstration is followed by discussion led by a faculty member.

11:15 Simulation Assessment Practice

Small group sessions led by assigned faculty members. Each participant will provide an 8-minute simulation assessment (5-minute 'story', 2-minute 'feedback', 1-minute 'closure'), with 7 minutes of feedback provided per participant.

12:30 Lunch Break**13:15 Practice Two**

Small group sessions led by assigned faculty members. Participants may be requested to revisit any teaching method (Lecture, Discussion, Teaching a Skill, Teaching a Simulation or a Simulation Assessment) for reassessment. The decision will be guided by their feedback or on advice from their mentor.

14:30 Break**14:45 Practice Two Continued****16:00 Faculty Meeting****16:15 Mentor Feedback Groups****16:30 Presentation of Certificates & Close of GIC**

Course Allocations

Throughout the GIC, Facilitators will move from group to group whilst the participants stay in their assigned space. This enables GIC participants to take ownership of their learning space and equipment. Below is a template which can be annotated to assign group mentors, allocate group participants and determine participant teaching assignments.

Mentor Allocation

Mentor allocations represent both the mentor assigned to a group of participants and the initial station where faculty members begin their rotations. Faculty begin the GIC with their mentor group and then rotate through the different groups throughout the two days.

A	
B	
C	
D	
E	

Participant Allocation – Group A

A	Participant Name	Participant Cadre
1		
2		
3		
4		
5		
6		

Participant Allocation – Group B

B	Participant Name	Participant Cadre
1		
2		
3		
4		
5		
6		

Participant Allocation – Group C

C	Participant Name	Participant Cadre
1		
2		
3		
4		
5		
6		

Participant Allocation – Group D

D	Participant Name	Participant Cadre
1		
2		
3		
4		
5		
6		

Participant Allocation – Group E

E	Participant Name	Participant Cadre
1		
2		
3		
4		
5		
6		

Teaching Allocations

In the table below, you have been allocated specific lectures to give, skills to teach and scenarios to both teach and assess. Use your allocation number to check which tasks you have been assigned to complete during the course. The scenarios can be found in the scenario booklet. To help you identify which scenario to use for which teaching session they are similarly numbered and labelled as in the table. As the time to teach each session is short, you may teach only the part of a skill or assessment requested in the table. A full scenario may not be completed in the allotted time.

Remember that participants' allocations are what they will be teaching. They are the 'facilitator' not the 'participant' in these sessions. Do not be confused about their role! As course facilitator, you may act the part of a student and the participant will teach or assess you. Sometimes you or the participant puts on a cap with the letter **P** for Participant on it, or **F** for Facilitator so that you do not mix up the roles. It is assumed that participants know the content of a skill or scenario as they are based on previous providers' course training.

Clinical Allocations

AN	Lecture and Presentation Skills	Simulation and Scenario Teaching	Skill Teaching with Continuous Assessment	Facilitating Small Groups	Simulation Assessment
1	Defining prematurity by weight	1. Neonatal resuscitation of a term baby	Clearing the airway in an infant who is convulsing	Benefits of exclusive breastfeeding	8. Breathing difficulties in an infant with pneumonia
2	How to administer oxygen	2. Breathing difficulties in an infant with a chest infection	Single person cardiac compressions in a newborn requiring CPR	How to improve emergency care in the wards	9. Hypoglycaemia in an infant
3	Assessing dehydration	3. Two-person cardiac compressions in a neonatal resuscitation	Assisted ventilation of a newborn requiring CPR	Identifying various sites for IV access	10. Clearing the airway in an infant who is convulsing
4	Assessing breathing in a sick infant	4. Septic shock in an infant	Drying and assessing a newborn	How to keep neonates warm	11. Assisted ventilation in a newborn requiring CPR
5	Cardiac compression	5. Hypoglycaemia in an infant	Two-person cardiac compressions in a neonatal resuscitation	How to improve mother / baby bonding	12. Neonatal resuscitation of a preterm baby who does not breathe immediately at birth
6	Assessing hypoglycaemia	6. Impaired circulation, shock and dehydration in an infant	Drying and assessing a newborn	Reducing neonatal sepsis in the hospital	13. Assessing breathing in an infant
7	Newborn resuscitation	7. Single person cardiac compressions in a neonatal resuscitation	Assisted ventilation of a newborn requiring CPR	Methods of feeding a premature baby	14. Drying and assessing a newborn

Biomed Allocations

AN	Lecture and Presentation Skills	Simulation and Scenario Teaching	Skill Teaching with Continuous Assessment	Facilitating Small Groups	Simulation Assessment
1	How to prepare a CPAP device for use	1. Radiant warmer	Changing an external intake filter on a concentrator	How can we work better with clinicians?	2. Phototherapy light
2	How a pulse oximeter works	2. Phototherapy light	Setting up a bubble CPAP machine with an oxygen concentrator	What training do you think we need on neonatal equipment?	7. Glucometer
3	How to use an oxygen flow splitter	3. Pulse oximeter	Changing an internal intake filter on a concentrator	What do you think of training with clinicians?	6. Oxygen concentrator 1
4	How a suction pump works	4. bCPAP	Setting up a suction pump	How can we keep neonates warm?	3. Pulse oximeter
5	Setting flows on a CPAP device	1. Radiant warmer	Setting up a flow splitter with an oxygen concentrator	How can we maintain the quality of equipment?	7. Glucometer
6	How an oxygen concentrator works	5. Suction pump 1	Setting up a radiant warmer	How can we keep track of our tools and spares?	2. Phototherapy light
7	How a radiant warmer works	6. Oxygen concentrator 1	Assessing irradiance of a phototherapy light for treatment	How do we balance maintaining devices in multiple wards & sites?	9. Suction pump 2

Although non-clinical participants will be well-versed in their providers' course material, they may be less familiar with practicing and conducting scenarios and structured skills teaching. Additional support may be necessary to ensure that they are able to effectively proceed through the course.

Being a Facilitator

PRE-COURSE

Materials Available

As a GIC Facilitator or Facilitator Candidate, you will be sent pertinent training material ahead of time. This may include a Facilitator's Guide, lecture slides (for both plenary and participant lectures) and participants' materials (e.g., a scenario booklet, course material allocations and potential group discussion items). Participants' materials may be used to effectively prepare for assessing the various forms of teaching that will be evaluated during the GIC.

DURING THE COURSE

Mentor-Mentee Meetings

Faculty members meet their mentees individually to give them their results and as a group for the participants to give feedback on their experience of the course and the faculty.

Faculty Meetings

At the beginning and end of each day, the Course Director leads a 15- to 30-minute session with all Course Facilitators. This session has two main objectives. The first is to review the day – either to plan and agree on a course of action for the upcoming sessions or to review those that have just finished and plan for the day ahead. The second is to discuss any concerns regarding the participants so that the Mentors have appropriate feedback to be able to assist their mentees the following day.

The faculty meet to discuss which participants have been successful, who have been exceptionally good and should be asked to become GIC Facilitator Candidates and who should be asked to repeat the course.

Approving Participants for Instruction

When a participant is approved for instruction, certificates are signed by the Course Director and a representative of the leading institution supporting the course. This can be the Ministry of Health or Education or the Director of a hospital or educational institution.

GIC Content

1. INTRODUCTION

The introduction is the opportunity to set the tone and atmosphere for the course at the beginning of the GIC training. It is important to welcome everyone and to include the following in your introduction:

- Welcome the participants.
- Allow time for each participant to introduce themselves briefly with their name and position.
- Congratulate the participants for having been nominated to participate in the course.

Provide a brief description of how this course differs from Training-of-Trainer (TOT) courses: the GIC is about how to teach and is relevant to all forms of adult teaching and learning. Ground rules for the course should be agreed upon. Participants should be asked to help form them and then agree to them. Rules could include:

- Switching off mobile phones
- Arriving on time
- Keeping assignments to time
- Listening to and helping each other

Assure everyone that questions are very welcome throughout the course.

2. HOW ADULTS LEARN & A STRUCTURED APPROACH TO TEACHING

In this lecture, adult learning theory is explored and a structured approach is provided to the theory behind adult learning. During the session it may be useful to get the participants to discuss their reactions to some forms of teaching they have experienced. There should be opportunities to ask lots of questions. The lecture explains the important elements of the theory of adult education; as an extra Aide Memoire see **Appendix 1**.

