



EUROPEAN
FEDERATION
FOR COLPOSCOPY

5th Satellite Meeting and Training the Trainers

Hotel Pullman **Brussels** centre Midi

15th December 2017

Training the Trainers

16th December 2017

5th EFC Satellite Meeting





EUROPEAN
FEDERATION
FOR COLPOSCOPY



Training the Trainers

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WHO CAN BE TRAINER and WHAT IS THE ROLE?

efc

Training the Trainers

15 December 2017

- **WHO CAN BE TRAINER**

You

Any colposcopist

WHAT IS THE ROLE?

That depends

UK DEFINITION OF THE ROLE

1. ensuring safe and effective patient care through training
2. establishing and maintaining an environment for learning
3. teaching and facilitating learning
4. enhancing learning through assessment
5. supporting and monitoring educational progress
6. guiding personal and professional development
7. continuing professional development as an educator

BSCCP Position

“The Society is committed to ensuring that high quality training is the norm. With this in mind, the Certification and Training Committee have proposed that Trainers in Colposcopy should be able to demonstrate appropriate training in assessing and giving feedback to their trainees, thus complying with PMETB/GMC standards for Trainers. This proposal has been endorsed by the BSCCP Executive Committee.”

“The Society believes it is important for its trainers to have received training in educational supervision and applying for BSCCP accreditation as a trainer offers the means to demonstrate this”

COLPOSCOPY TRAINERS

- High quality training requires high quality trainers
- Colposcopy trainers have often been unregulated
- Good training requires a training programme
- Not all trainers have any training or experience in educational supervision
- Therefore, there is a potential gap between the requirements for good training and the capabilities of trainers

WHO SETS THE TRAINERS ROLE?

- Professionalism in medical education and training is a universal requirement
- Training in colposcopy also has a function outside of the colposcopy structures
- Trainers in colposcopy are responsible to:
 - local & other bodies
(Trusts/Deaneries/GMC)
 - the BSCCP/Local Colposcopy Body
 - trainees

European Journal of Obstetrics & Gynaecology and Reproductive Biology

May 2015, Pages 124-128

Colposcopy training and assessment
across the member countries of the
European Federation for Colposcopy

E.L.Moss C.W.E.Redman M.Arbyn
E.Dollery K.U.Petry P.Nieminen N.Myerson
S.C.Leeson

European Journal of Obstetrics &
Gynaecology and Reproductive Biology
May 2015, Pages 124-128

- Conclusions

There is considerable variation in colposcopy training and assessment across Europe. This study has enabled consensus opinion with the EFC on the contents of an EFC core curriculum. The revised curriculum has a mandate from the EFC member countries to be implemented across Europe as the standard for colposcopic training.

SOME BASIC POINTS

- See one, do one, teach one has no place
- Colposcopy training should use the tools of postgraduate training
- Colposcopy training is only a part of wider training
- Trainers are responsible to local, regional national and possibly international bodies
- Training is not something that is done to a trainee

WHAT A TRAINER NEEDS TO KNOW

- how people learn

WHAT IS LEARNING?

- Learning is the acquisition of new knowledge, skills or attitudes
- With learning comes change in behaviour
- Teaching is providing the opportunity for that to happen.

