#### **CAREERS CLINIC**

# How do I select the right clinical teaching fellowship?

Experts tell **Abi Rimmer** there are many aspects to weigh up when considering the options that would work best for you





"Avoid posts without a clear structure" Phil Walmsley, consultant orthopaedic surgeon, NHS Fife

"Clinical teaching is exceptionally rewarding, and the opportunity to take up a post that allows you to concentrate on it can be beneficial, both professionally and personally. Over recent years the number of posts has expanded rapidly, but they vary in quality and opportunity. This variation lets candidates find a post that suits their needs.

"The majority of posts will have a formal teaching commitment. But what proportion of your work this will be can differ, as will post length, staff levels, environment, clinical involvement, and involvement in developing teaching material for university courses.

"Before applying for a fellowship it's worth contacting those who've completed it to get a clearer understanding of what it entails. To make an informed choice, you need to establish why you want to undertake the post.

"Things to consider include the stage you are at in your career, the length of the post, and how it fits into your career plan. You should also think about how you want to develop your skills as a clinical teacher, the availability of mentoring during the post, and what access is available to a formal teaching qualification.

"If you can, avoid posts with a heavy clinical or on-call commitment and those with supervisors who have no clear interest in teaching. You should also be wary of posts without a structured teaching programme and those which are essentially ill defined research posts, unless you are planning full time educational research."



"Consider the clinical and teaching split"
Shamim Nassrally, acute internal medicine specialty trainee year 7

"Teaching fellowships are an invaluable opportunity to develop clinical teaching skills and can help you gain experience in leadership, management, and educational theory. There are a number of things to consider when applying. Consider whether the role is mainly clinical skills focused, classroom based, or simulation based, and what the distribution is between the different educational modalities if the role is a mixture of these methods.

"You should also consider how your time would be split between clinical and teaching activities. Some fellowships offer one day a week or more to continue your clinical work which can be important for craft based specialties that might need continuing practice to maintain skills.

"You should also find out if a formal educational qualification is part of the package. Many fellowships fund fellows to study towards an educational qualification such as a postgraduate award or diploma in medical education. Is this the case and, if it is, is the time allocated for an educational qualification part of the role?

"It's also important to know whether the role includes on-call commitments. Time away may let you focus on your educational role, and give you some respite from antisocial clinical commitments and a year without night shifts. A teaching fellowship, along with many similar roles, can help reduce the burnout associated with high intensity clinical work."



"Speak to previous fellows about the specific role" Oluwaseun Anyiam, diabetes and endocrinology specialty trainee year 5

"The most important factor to consider when choosing a clinical teaching fellowship is the proportion of dedicated teaching time it offers. This can range from 20% to 100% and should be detailed in the job specification.

"Some people prefer a higher teaching load which may come with additional responsibilities, such as organisation of teaching. Others may prefer a greater clinical component to improve their understanding of a particular specialty. I suggest speaking to previous fellows to get an idea of how the split works in practice.

"The specialty of the clinical component is another important consideration. Clinical teaching fellowships are great opportunities to learn more about a specialty of interest to you. Working within the specialty can provide valuable experience, particularly if you are undecided about what to commit to long term.

"It's also worth thinking about the hospital in which the fellowship is based. Tertiary centres are generally linked to universities and tend to have more medical students, although district general hospitals can have large numbers of students too. Moreover, a hospital having fewer students is not necessarily a negative as this can allow for closer student-tutor relationships and the potential for peer-mentorship roles during the fellowship.

"Remember that clinical teaching fellowships are rewarding and fulfilling experiences and will provide you with skills to take forward into the rest of your career."

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Graham Kramer, 57, worked for 23 years as a partner in Montrose and is now a freelance GP in Edinburgh. In 2014, as the Scottish government's clinical lead for self management and health literacy, he was a principal author of Making it Easy, a national action plan. It urged the medical profession to remove unnecessary barriers to understanding and led to the development of the Health Literacy Place, a website providing patient resources. He is currently clinical lead for Scotland's House of Care programme, which promotes the ethos, skills, and system change required for general practice to provide care and support planning.

#### **BMJ CONFIDENTIAL**

# Graham Kramer

# Holding a lens to health literacy

#### What was your earliest ambition?

I wanted to be David Attenborough and even initially went to university to study biology. In retrospect it was wise to change to medicine: I would have been rubbish in front of a camera, and besides, David Attenborough's still in his job.

#### What was your best career move?

Taking a 12 month sabbatical to study full time for a postgraduate diploma in general practice in New Zealand.

#### How do you keep fit and healthy?

I have a very energetic and inspirational spouse who climbs mountains, cycles, and runs, and I'm determined not to let her overtake me. It's getting harder.

#### What single change would you like to see made to the NHS?

A relentless focus enabling people to truly collaborate in their own care.

#### What would you say to your former student self?

Learning to be a doctor isn't all that difficult, but devote your greatest efforts to developing and preserving your humanity: it will be your greatest guide.

#### Do doctors get paid enough?

Most of us would take a reduction in workload over a pay rise, any day.

#### To whom would you most like to apologise?

All patients who were too polite or felt too ashamed to let me know that they didn't understand a word of what I said.

#### Which living doctor do you most admire, and why?

Many of my medical heroes have now died, but I'd choose Trish Greenhalgh, for her ability to communicate her wisdom and intellect with effective simplicity.

#### What is the worst job you have done?

As a student, knocking on doors pretending to do surveys on people's central heating, to see whether they might need a salesman to call. I lasted a week.

#### What unheralded change has made the most difference in your field?

The physical problems of an increasingly out of shape and unfit population, for which medicine has assumed an overzealous responsibility.

## What new technology or development are you most looking forward to?

An app that scans a doctor's letter and translates the medical jargon.

#### What book should every doctor read?

*Culture, Health and Illness* by Cecil Helman. An anthropological gaze is an important skill in understanding why patients seek our help.

#### Where are or when were you happiest?

Trekking with my family in New Zealand and Nepal.

#### What personal ambition do you still have?

To run a marathon every decade until my last—and not to let my wife overtake me.

### What poem, song, or passage of prose would you like at your funeral?

"For Good," from the musical Wicked by Stephen Schwartz.

If you weren't in your present position what would you be doing instead? Medical anthropology or filming emperor penguins.

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