Learning Objectives

By the end of this session, participants should:

- Have a structured approach to adult teaching and learning
- Have an understanding of the needs of learners
- Know some of the factors that influence adult learning
- Know that that learners vary in how they learn
- Display an awareness of learning styles
- Be able to address the needs of learners
- Demonstrate awareness of the elements of a teaching session – **Set** (including environment), **Dialogue** and **Closure**

3. INTRODUCTION IN MENTOR GROUPS & EQUIPMENT FAMILIARISATION

During this session participants should separate into their allocated groups and meet their mentor. It is an opportunity for participants to ask any questions or discuss concerns they may have about the course. The mentor gets to know their

mentees and should make sure that they are prepared with their teaching topics and other assignments. Remind the participants of the need to keep time and explain the role of their logbook. Emphasise that each participant should take their logbook with them from one session to the next.

Each group station will have teaching equipment and basic life support devices needed to teach a life support course. It is important for each member of the group to understand how to use and fix each device or piece of equipment.

Learning Objectives

By the end of this session participants should be able to:

- Assemble and demonstrate safe use of manikins, including their function, minor maintenance and how to change parts (e.g., lungs)
- Assemble and use equipment (including basic life support devices) as used on a providers' course
- Know how to use the Scenario Booklet in teaching
- Know how to use audio-visual aids including:
 - Flip charts
 - Laptops
 - PowerPoint presentations
 - Overhead projectors

Participants should also know how to respond when things go wrong as they teach (e.g., getting extra batteries, when to get help from the Course Director).

4. EFFECTIVE FEEDBACK & FEEDBACK PRACTICE

Learning ways to provide effective feedback is key to instruction. This session starts with a lecture followed by an interactive group discussion. The discussion is concluded by checking if there are any unresolved issues and then the key points are summarised at the end of the discussion. The lecture explains the important principles of giving feedback. As a further aide memoire see **Appendix 2**.

The GIC participants should be assessed on their ability to provide feedback. There are several ways that this can be done – and it can become quite complex.

One way to assess the participants on their feedback skills during their simulation teaching stations is during the 'dialogue' when they will be providing feedback. This is the preferred method. Another way would be to allocate someone to observe another participant and provide feedback on their performance.

Learning Objectives

By the end of this session participants should be able to:

- Describe the principles of effective feedback.
- Formulate responsive comments.
- Deliver a learning conversation using advocacy with inquiry.

5. LECTURING / PRESENTATION SKILLS, DEMONSTRATION & LECTURE PRACTICE

A faculty member introduces the session in which a fellow facilitator delivers a 5-minute lecture. The content can be clinical or non-clinical but should not distract from the main aim, which is to demonstrate the basic principles of delivering an effective lecture in a given time frame.

Demonstration

Once the lecture is complete the person who introduced the session will step to the front with the faculty member and role-play the feedback process. It is important that this is done seriously, as it is the first time the participants have witnessed the critique process from the faculty.

A lecture can be on any clinical or technical topic. These can be related to the providers' course (e.g., a neonatal or maintenance course). For some tips on how to give a 'good' lecture, together with the benefits and hazards of lectures see **Appendix 3**.

Lecture Practice

Participants divide into their small groups and one or two facilitators are assigned to each group. Participants role-play an instructor giving a lecture.

The participants will have been allocated an appropriate lecture topic prior to the course. This list can be found in your faculty pack or in the participant folder. The participant will have been instructed to prepare a 5-minute lecture, usually using PowerPoint, which includes their **Set, Dialogue and Closure**. The participant will deliver this practice lecture to their group within 5 minutes. A participant colleague will keep time. There will then be 10 minutes of feedback and discussion with the facilitator and group.

Learning Objectives

By the end of this session participants should:

- Know the advantages and limitations of the lecture.
- Be able to communicate effectively when giving a lecture.
- Develop suitable visual aids to make a presentation.
- Understand how a PowerPoint can aid or assist in delivery of teaching.

6. SKILLS TEACHING WITH CONTINUOUS ASSESSMENT

A plenary lecture is given by an assigned faculty member followed by a demonstration and feedback led by another faculty member role-playing as an instructor and two faculty members role-playing as students. The demonstration is followed by a general discussion. The four stages of teaching a skill are outlined in **Appendix 4**.

Demonstration

The facilitator will introduce the session. The main players are four or five nominated members of faculty. One member of the faculty will role-play the Lead Instructor running the Skills Teaching using the four-stage approach. All four stages must be taught with equal importance. The Student being taught the skill may role-play a specific type of student; for example, a nervous, competent, not competent, quiet, distracted or over-confident student. At the end of the session, the Lead Instructor should decide together with the Co-Instructor whether the Student is competent and has passed the skills station satisfactorily. Feedback is then given to the Student, including any additional opportunities for further practice to demonstrate competence.

Once the demonstration is complete, the Facilitator who introduced the session will provide feedback to the faculty member role-playing the Lead Instructor and facilitate a discussion with the participants on the course.

Skills Teaching Practice

Participants role-play an instructor teaching a student (role-played by the course facilitator or other participants) a skill. The participants will have been allocated an appropriate skill to teach prior to the course. This list can be found in your faculty pack or in the participant folder. The participant will have been instructed to prepare a 10-minute session. You must ensure that the participant understands they will only have time to 'teach' one person (the faculty member) a part of the particular skill they have been allocated but should involve the whole group in the session. Allow the participants to prepare their **Set**, giving support as required. They will then deliver the Skills Teaching practice as the Lead Instructor to their own group with a member of faculty role-playing a Student. Ensure safety at all times.

Discussion should follow regarding whether the Student passed the station or not. You can facilitate learning by role-playing an appropriate student personality, e.g., competent, disinterested, not competent. The participant Lead Instructor will then receive a 5-minute critique from one of their group members and the faculty member who facilitates the session.

Learning Objectives

By the end of this session participants should be able to:

- Apply the four-stage approach to skills teaching in facilitating participant acquisition of a skill.
- Assess, by direct observation, participant competence in the practice of taught skills using continuous assessment.
- Discuss the educational benefits of using the skills teaching framework in the development and assessment of new participant skills.
- Describe the importance of repeated skill use in skill mastery.

7. TEACHING SIMULATIONS

This Scenario and Role-Play session starts with a plenary lecture by an assigned faculty member, followed by a demonstration (5-minute 'story', 2-minute 'feedback', and 1-minute 'closure') led by a faculty member with another faculty member role-playing as a Student. The demonstration should be followed by a general discussion led by an assigned faculty member. The lecture covers the most important elements of running a simulation, but as an aide memoire see **Appendix 5**.

Demonstration

The main players are four or five nominated members of faculty and one to introduce and lead the session. One member of the faculty will role-play the Lead Instructor running the Scenario, another member will role-play the Student being taken through the teaching session and the others will role-play the group members. The emphasis for this demonstration is on team leader skills. You are expected to 'teach' only one member of the group but should involve everyone in the session. Remember to include student critique in your demonstration. Once the demonstration is complete the Facilitator who introduced the session will step to the front with the faculty member role-playing the Lead Instructor and will role-play the critique process. They may then open the discussion to the course participants.

If time allows, you may wish to run more than one scenario with different role-playing participants to demonstrate other important aspects of teaching in this

session. Participants may play, for example, the role of an anxious student or an overconfident professor. Ensure safety within the learning environment.

Teaching Simulations Practice

Participants role-play an instructor guiding a student (role-played by the course facilitator or other participants) through a simulation. The participants will have been allocated an appropriate scenario prior to the course. This list can be found in your faculty pack or in the participant folder. The participant will have been instructed to prepare an 8-minute session. You must ensure that the participant understands they will only have time to 'teach' one person (the faculty member) a part of the particular scenario they have been allocated but should include the whole group in the session.

Allow the participants to prepare their **Set**, giving support as required. They will deliver the scenario teaching practice as the Lead Instructor to their own group with a member of faculty role-playing the Student. You can facilitate learning by role-playing an appropriate student personality (e.g., nervous, overly confident). Ensure safety at all times. They will then take their Student through the critique process. Once they have closed their session, they will receive a 7-minute critique from one of their group members and the faculty member, who facilitates the session.

Learning Objectives

By the end of this session participants should be able to:

- Demonstrate the correct use of simulation equipment.
- Demonstrate an understanding of the aims of simulation.
- Demonstrate an awareness of how to facilitate learning during simulation.
- Discuss the application of role play and scenario teaching.
- Describe the importance of role play and scenario in teaching.
- Facilitate role plays and scenarios.