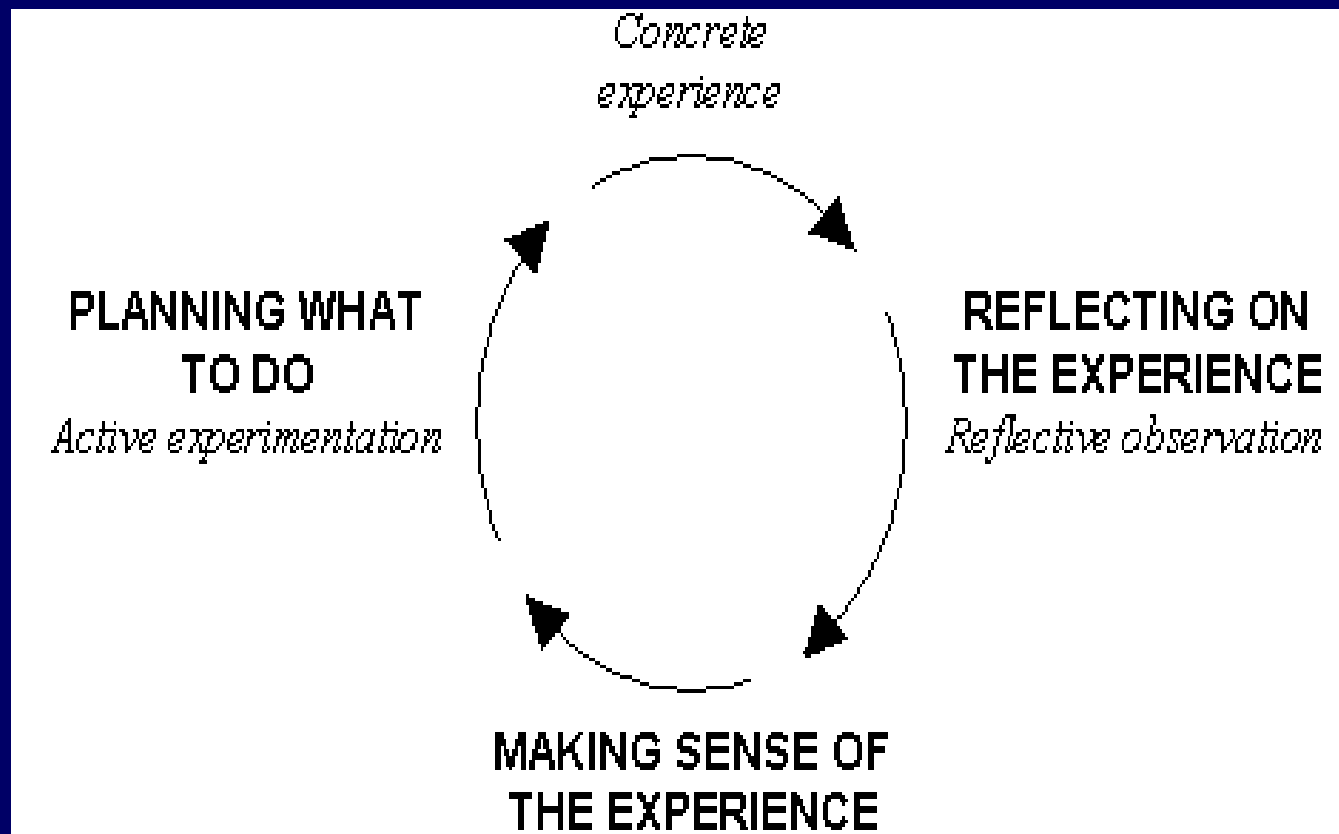
EDUCATIONAL THEORY

- Behavior theory
- Cognitive theory
- Humanism and adult learning theory
- Situated cognition and the transfer of learning
 - Effective teaching and training depends upon the practical application of learning theories


EXPERIENTIAL LEARNING (Kolb)

- highly relevant to learning in medicine
- ideas are *formed* and *modified* through the experiences we have and by our past experience.
- ‘reflective practitioner’ facilitate shift from ‘novice to expert’

