INTRODUCTION

An understanding of the objectives in the short term for the tutorial itself and in the longer term of the course itself needs to be clearly understood by both the tutor and trainees alike. The tutor needs to arm himself with certain skills and knowledge. Skills required are good communicative skills, a strong empathy for his trainees, and leadership skills. These skills are acquired over time as no-one is a born teacher. Exposure is vital to all aspects from teaching methods, learning styles, examination methods, and both local and overseas role models. The tutor needs to keep up to date with the changes in clinical medicine and medical education. He/she is however not expected to be the clinical expert in all the clinical issues discussed, as learning is encouraged to be multidirectional. He/she, as the facilitator, must however understand the curriculum and methodology of assessment of the course. In particular, the tutor must know the strengths and weaknesses of his/her trainees. This is essential in planning for the objectives of the tutorial.

INFRASTRUCTURE

A common problem faced by tutors is getting the right environment to teach. A quiet, well lit and air-conditioned room is required together with chairs and tables that can ideally be arranged to different settings depending on the activities. A computer (ideally with a broadband Internet connection) together with a projector and screen and the availability of a whiteboard would also be basic requirements. This is a simple requirement that is often ‘forgotten’ by administrators and lamented by tutors and trainees.

ORGANISATION

The bulk of tutorials are conducted by the trainees themselves with support and guidance for the tutor. Self-directed learning is encouraged in both undergraduate and postgraduate teaching. The tutor has to provide the format of the tutorial to the trainees. The trainees then prepare topics using the selected formats. Once again the spirit of participation has to be a norm of the tutorial. The tutor has to encourage cooperation and self management amongst the trainees. The trainees must feel being responsible for the peer teaching session. It is important that the trainees are respected as adults and thus they must feel responsible for their own learning. The tutor who is ultimately responsible must provide a safe and nurturing atmosphere for the trainees to develop their full potential.

Even the tutors need to be organised. The tutor or his senior must recognise their own strengths and weaknesses so that the resources are best organised for the benefit of the trainees. Thus it is the author’s practice to divide trainees into groups according to their needs to and assign tutors according to their strengths. In this way the objectives of the tutorials are congruent with the current needs of the trainees.

Whilst it is important to have a well-organised tutorial system, it is just as important to have a parallel system that offers both training to the tutors and providing a support network for the tutors.

STRUCTURE OF THE TUTORIAL

It is important that the tutorial has a certain structure as a degree of control is required. It is up to the tutor to decide on the balance of control and freedom given to the trainees. Trainees are different and some will require more encouragement whilst others will need to be more controlled, and the tutorial needs to be structured but still flexible enough to cater to the needs of all the participants.

Clinical content: Normally the tutor has to be prepared to ‘warm’ up the trainees with an ‘Introduction’ topic. This is generally a clinical issue and is related to the current reading resources of the trainees. It is the author’s practice to pick a topic that involves planning, strategy, approach, or way of thinking, and then the trainees follow up with specific cases/management problems and often the tutor will re-emphasise methods of problem solving.

Examination techniques: In addition there are specialised segments in each tutorial that are centred on specific
examination related topics such as Written Exam Questions, Physical Examinations, Communication skills etc.

**Housekeeping:** Is important to review what went well and what did not, and to plan activities for the next tutorial. It is important for tutors and trainees alike to prepare for each tutorial to elicit the maximum benefit from each session. It is the author’s practice to always start and end on time, after which they are free to socialise with one another.

**CONCLUSION**

It is important that the tutor sees each tutorial as an entity by itself and as a cog in the bigger picture of the training programme. Thus the tutor and the trainees must be clear to the objective of each tutorial and how this fits into the greater objective of the programme. The tutor needs to be aware of the various teaching methodologies available and apply what he/she thinks suits the trainee best. The ultimate lesson is that we are always learning and what better way than to learn together with our own colleagues.

**FURTHER READINGS**

2. Jaques D. ABC of learning and teaching in medicine. Teaching small groups. BMJ. 2003;326:492-494 [www.bmj.bmjournals.com/cgi/content/full/326/7387/492](www.bmj.bmjournals.com/cgi/content/full/326/7387/492)

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**More quotations on teaching and teachers ...**

Memorization is what we resort to when what we are learning makes no sense. [Anonymous]

It is what we think we know already that often prevents us from learning. [Claude Bernard (1813-1878), French physiologist]

The highest result of education is tolerance. [Helen Keller (1880-1968), deaf blind American author and activist]

Experience teaches only the teachable. [Aldous Huxley (1894-1963), English novelist]

Teachers open the door. You enter by yourself. [Chinese proverb]