8. GROUP DYNAMICS & FACILITATING SMALL GROUPS (CLOSED AND OPEN DISCUSSIONS)

There is a plenary lecture led by an assigned faculty member, followed by a demonstration (including an 8-minute discussion and 7 minutes of feedback) led by a faculty member role-playing the Discussion Leader with other faculty members role-playing as Group Members. The demonstration is followed by a general discussion led by a faculty member. The lecture should cover important principles of leading discussions; for some extra tips and examples of suitable topics for open or closed discussion see **Appendix 6**.

Open Discussion Demonstration

A faculty member will introduce the session. Nominated members of faculty (at least five) form the discussion group. One member of the faculty will lead the discussion as the Discussion Leader. The other members will role-play a participant group undertaking an open discussion session. You may be instructed to role-play a certain Group Member type (e.g., very quiet or quite verbal). The whole process should mimic the reality of a providers' course. The Discussion Leader will inform you of the topic to be discussed and how they want the demonstration to be performed, highlighting certain issues but showing normal practice. This usually

lasts for approximately 8 minutes. The purpose of this demonstration is to show how to facilitate a group discussion and to manage group dynamics through use of efficient verbal and non-verbal communication.

Facilitating Small Groups Practice

Participants role-play a Discussion Leader facilitating a discussion about a pre-selected topic with Group Members (role-played by the course facilitator and other participants). The participants will have been allocated an appropriate small group session to teach prior to the course. This list can be found in your faculty pack or in the participant folder. The participant will have been instructed to prepare a 5- to 8-minute session. Allow the participant to prepare their **Set**, giving support as required. They will facilitate the small group teaching session as the Discussion Leader using either a closed or open style. You can support learning by participating in the group and role-playing an appropriate group member personality (e.g., nervous, talkative) but do not overact. Once they have closed their session, they will then receive a 7-minute critique from one of their group members and the Facilitator of the session.

Learning Objectives

By the end of this session, participants should:

- Use the two different approaches (open and closed) to group discussion.
- Compare and contrast the relative merits of both.
- Plan a group discussion based on a universal structure for teaching.
- Apply appropriate techniques to facilitate and manage the group.
- Explore strategies for optimising learning in small groups.
- Demonstrate an understanding of the complexity of group dynamics.
- Use effective questioning.

9. ASSESSMENT IN SIMULATIONS

A plenary lecture is led by an assigned faculty member and followed by a demonstration given by a Facilitator, with a co-facilitator role-playing as a student. The demonstration is followed by general discussion led by a faculty member. The lecture should cover important principles of assessment in simulations; for additional theory see **Appendix 7**.

Demonstration

The Facilitator will introduce the session. The purpose of this demonstration is to highlight the difference between simulation teaching and simulation assessment.

The main players are a number of nominated members of faculty. Two members of the faculty will role-play the instructors. One member takes on the role of Lead Instructor and runs the Scenario Assessment and the other takes the Co-Instructor role. The whole process should mimic the reality of the providers' course. Three 'faculty students' role play, e.g.:

- A student who has been very good and nice during the course, but who has missed a key pass or fail point and therefore should be failed and can repeat the test.
- A student who is not very good, very awkward, but stumbles through all the key points and therefore should pass.
- A confident student who fails a point and then tries to get into an argument over a point with the instructors.

Marking sheets can be given to the audience to join in the assessment. Remind them that it is important that simulation assessment is fair. We also want our healthcare and technical professionals to be competent in their care for patients and devices. Once the demonstration is complete the faculty members may open the discussion to the participants.

Running the demonstration simulation assessment should follow the following structure.

1. Set

Before the assessment begins, the Instructor and Co-Instructor should check the 'story' they plan to use for the assessment, check what essential elements must be done properly to pass and ensure that all the required equipment is present and working.

As an introduction, explain how this is a simulation assessment – similar to what has been practiced on the course and what is done by most participants every working day. Explain that the Instructors will not be able to provide prompts – if the Student needs help, they can shout for help and the Instructor will let them know when help has arrived.

Explain that each Student is asked to wait outside the room after the assessment before being called back in to receive their results. Tell them that the assessment only lasts 8 minutes and it is understood that a full scenario may not be completed during that time and it is not held against them.

Read the scenario to the Student and ask them to repeat back the main points. When ready start the simulation assessment.

2. Dialogue

Run through the simulation assessment. Mark the Student using a scoring sheet with essential pass / retest / fail criteria; at the end of the simulation ask the Co-Instructor if there is anything they want to clarify or check with the student.

Ask the Student to wait outside the room. Discuss the Student with the Co-Instructor and decide whether the outcome is pass / retest / fail.

3. Closure

Call the Student back into the room. Give clear information to the Student (e.g., "congratulations you have passed", "Sorry, you have not passed this assessment") and briefly explain 2–3 of the main points as to why they received the result that they did. If a retest is required tell them when it will happen and that it will be with different examiners.

When terminating the assessment do not be ambiguous (e.g., "I think " or "maybe"). Do not allow the Student to get into an argument about whether they passed or failed. If the two Instructors disagree on the outcome of the assessment, they should discuss it with the Course Director who makes a final decision.

Assessment in Simulations Practice

This is a small group session led by assigned faculty members. Participants role-play an instructor or co-instructor assessing a student (role-played by the course facilitator or other participants) through an assessment. Each participant will lead an 8-minute simulation assessment from the perspective of an Instructor

(5-minute 'story', 2-minute 'feedback', 1-minute 'closure'), with 7 minutes of feedback provided per participant. By the end of this session, participants should know the basic principles of assessment and be able to give feedback.

The participants will have been allocated an appropriate scenario with which to assess prior to the course. This list can be found in your faculty pack or in the participant folder. The participants will operate in pairs of Instructor and Co-Instructor and will be instructed to prepare an 8-minute session. You must ensure that the participants understand they will only have time to 'assess' a part of the particular scenario that they have been allocated. Allow the participants to prepare their **Set**, giving support as required. They will deliver the simulation assessment practice to their own group with a member of faculty role-playing a Student.

You can facilitate learning by role-playing an appropriate student personality (e.g., competent, nervous or illogical). The participants role-playing as Instructor and Co-Instructor will then receive critique from one of their group members and the faculty member, who facilitates the session.

Learning Objectives

By the end of this session, participants should be able to:

- Discuss the underlying principles of assessment.
- Apply common methods of assessment appropriately.
- Prepare an assessment.
- Determine an assessment's outcome.
- Deliver an assessment result to a student.

10. PRACTICE TWO

Practice Two allows each participant to revisit any teaching method (Lecture, Discussion, Teaching a Skill, Teaching a Simulation or a Simulation Assessment) for reassessment. Participants may be requested to perform a specific teaching method, or to make an informed decision for which teaching method to reassess based on advice from their mentor.

Learning Objectives

By the end of this session, participants should have practiced and displayed competency in teaching using their chosen method.

Conclusion

This completes the GIC Facilitator's Guide content.

Appendices that follow may be useful as aide memoires; for further reference, see the 'Pocket Guide to Teaching for Medical Instructors'.

Appendices

Appendix 1 Theory of Adult Education

BACKGROUND

Learning falls into four domains: cognitive, psychomotor, affective and human factors.

- The **cognitive** domain includes knowledge, comprehension, application, analysis, synthesis and evaluation
- The **psychomotor** domain includes perception, guided response, mastery and autonomy
- The **affective** domain includes perception, compliance, acceptance and internalisation
- The **human factors** domain includes assertiveness, decision making, effective (open) communication and flexibility

These characteristics enable situational awareness, leadership and membership, mutual respect and prioritisation.

Teaching should appeal to the audience and use a variety of approaches, including:

- Lectures and presentations
- Skills
- Workshops
- Discussions
- Simulations

STRUCTURE

Teaching sessions are comprised of three stages:

1. Set

The **Set** of a teaching session considers environment, credibility, motivation, learning outcomes and roles of the teacher and students. Environment considers room temperature, lighting, layout and equipment required for the session.

2. Dialogue

The **Dialogue** portion of a teaching session should be clear, logical, comprehensive and engaging.

3. Closure

Closure of a teaching session includes questions, summary and ending of the session.

THINGS TO AVOID

Using adult educational terminology without ensuring that the audience understands you.

Discussing the theory of adult learning without giving examples of how it relates to the audience in front of you.

Not providing social security: audience members must feel secure enough to ask questions. Questions should be encouraged rather than squashed.