KOLB'S LEARNING CYCLE

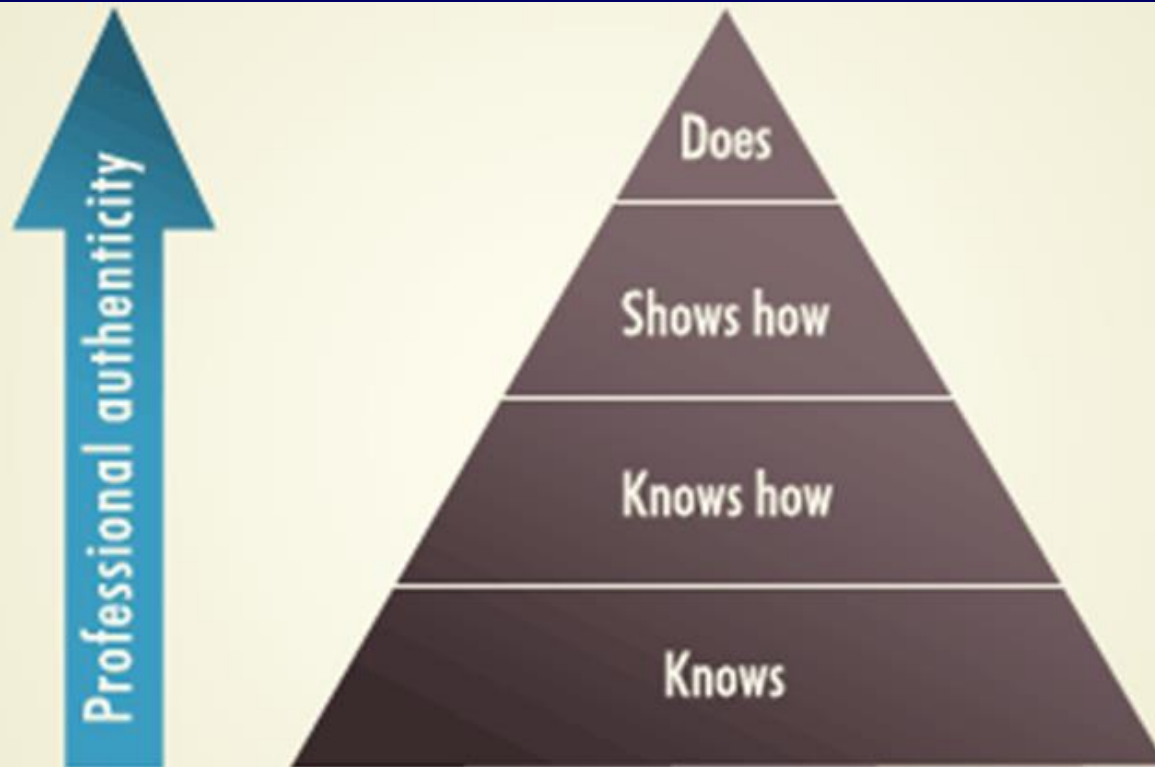


DOMAINS OF LEARNING



Level	Knowledge	Skills	Attitudes
Problem solving	analysing synthesizing evaluating	mastering adapting	judging
Application	applying using	practicing	advocating
Base level	recalling understanding comprehending	observing initiating	listening empathising responding

The higher you climb, the more likely to change your behaviour



Miller GE. The assessment of clinical skills/performance.

MILLERS PYRAMID

PRACTICE AND THEORY

- Difficult to come up with 'rules' of training that will fit all possible situations.
- some general principles for learning
- a range of theories and approaches that can be picked and mixed to suit the given situation.
- instead of talking about right and wrong, we could talk about the ***conditions under which a given approach is most likely to work*** (Michael Eraut 2002).

AFTER THE SCIENCE

- KISS
- 6 P's
- Rule of threes
- Establish relevance
- Establish your credibility
- Teaching is not learning
- The trainee is the focus of the process

FEEDBACK

Why Bother?

