Teaching Students and Junior Doctors Together – Vertical Integration

'Vertical integration of general practice education and training is the coordinated, purposeful, planned system of linkages and activities in the delivery of education and training throughout the continuum of the learner's stages of medical education.'

Vertical Integration Strategies for Students and Junior Doctors

The implementation of vertical integration:

- Improves the training experience for both teachers and learners
- Reduces the load on senior clinical teachers

If you are asked to teach, you may first like to check with RCS and PMCT staff for advice about how to structure learning programs that take advantage of vertical integration.

Strategies to consider:

- Sharing teaching roles across all the doctors on your team
- Involving registrars in teaching of medical students and junior doctors
- **Joint teaching sessions for both medical students and registrars e.g. joint lunch-time case presentations scaffolded e.g. Registrar "Thing I wish I had known when I started", Junior Doctor - Common minor illnesses, Student Case Presentations**
- Sharing teaching resources between supervisors
- Small group learning situations facilitated by a range of supervisors on a rotating basis
- Involving students and junior doctors in out-of-practice training opportunities
- Involving the broader inter-professional team in education and supervision

Ways to support these strategies:

- Good organisational support from admin or nursing team
- Structuring of appointments/patient consults and strategic use of physical facilities
- Consulting in tandem using the "wave" technique (attached) in GP, and in hospital clinics where possible
- Using "priming", "framing", "the one minute preceptor" and "Aunt Minnie" models for teaching
- Using feedback effectively