Not giving opportunities to ask questions, possibly for fear that you will not know the answer.

Failing to provide relevance by giving lots of theory without relating it to people's day to day activities. The theory on its own may not be of much interest to adult learners. Always bring examples into how the theory influences learning and teaching.

TIPS & TRICKS

Terminology

Be sure that the adult learning terminology used is understood by everyone. Take time to explain Pendleton's rules, Maslow's Hierarchy of Needs, advocacy by inquiry and other pertinent concepts to the audience. Some or all of these may be new concepts, and if the meaning is not understood the rest of your talk will be fairly meaningless.

Interaction

Draw on the audience's experience of being taught, what they found helpful and liked or did not. Ensure that you both engage and respond to the audience with **respect**; the audience bring not only experience but also skills and practical ideas from which the whole group can benefit. They deserve to be listened to carefully. In summarising, ensure you express respect for their experience and look forward to their contributions to all the sessions.

Motivation

Adults have both **internal** and **external motivation**. Internal motivation consists of their desire to improve themselves; after all, they have come to your teaching session of their own volition hoping to learn something relevant to their own work. They may see it as a challenge, a way to compare themselves with their peers and improve their self-esteem. Their **external motivation** is driven by receiving a certificate, having a course to add to their CV, or being better appreciated by their seniors and their peers. Understand that adults are **goal driven**; they want to know if and how what you are teaching will help in their daily tasks. With you, they can explain and explore how it relates to their activities.

Appendix 2 Giving Feedback

BACKGROUND

Discuss “The Johari Window.” This illustrates that we know some things about ourselves and are blind to others and, equally, some of our behaviour is apparent to other people and some is not. Four domains exist:

	KNOWN TO SELF	NOT KNOWN TO SELF
KNOWN TO OTHERS	Open things that are known to ourselves and others	Blind things that are unknown to ourselves but known by others
NOT KNOWN TO OTHERS	Hidden things that are known to ourselves but unknown by others	Unknown a completely unknown area which is unknown to either ourselves or others

Explore participant thoughts using the Johari Window, including a discussion of areas of which members of the group, including the Facilitator, are unaware. This helps illustrate how this exercise can reveal aspects of ourselves based on feedback. Consider aspects (e.g., personality, attitudes, experiences, etc.) that the participant is unaware of, or blind to, but that the Facilitator can see (e.g., talking too much, constantly saying “OK”). Discuss how feedback is useful in pointing out what a participant is not aware of about themselves and highlighting areas that may benefit from change. Feedback to one person is useful for the whole observing group. Emphasise that feedback should be sensitive, relevant and useful.

A learning conversation is one way to provide feedback. The conversation should include a narrative about the thoughts and insights of the participants that are explored. If you ask, for example, “How was that” and get the response, “Awful, terrible,” you can follow with, “Tell me what you are concerned about.”

To be helpful feedback must be both valued and trusted. Errors should be corrected to support learning, which requires learners to be in a frame of mind in which they can listen, evaluate, interact and suggest alternative strategies. Feedback is not all negative; positive feedback can include praising helpful suggestions for improvement and the participant’s own perception of errors. Listen attentively to the participant, support them and show that you value their personal reflections.

STRUCTURE

Feedback should follow a typical teaching session structure:

1. Set

Feedback should be given in a place and at a time in which the participant, or the group, is comfortable and can speak freely. It is best given sitting down together on an equal level and without an obstructive object such as a desk separating you.

2. Dialogue

This is the process of feedback itself. It is not a monologue by the teacher of a list of good and bad things to pick up on. It is a two-way learning conversation in which questions are asked, or comments elicited that encourage reflection and discussion. This is termed advocacy by inquiry.

3. Closure

The conversation is summarised and action points are noted. Participants should have the opportunity to ask any remaining questions they have and these should be answered. Termination of the session is made clear and any plans for future talks confirmed.

THINGS TO AVOID

Repetition: there is no need to go through, in detail, the whole of how a skill or scenario was done. Everyone saw what happened. Stick to the sections that need reviewing together and try to understand why certain mistaken actions were taken.

Lack of awareness: everyone is different. A nervous participant may not be in a position to absorb much feedback; in these cases, open up the dialogue to the rest of the group and have a more general discussion around the concerns you wish to raise. Help a nervous person to relax by saying something like “You were trying to remember the dose of adrenaline but remember you can always look it up; I do!” An over-confident participant will need a more direct approach.

Criticising rather than critiquing: a series of critical comments can be harmful to a person’s self-esteem and to any learning process. Try to find out why someone did what they did rather than simply state that it was wrong.

Mocking: above all do not laugh at someone or mock them. It is rude, demeaning to the person and demoralising for the whole group.

Telling a participant what they did well and then what they could improve on. Instead, use Pendleton’s rules – a reflective model – by asking them what they felt went well, telling them what went well, asking them what they would like to improve and then telling them what they could do differently next time.

Going through the whole narrative in detail, e.g., “You did your calculations, then you evaluated the patient with an ABC approach. You put the oxygen on and got the nurse to call for help. You started the clock and then checked the baby’s heart rate, tone, colour and breathing. When the baby wasn’t breathing you used a bag and mask...” – this is not constructive feedback. Instead, start at the beginning of an experience and talk it through logically with the participant, focusing on strengths and how to improve and how complete steps differently. However, if a participant is really distressed allow them to talk through things which are troubling them first, discuss these and then move on to the positive aspects.

Both easing in and asking leading questions. These techniques avoid tackling difficult issues directly, such as saying, “Let’s focus on the positives.”

Overpraising involves giving exaggerated praise for something everyone (including the participant) knows was not good. Be honest and fair in any comments you need to make. Do not tell someone they did really well when it is clear to them and to the group that they performed poorly. Instead, be direct, tell the participant what they need to know if they did not meet the standard and need improvement. Avoid relentless optimism and using phrases such as, “There were lots of good things.” Adult learners are aware of insincerity. Provide them with constructive,

helpful, honest feedback. Exaggerated praise in the face of the contrary can have a negative effect on a participant who knows it was not good.

Generalisations, such as, “That was excellent,” or, “I agree with everything that has been said,” or, “We all do it.” Instead give specific points and constructive feedback.

Talking too much. It is better to try and draw out the right learning from the participant. Each individual constructs their own learning dependent upon prior experiences, learning style and current frame of mind. Where learners self-identify errors and alternatives in a supportive environment, they will probably retain that piece of learning. In this regard, we should try to keep our comments brief; let the learner do most of the talking. Avoid being repetitive. Ensure that the point has been understood then move on. Try also to avoid either making the other person defensive or becoming defensive yourself. If you detect that you have elicited a strong response, then question yourself and assume that the other person has a good reason for acting as they did. It is worthwhile to reflect on your own trigger points for irritation, because by knowing what they are you are more likely to be able to measure your response. Examples of actions that lead to strong reactions (triggers) can include someone who is yawning or keeps fidgeting during a session, or mobile phones going off.

TIPS & TRICKS

Reflections on the Facilitator

A good Facilitator’s feedback is based in credibility, authenticity and empathy.

- **Credibility** of the Facilitator to give feedback: Facilitators establish credibility by being knowledgeable, aware of important issues, able to use own examples and offering suggestions based on experience. Listening to participants is more important than talking yourself. Participants will find it helpful for you to share experience and techniques, using phrases such as, “When I get into that situation, I find it useful to...” Precision and honesty in your feedback is helpful to participants.
- **Authenticity** shown by a Facilitator improves the relationship with participants. A person can show authenticity by carefully listening, providing genuine responses and giving precise feedback.
- **Empathy** means the Facilitator can see the situation from the other person’s frame of reference. It acknowledges that the participant might feel stressed, embarrassed and be in difficulty. A learner’s non-verbal cues often express what they might be feeling or experiencing but check with the person in case you have misinterpreted anything. Empathy is not judgemental or patronising; instead, it values and accepts other people.

Advocacy with Enquiry

Advocacy is when you state what you think (do not leave participants trying to guess thoughts). Enquiry is when you give the participants an opportunity to respond. Open the dialogue with an open-ended question such as, “Talk to me about that,” or, “How did that feel?”. After asking, take a breath and be silent while the other person has a chance to gather their thoughts and speak. Describe what was noticed (be specific) and your interpretation of it and then seek clarification from a participant. Use phrases such as:

- “I noticed when you were doing manual inline immobilisation of the c-spine that you lifted one of your hands away; can you tell me what prompted you

to do this?"