Feedback is essential to the trainers role

- Raises trainees awareness
- Reinforces good practice
- Motivating for the trainees
- Improves performance

FEEDBACK

- SMART

specific

measurable

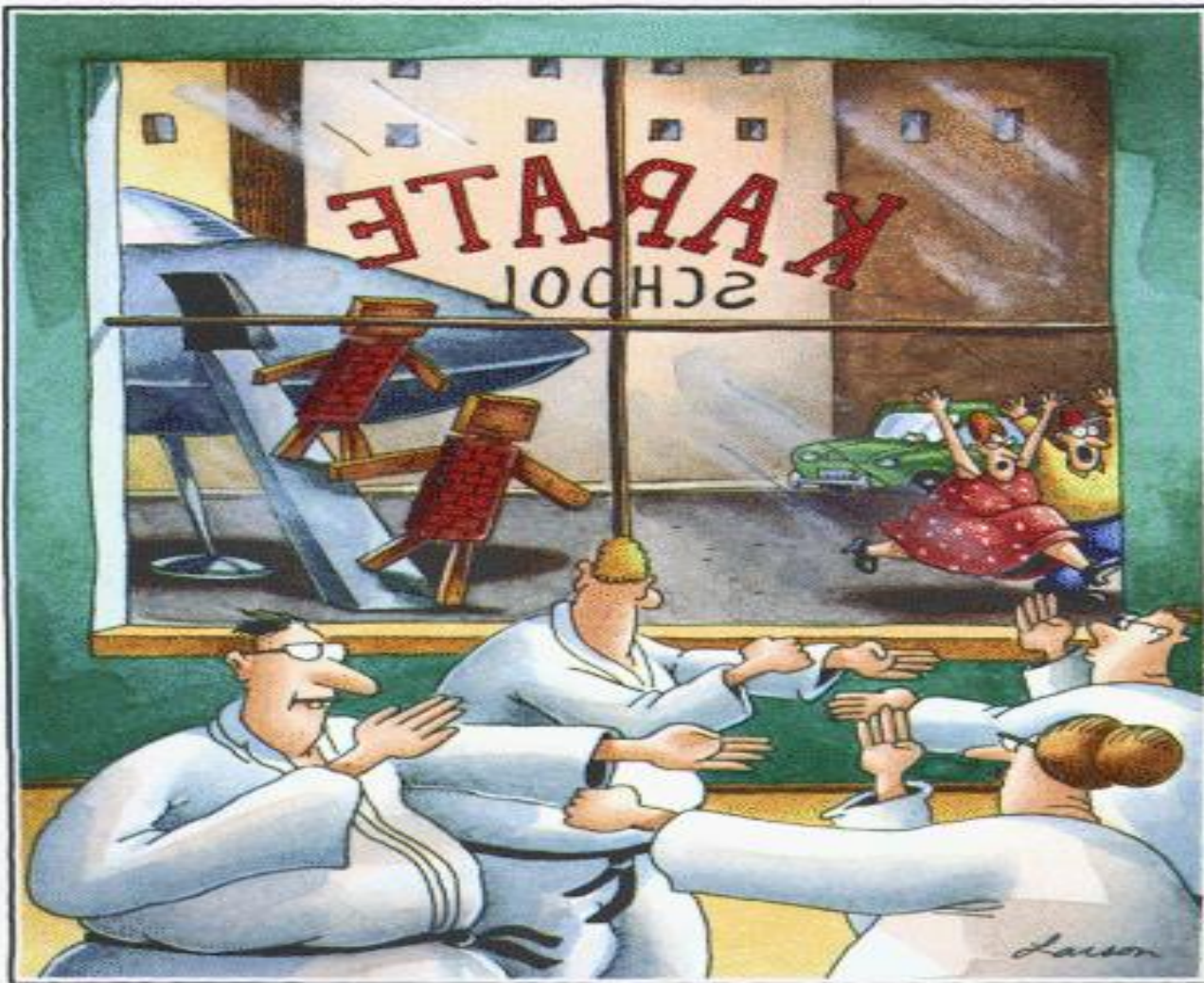
achievable

relevant

time-bound

SUMMARY

- Complex training requires professional trainers
- Training skills can be learned and so should be sought and taught
- Trainers need some knowledge of
 - learning theories
 - practical applications
 - effective feedback
 - the local structures that govern training



The class abruptly stopped practicing. Here was an opportunity to not only employ their skills, but also to save the entire town.

ANY QUESTIONS?