- "When the patient was cyanosed you were looking at the monitor for quite a while, and I wondered if you were unsure about the result; what was going on from your perspective?"
- "I was really impressed with the way you ran that, in particular with how you managed your team, could you tell us the management strategy you had in mind?"
- "How was that different from your usual experience of attending resuscitation?"
- "I noticed that you were struggling at times with the amount and what you had to do in that scenario. What was going on from your perspective?"

Issues raised by the participant are especially important and should be explored. As a Facilitator listen and try to discuss and address these first. Include the group in the discussion. It is important to share views of the group for aspects that the participant might not be aware of. Feedback given to a participant can be useful for the other group participants, too. Do not judge or criticise. Instead, be honest and explore areas of concern, e.g., "I observed you assessed airway and then circulation before assessing breathing. Can you tell me why you chose that order?" Show that you are interested and listening.

When giving feedback we ask a lot of a learner and occasionally they are not yet ready to be critiqued or to comment on their own performance. This is where good facilitation involves a flexible approach, moving away from any formula. If we sense this is happening then we can give the learner space by shifting the focus and asking the whole group what additional strategies they might employ in a similar situation. The group often comes up with ideas that the Facilitator would not have thought of. This ensures that the whole group is part of the learning event, the learner does not feel victimised, and the pressures of the situation, which are artificially high, are lessened.

Suggesting Change

When you get to the stage in a critique where it is appropriate to make comments and suggestions for changes in behaviour make them relevant, specific, concrete and achievable:

- **Relevant:** keep comments appropriate to the topic at hand. Avoid commenting on aspects of a person's manner that are not relevant.
- **Specific:** use phrases such as, "When you did X..." rather than, "You tend to..."; thus, use what you have observed (rather than inferred) to illustrate the point that you are making.
- **Concrete:** make concrete suggestions for change; for example, "You need to assess the patient's AVPU in order to fill out the triage form." This would be more helpful than, "Have a bit of a think about how you use the triage card."
- **Achievable:** do not overwhelm the participant by either giving too much feedback or suggesting outcomes that are not achievable within the time frame. Participants sometimes learn as much from their peers' scenarios and critique as they do from their own because their stress levels are lower. Consequently, you can measure out the feedback and learning points that you make over the course of the session. An example of stating something achievable would be: "You were struggling with the drug dosages but that is something you can use a wall chart for. Do you have one up in your own department?"

Appendix 3 Lecturing

BACKGROUND

Lectures are a good way of disseminating information, especially to large numbers. They are often didactic and so reduce the risk of ambiguity. Information can be clarified by questions, in both directions. Learner interest can be stimulated by:

- Personal style and charisma of the lecturer
- Encouraging, albeit subtly, the audience to go away and do some reading and thinking about their subject matter

Lectures can introduce learners to content or tasks that will follow with other instructional processes. A good lecture lays a foundation for more detailed study by signposting learners in a particular direction.

Lectures are also limited by various factors, including style and general learning principles. A passive lecture has limited learning value. Lectures generally are not effective as a process for teaching practical skills, and it may be difficult to present complex matters. A typical listening and learning attention span is only 20–40 minutes, so keeping the audience engaged and interactive for the typical period of a lecture may be challenging.

STRUCTURE

Participants role-play an instructor giving a lecture. Lectures should follow a typical teaching session structure:

1. Set

Adjust the environment. This includes the layout: rows of chairs should be correctly facing the speaker and screen. Check and become familiar with the computer, the software, the remote control and how the projection works. If necessary, adjust room temperature (windows or air conditioning) and lighting (to ensure the slides are visible). Have a clock or watch available to keep an eye on the time.

Introduce yourself — who you are, what you do. This establishes credibility. Start with a slide of the learning outcomes or objectives of the lecture. Explain the audience's role — if they can ask questions, if there will be activities, if there will be handouts or a copy of the presentation.

2. Dialogue

This is the substance of the learning outcomes and is the content of the slides.

3. Closure

Ask if there are any questions and give brief answers. Then close with a summary of the key points with reference to the learning objectives from the lecture.

THINGS TO AVOID

Poor lighting: lighting must be comfortable for the audience if they want to take notes make sure it is bright enough to write. If you plan to give them a handout of the lecture, say so before you start, so that they do not waste their time trying to write it up. If photos or pictures are to be shown using PowerPoint, the room should be dark enough for them to be clearly seen.

Verbal tics: we are often unaware of our verbal habits. Try to avoid repetitious use of “Umms,” “Know what I mean,” “Sort of thing,” etc.

Lack of enthusiasm or poor interaction: show your enthusiasm for your topic and for teaching it. This does not require you to be unnatural, but a stiff or slouching posture or looking out of the window frequently does not inspire interest. Engage the audience by asking questions, getting their opinions and listening to their experience, when appropriate.

Inappropriate humour: neither risqué comments nor mocking humour are appreciated.

Too many words per slide or too many slides: PowerPoint is both a bonus and problem. The words on a slide should be easily visible from the back of the room, brief and to the point. Too many words with too many animations and gimmicks distract from the content. The colours of the font and background should be easy to read. Do not use busy backgrounds that obscure the writing.

Reading slides didactically: remember that your audience is a group of adults that have chosen to attend your session in person or have gone out of their way to join online. Reading slides didactically removes the purpose behind giving a lecture and removes an element of human interaction with the audience. This affects both your and your audience’s engagement with the topic.

No objectives at beginning and no summary at the end: start by clearly stating the learning objectives of the session, so that everyone knows what is expected of them. Close with a summary slide of what key points you want the audience to remember. Do not finish with questions as these may be a distraction and will be what the audience remembers most as they leave the lecture.

No clear set | dialogue | closure: when preparing your talk think through these three aspects of communication: Is the room arrangement suitable for learning and does your first slide set the scene of what you want the audience to learn? The dialogue is the clear teaching you will deliver and the closure is the summary.

Not answering a question: if you know the answer reply clearly; if you do not know the answer, say you will look it up and get back to them, or ask one of them to look it up.

Timing: taking too long can cause you to overstep your allotted time. Be aware that the audience has a limited concentration span and probably have another session to attend. Eating into another teacher’s time is not good practice!

TIPS & TRICKS

Verbal Communication

Modulate your voice pitch and projection to make it interesting to listen to. You can emphasise a point by slowing down, using repetition or telling the audience how you plan to present the topic. Be careful not to speak too fast and make sure your speaking pace allows reflection by the audience. Speak with energy; enthusiasm is contagious. Speak about a subject with interest and animation, but do not overdo it; avoid manic fervour as this distracts an audience. Watch out for verbal tics such as saying “OK,” or “So,” or “You know,” after every sentence. Try not to use filler words (e.g., “Umm,” “Uh,” “Like”) between words or phrases.

Do not read a script as this will not engage an audience. Your slides should have enough detail on them to remind you what to say, and you can put key words on small index cards for your own use if needed.

Non-Verbal Communication

Use natural gestures and be yourself; don't over-exaggerate them. Be relaxed, do not be too rigid, but also do not slouch. Your posture reflects your interest in the listeners and in the topic. Position yourself towards both sides of the room and be careful not to be hidden behind a table or lectern, or hide half the audience's view, or stand in the projector light. Be close enough to the audience but do not invade personal space. Move naturally and purposefully; e.g., get closer to someone who is answering a question. But do not pace aimlessly: restless movement is distracting.

Eye contact is important. You can sweep the room at eye level. Do not talk to the ceiling or the floor or screen. Try not to get fixated on one person in the audience but give eye contact to the whole room. Your facial expression matters – look interested and not bored.

Interacting with the Audience Questions

There are different ways of asking and answering questions. Here are some types of questions:

- **Reflection:** this gives opportunities to reflect on the what has just been said. A question such as, "Think about what I have just told you. How does that fit in with your previous experience?" or, "How might you integrate this new approach into your practice?" Then take contributions from enough people to show you are interested in what they have to say.
- **Pairs or small group discussion:** this is a good way to get people problem solving or sharing information and experience. A question to get this started could be, "Talk to your neighbour about the last time you met a similar scenario. What might have improved the outcome?" Then they can report back to the whole group or you may record their ideas on a flip chart.
- **Prioritising / sorting:** ask a question such as, "Look at these features on the screen. What order would you deal with these issues in?" Then you may complete a grid on a flip chart, which you can prepare while they are thinking about the task.

Different types of questions elicit different kinds or depths of responses from the audience and are appropriate at varying stages of a presentation.

- **Knowledge:** questions that simply seek factual information, for example, "When was Nelson Mandela born?"
- **Comprehension:** questions that check for understanding, for example, "What was Mandela's role in South African politics?"
- **Application:** questions that explore the relevance of knowledge, for example, "How did his actions influence other politicians?"
- **Analysis:** questions that add significance to the content of the talk, for example, "What is the place of Mandela in world politics?"
- **Synthesis:** questions that assess a deeper understanding of the subject and allow knowledge of one subject to be put together with that of another, for example, "In what ways did his actions influence other world leaders?"
- **Evaluation:** making comparisons, for example, "How were his politics affected by his incarceration on Robben Island?"

Questions may be raised through various methods. **Open questions** are to the group as a whole and give everyone in the audience a chance to answer. **Questions to random, named individuals** keeps the audience attentive but can be intimidating. **Questions along a row** mean that the first person has many options and the last person has very few options left and so pressure builds along the row and will

almost certainly guarantee that some students will not be able to contribute. Meanwhile students who answered questions first can take a break and possibly lose concentration and a sense of engagement. **Pose, pause, pounce** encourages everyone to think of a possible answer before someone (who you think may look as if they know) is invited to respond.

Responses

Regardless of the questioning strategy used, responses are critical in both engaging and interacting with the audience. Facilitators may respond to correct answers using:

- **Acknowledgement:** say, "Thank you," rather than, "Excellent," or any other overenthusiastic superlative (especially if the questions are just asking to recall something from memory).
- **Reiterate:** repeat or paraphrase the correct answer. This both affirms the student's response and allows students that may not have heard the answer to engage.
- **Expansion:** if the answer given is correct but only partially so, expand on the response. If relevant, ask supplementary question(s) relating to other parts of your lecture.

If an incorrect answer is given or students have no response, give a supportive response, and do not be hypercritical or sarcastic. Encourage the audience to share with you and everyone else so they understand clearly, e.g., "Well, OK, the right answer is...but you don't need to remember that because you can look up the dose, and it should be up on the wall in the resuscitation room." Or, "Well that was a difficult one. The answer is...and the way I remember this is..." Always contribute verbal and nonverbal responses that will encourage the audience to **engage and interact** with you and the other participants.

Timing

Do not over-run your allotted time. If you finish early, draw on the experience of participants and involve them in discussion.

Closure

Remember to encourage people to answer any questions:

- Wait 10 seconds
- Answer participant questions briefly
- Do not undermine the questioner
- If you do not know the answer to a question say that you will ask the faculty or look it up and get back to the group with the answer

Finish with a summary that gives a **clear take home message** with reference to the learning objectives from the lecture. The audience should have a clear picture of what was discussed and what they should remember to take with them to their next session. **Remember:** Tell the audience what you are going to tell them, tell them, and then tell them what you have told them. As you are concluding, provide an appropriate **termination:** be clear and tell people where to go or what to do next (e.g., "It is now time for coffee").

Appendix 4 Skills Teaching

BACKGROUND

Skills teaching uses a phased approach to teach skills of ranging complexity.

- **Stage 1: Demonstration of the skill, performed at real speed**

This stage provides visual imagery and a realistic look at how the skill should be completed. No commentary or explanation is given, but any talking that ordinarily accompanies the skill should be included (e.g., shouting for help).

- **Stage 2: Repeat the demonstration with dialogue, providing the rationale for actions**

This provides reinforcement – the performance is slowed and broken into parts to allow for questions on clarity and checking for understanding. This phase allows Instructors to motivate the audience to engage with evidence and theory behind the practical skill.

- **Stage 3: The demonstration is repeated, but the Instructor is verbally guided by one of the Students**

This phase begins the transition of the skill session to the Student. The Student talks the Instructor through the skill while the Instructor performs it. The Instructor does not lead the Student. This phase engages the Student's cognitive learning domain in preparation for the psychomotor learning domain during the next and final phase.

- **Stage 4: The Student repeats the demonstration and all students then practice the skill independently**

This phase completes the transition of the skill session to the Student and engages their psychomotor learning domain to support skill uptake. This stage may be completed multiple times to ensure competency.

Skills should be taught progressively in order of both their complexity and in the order in which they will be used. Skills should be taught as building blocks that may contribute to a larger general skill (e.g., using a multimeter is a building block in the larger skill of adequately troubleshooting a power supply unit in a device). Continuous and regular practice is essential to maintain competency over time.

STRUCTURE

Participants role-play an instructor teaching a student (role-played by the course facilitator or other participants) a skill. Skills teaching sessions should follow a typical teaching session structure.

1. Set

Adjust the environment. Ensure the heating and lighting are comfortable. This also includes the layout. Ensure students can see equipment as necessary and appropriately view a skill being demonstrated. Arrange pertinent equipment on a table and ensure it all works.

Welcome the students and introduce the topic. Give clear, realistic learning outcomes. Motivate the students by establishing the relevance and importance of the skill in everyday clinical or technical practice and in the context of the course. Remind students that once a skill has been learnt,

regular practice and correct performance are key factors in developing mastery of the skill.

Explain the four-stage approach. Clarify roles, including how the students will be expected to participate. Explain that as well as practicing the skill, they should be aiming to demonstrate competence as part of the continuous assessment process.

2. Dialogue

This is the main session where the skill is taught using the four-stage approach.

- **Stage 1: Demonstration of the skill, performed at real speed**
- **Stage 2: Repeat the demonstration with dialogue, providing the rationale for actions**
- **Stage 3: The demonstration is repeated but the Instructor is verbally guided by one of the Students**

Errors or uncertainties must be corrected. If the Student role-playing the Instructor is very anxious, then the whole group can be asked to lead the Facilitator through the actions.

- **Stage 4: The Student repeats the demonstration and all Students then practice the skill independently**

If a Student does something different or additional, then acknowledge it. But remind them that for the purposes of this course and demonstration, this is all that we will be required to do and that this is the way we will be expected to do it. If a Student is doing something incorrectly then pause and discuss what they are thinking and doing and correct the incorrect practice. Remain safety conscious at all times. Begin the process of continuous assessment of the skill against standard criteria.

If at any point the participant role-playing the Instructor has needed to step in to provide guidance or teaching, the Student has not been assessed and will need to demonstrate the skill again from the beginning. It is important to maintain standards in continuous assessment.

3. Closure

Ask if there are any questions. Summarise both the skill learnt and the four-stage method of teaching and clarify why they are important to the course and to daily practice. Terminate the session.

THINGS TO AVOID

Talking in Stage 1: it is important for all the participants to concentrate on your hands and the skill you are demonstrating in real time. Talking about it is distracting.

Anticipating what the participant will ask you to do: in **Stage 3** when you are demonstrating a skill under the instruction of a participant, be careful not to act until you are directed to do so by the participant. It is all too easy to take away the participant's control of the demonstration. Follow their instructions unless they are wrong, in which case ask them to rethink their instruction.

Cutting corners: do not skip a stage. It defeats the purpose behind teaching in this way which has been shown to assist deep learning.

TIPS & TRICKS

Setting Up for an Effective Skills Teaching Session

Choose a simple skill to demonstrate. This allows the participants to focus on how to teach the skill, rather than second-guessing the mechanics of what they are teaching. Ensure that you have sufficient equipment to divide the group into pairs to practice. **Make sure that everyone has the opportunity to teach a skill.**

Encouraging Engagement

In Stage 2 when you break down the skill into its different parts, explain what you are doing and why. Ask for questions from the whole group; this provides a space for the group to comment on various ways to perform a certain skill and keeps the whole group interested.

As facilitator, remember to provide **feedback** to participants when they have achieved satisfactory competency or when they have not done so and further practice is required. If an experienced participant appears disinterested in the teaching of a skill and is distracted or inattentive, strategies to involve them include targeting a question at them, halting feedback and wait for them to fall silent, or asking them to demonstrate the skill for everyone. This brings them back into the group and ensures they are engaged.

If the session is dragging and the participants are doing very well, make it fun! Pretend to be an incompetent student and get something wrong, then see how you are corrected. You could argue with the participant who is instructing you and get their response (be careful not to overdo it!). Then ask the participant how it felt to try to instruct such a person and the group how they thought their colleague dealt with the situation; discuss how best to facilitate learning with a non-compliant student.

Appendix 5 Simulations and Scenarios

BACKGROUND

In a scenario there is role-play using manikins and equipment. The scenario may also include other healthcare professionals. Facilitators provide the student with a very brief story and its context. Try to re-create the scenario in real time and try to make it as realistic as possible in a teaching scenario. You can give immediate feedback and explore the student's decision-making at particular points during the scenario. Do not allow incorrect practice as you want the student and the rest of the group to learn the correct actions. When facilitating a scenario, if errors are made you may allow the situation to deteriorate (e.g., for the patient's condition to get worse or the device to be damaged). Teamwork and leadership in a situation are essential elements of a scenario and not only bring together knowledge and practical skills, but also behavioural and human factors.

STRUCTURE

Participants role-play an instructor guiding a student (role-played by the course facilitator or other participants) through a simulation. Simulations should follow a typical teaching session structure:

1. Set

The Instructor assembles the manikins and equipment required for the chosen scenario and ensures all equipment is working and that they know how to use them. It is important to maintain safety with items such as intraosseous needles and cannulae. The Instructor should be familiar with the scenario (it is helpful to read it and perhaps run through it). The Instructor:

- Ensures layout is appropriate to enable discussion. Welcomes the group members. After everyone makes brief introductions, the Instructor then tries to give Students roles they could reasonably be expected to play.
- Explains that Students will now get to practise what they have learnt in the simulation demonstration in a safe learning environment. They may wish to say to the group that, "This is the simulation teaching session in which you will take on different roles which I will explain shortly. This should be hands on and hopefully enjoyable. We will take a couple of minutes to talk about it afterwards to bring the learning together from previous sessions and the skills that you have learnt."
- Explains the role of the participant to the selected person.

2. Dialogue

Brief the Student by telling them the scenario story and asking them to repeat it to you (to be sure it is understood correctly). Before the Student begins, ask if they have any questions about the scenario.

Run the scenario. The scenario script is not written in stone, and the person who is facilitating as the instructor should react to the actions of the student. It may be appropriate to give a well-performing student some extra complications in the scenario, but another student may need more prompting and guidance.

Do not allow major mistakes to proceed in a simulation without correction (e.g., skipping essential steps in the assessment). Take care not to under or over facilitate the scenario; try to let it flow. Stand back a little so the participant

(team leader) cannot always be looking at you for reassurance. Try to get them to focus on the manikin not you.

Whilst **teaching**, if students hesitate or make a mistake, ask them what they are thinking. The Instructor can provide occasional subtle prompts to keep the student on track and within the protocols, e.g., “What do you think should happen next?” and NOT, “Do you think you should move on to circulation now?” Generally, try not to simply tell them the answer, but let them work it out for themselves.

The Instructor should provide clinical information about the patient to the student as the scenario progresses, and when clinical information is requested by the student it should be given in a realistic time period; e.g., if the student asks for a blood pressure reading from a helper, then give the results after an appropriate short pause, as in real life.

The Instructor should manage time flow. If the student is slow, consider adding a new and maybe urgent clinical sign (e.g., “the patient is now losing consciousness”). This may speed the scenario up. Some students rush along by telling the Instructor what they would do rather than doing it. Ask the student to demonstrate the skills. Terminate the session if safety is compromised.

This is a teaching session so if an important error is made “pause” the simulation and ask the student to think about what they are doing or, “What is going through your mind now?” Do not allow bad or incorrect habits to occur for the student or those watching. These should be corrected at the time. Minor mistakes can be mentioned at the end to keep the scenario flow going.

When the scenario is finished move them away from the manikin. All should sit and provide **feedback** to the student and for the group to reflect on. The student and members of the group should contribute to any discussion.

3. Closure

Ask if there are any questions from the student or rest of the group. Summarise the learning points and terminate the session.

THINGS TO AVOID

Letting the student say what they would do rather than doing it: in a scenario the student must not simply say, “I would look in the mouth.” They must look in the mouth, at which point you can say, “The oral cavity is clear,” or whatever is appropriate to the scenario.

Not knowing your students: asking a student to role play a part which they will never do in their daily practice has no value for them. As an extreme example, asking a nurse to mend an oxygen concentrator or an engineer to manage fluids in a shocked infant simply puts unnecessary and unhelpful stress on people.

Not assessing which roles would be most helpful to a student: an anxious nurse who is to lead a scenario in front of their senior medical colleagues should be given a straightforward scenario about a situation with which they are familiar from their daily practice. An example would be a convulsing baby. They then have the opportunity to perform well, gain self-confidence and learn.

TIPS & TRICKS

Realism

Try to make the scenario setting and scene as **realistic** as possible. Take it seriously; you are interested in their actions, not their acting ability. Timing in the scenario also impacts the realism of the scenario; activities should reflect in part the time it takes to do something. If you are asked by a student what the blood pressure is or what the produced oxygen concentration is in an oxygen concentrator, pause for a few seconds before replying. In real time, results are not instantaneous.

Ensuring Understanding

Make sure that the participant facilitating the scenario as the Instructor understands it and checks with the Student that they understand. At the beginning of the scenario the person facilitating the scenario gives the student the scenario story. It is usually one or two sentences (e.g., "You have been called to the nursery to review a four-day old baby boy weighing 2.1 kg with a one-day history of severe chest indrawing and failure to feed"). Ask the student to repeat the story back to you so that you know the story has been clearly understood. If the student has any queries, clear these up and then ask them to proceed. When a student needs some guidance as to what to do next, do not tell them directly. Help them work it out with hints like, "You have sorted out the first and second steps; what will you do next?" Rather than, "Time to move on to circulation."

Ensuring Engagement

The Facilitator is responsible for appropriate **time management and flow** of the scenario. To be fair to all participants, a scenario must not extend beyond its allotted time, bearing in mind that feedback will follow. A slow student may need to be given an urgent clinical event to hasten completion. A very quick student may have some 'extras' thrown in like inserting an IV cannula, an intraosseous needle, or a nasogastric tube.

In scenarios skills, knowledge and **teamwork** are combined. A student may ask for an assistant, which is good; but ensure that the assistant helps as directed and does not take over!

Generally, scenarios are a **fun** way to learn. Be relaxed and at ease so that those to whom role-play does not come easily do not feel threatened. Be prepared to make the odd mistake yourself and be corrected, especially if you think others in the group are feeling rather exposed and out of their comfort zone.

Safety

Safety in a scenario includes both **long-term safety** of the learned technique (e.g., if a technique is done seriously incorrectly) and the **immediate safety** of the group. If something seriously incorrect is done, do not allow the scenario to proceed. Pause the scenario and go over reasons for doing it a particular way, or ask what led to the action(s). Correct the incorrect and then let the student proceed. If the immediate safety of the group is jeopardised, **the scenario must stop at once**. This is unusual but exceptions may occur (e.g., needles can be left lying around, or a glass vial may break). If a cardiac defibrillator is demonstrated great care is required. Safety during biomedical engineering trainings must be given serious consideration, particularly when dealing with scenarios involving power supply or line voltage troubleshooting.

Feedback

Feedback is critically important. It is an opportunity for both the participant and larger group to reflect on how the scenario was managed. It is important to highlight one or two key points that you think are important for the participant to remember, rather than dwell endlessly on minor issues and leave the participant with nothing to focus upon.

Appendix 6 Group Dynamics

BACKGROUND

The Discussion Leader's role is to pose the problem and allow students to explore and voice their understanding of it. The Discussion Leader should do much more listening than talking and should encourage discussion between the group members. After welcoming everyone and brief introductions (including why they are attending the discussion), the topic to be discussed is stated. Conversation can be initiated with a few questions and subtle body language that stimulates conversation to develop between participants so that they speak to each other rather than directing everything to the leader.

STRUCTURE

Participants role-play a Discussion Leader facilitating a discussion about a pre-selected topic with Group Members (role-played by the course facilitator and other participants). Group discussions should follow a typical teaching session structure:

1. Set

Adjust the environment. Is the heating and lighting comfortable? Are the chairs arranged in a manner helpful to discussion (e.g., in a circle or semicircle)?

The Discussion Leader usually sits within the group and introduces the topic and learning outcomes (that will be exploratory rather than conclusions). It may be appropriate to set some ground rules such as confidentiality and respect of the opinions of others. Ask everyone to quickly introduce themselves (e.g., what they do, why they are there). This helps the Discussion Leader and group members to appreciate each other's experience and background. It also gives everyone the opportunity to 'hear their voice' and claim speaking space in the group.

2. Dialogue

In the dialogue the Discussion Leader relinquishes the chair role and does not lead the dialogue that is driven from within the group. The Discussion Leader leads an open discussion with minimal contribution and allows discussion to flow and develop where possible. The Discussion Leader encourages the discussion to elaborate and develop, encourages people to reflect on personal experience and tries to ensure that all contribute. Sometimes it is necessary to acknowledge (and where necessary control) any participant behaviours that are likely to disrupt the group, mainly through body language.

3. Closure

The Discussion Leader brings the discussion to a close by asking if there are any further questions, and then summarises what has been discussed. There may well be no clear outcomes. Ask if anyone has any last-minute additions or if you have inadvertently left anything out. Thank them all for their contributions and close the session. When terminating the discussion make clear what happens next by letting the group know what the next activity is and when the group can meet again.

THINGS TO AVOID

Ignoring the setting: sitting in a lecture room behind desks is not conducive to discussion, nor is it assisted by a Discussion Leader sitting behind a desk or at a distance from the rest of the group.

No introductions: if people in a group do not know each other and do not know why they are there, the discussion will be stilted.

A long preamble: if the Discussion Leader's introduction to a topic goes on too long, the rest of the group will lose interest and focus.

Talking too much: in a good discussion the Discussion Leader initiates the discussion, but then listens to the group as they put forward their ideas and thoughts.

Not listening attentively: if the Discussion Leader does not pay attention or decides to answer his phone, etc., the discussion flow will falter.

Losing control: discussions often need guidance or reframing if going off the topic. Do not let a dominant speaker take over or an argument develop. Intervene before this happens and consider how to gently refocus everyone's minds and thoughts.

Imposing your own views: the Discussion Leader's role is to hear other people's opinions not to impose their own.

TIPS & TRICKS

Body Language

Body language includes the way we sit, our facial expressions, hand gestures, and posture. These elements are as important in communication as the words we use. Maintain an engaged **posture** by leaning forward into the group when you are listening. This shows you are attentive. Sit back a little if someone speaks for too long. You can also slightly turn away from someone who is always talking and not allowing others the chance to speak. **Hand gestures** may be used to invite or inhibit speech. An open palm held horizontally upwards invites someone to speak, a raised open palm facing the floor is saying please stop. **Eye contact** should be used selectively; try not to have eye contact with the speaker (which may be threatening or, conversely, encourage a lengthy contribution) but sweep the group with your eyes.

Managing Participants

Managing participants within a group is complex and requires varying approaches depending on the type of participant. If a member is **very talkative** or dominates the discussion, you can make an appropriate hand gesture, or ask, "What do others think?" or, "Wait a second [Name], let's hear what the others think." If a participant is having **trouble communicating** or speaking out, consider their attitude. If the non-communicator is attentive and engaged in the group discussion, they do not necessarily need to speak in the discussion. However, they may be encouraged to say something by using an appropriate hand gesture or turning a little towards them, making eye contact, or asking them an undemanding question such as, "Sister Phoya, I am sure you have had experience of this in your daily duties." Another approach to widen those being addressed is by saying, "What do people on this side of the group think?"

Appendix 7 Simulation Assessment

BACKGROUND

Simulation assessments involve collecting data, observing and measuring performance against a set standard. It is necessary to ensure someone has met the standard expected, as it demonstrates our responsibility to patient safety and to fairness. An assessment must be practical, replicable, and have validity. It tests attitude, skills, knowledge, decision making and competence.

Why test?

Tests are a measure of both participant achievement and effectiveness of learning and teaching. An assessment often gives focus and motivation, but it also allows feedback to enable a participant to reflect and to plan their ongoing personal development. An assessment helps predict a person's performance in a work-based situation and contributes to professional development. Indeed, assessments are often professional requirements. Participants and Facilitators need to be clear as to what is being assessed and what is a satisfactory performance. Assessment tools in provider courses include Multiple Choice Questions (MCQs), continuous skills assessment and simulation testing.

Types of assessment

A continuous skills assessment is an ongoing process throughout the course where there is repeated sampling of participants' practice and opportunities to develop and demonstrate skills. Feedback in **continuous assessment** provides brief, honest, clear feedback on how a participant performed and key points for improvement. **Formative assessments** monitor a student's learning and are designed to assist in learning. They are often part of continuous assessment. Examples of formative assessments are a short quiz after a lecture, an essay on a curriculum topic or mini-assessment of a practical skill. In a **summative assessment** a participant is tested against set criteria. In this test no prompts are given during the process. Clinical or technical information is given as required by the assessment itself. Pass or fail decisions are made based on assessment of a participant's performance against pre-set criteria. It is the Instructors' responsibility to maintain safety throughout. It is important to note and to say that failure to pass a course does not mean failure to learn; many participants gain and learn a lot without passing. Nor is the assessment a measure of a participant's worth in their occupation.

STRUCTURE

Participants role-play an instructor or co-instructor assessing a student (role-played by the course facilitator or other participants) through an assessment. Simulation or competency assessments should follow a typical teaching session structure:

1. Set

Participants should be told at the start of the course that assessments will be made. They must know when and what type of assessments to expect, e.g., MCQs, short answers, skills scenarios. Participants also need to know, again before the course commences, that they will be continuously assessed throughout the course. Create a relaxed mood for anticipating

the assessments. It is unhelpful for participants to feel intimidated or fearful. Mentors can help the anxious participants to stay calm and approach the assessment in a balanced manner.

When assessing a competence such as a skill or a scenario the Instructor must make sure that all the necessary equipment is available to the participant. An assessment is best done with two Instructors. The standard to pass must be pre-set and universally applied.

2. Dialogue

The Instructors prepare the equipment necessary to assess the skill or scenario; they discuss and agree the opening statement to be given to the participant: they confirm the pass / fail criteria and decide who will introduce the participant to the assessment and who will act as co-Instructor and take notes of the actions.

The student is called into the room and asked to confirm their name and told that they have 5 minutes (or whatever time is allocated) to do the assessment and not to worry if in the time they are unable to complete a full competency, such as running a scenario. They are told that if the situation requires an assistant the co-Instructor will take that role.

After giving the story and confirming understanding the student is asked to proceed. The Instructors watch and do not make comments, do not help, hint or express disapproval. When time is up the participant is asked to step outside the room and wait while the Instructors confer. If they agree on the outcome the participant is asked into the room again and given the result. If the Instructors disagree on the outcome the Course Director is asked to adjudicate and has the final decision.

3. Closure

If the participant has passed it is appropriate to congratulate them as they are given the results. If they have failed they can be told one or two key points that need addressing before a retest. Inform the participant when the retest will be held and that a different pair of Instructors will evaluate them.

THINGS TO AVOID

Poor instructions: the participant needs to know how long the assessment will take, and if there will be any warning when running out of time. The participant must also have clearly understood the opening statement about the skill or scenario.

Intimidation: participants do not need 'winding up.' They are already anxious as a lot may depend on passing this test (promotion, self-esteem, reputation, improved CV).

Teaching instead of assessing: it is all too easy to give hints to a participant by facial expression, the odd word, or correction. This is inappropriate in an assessment.

Using misleading phrases: do not say, "Well done," or, "Great," when a test has been completed. The participant will take this as a hint that they have passed. It is then even more devastating to return and be told you have failed.

Over condolence: If someone has failed and needs to retest, it is unhelpful to spend a long time sympathising with them and almost making them feel it was not their fault.

Explaining all the errors made during the test: stick to the few important matters

that need correction. Getting bogged down in minor items will not help the participant to concentrate on improving what is essential to pass.

TIPS & TRICKS

Contribute To A Good Result

Facilitators contribute to a participant doing their best through the general atmosphere in the testing setting and ensuring clarity in the testing assessment process. Be relaxed, smile at the participant when they enter the room and help your participant to relax. You want them to do their best, and you can convey this with your attitude. Be clear in your directions. If the participant is very nervous be sure to repeat your introductions and ask if they have been understood.

Considerations During Conclusion

Communicate with your co-Instructor. If you are leading the assessment, the co-Instructor often observes things that you missed or have forgotten. When discussing the outcome of the test go carefully but quickly through the test to agree the outcome. The participant should not have to wait a very long time for their test result. Be quick but fair. Ask for advice from the Course Director if you feel unsure as to whether the participant should pass. Try to do this immediately so as to prevent increasing anxiety in the participant, who is anxiously awaiting their result.



END OF GIC FACILITATOR'S GUIDE

Refer to the GIC director at the end of the course.