

# Teaching non-medical topics on medical courses: how to win students over

When **Mark Griffiths** started out as a lecturer, his students found his lectures irrelevant. Here he explains how he slowly won his audience over

**W**hen I first became a lecturer I was given a whole range of teaching duties on all sorts of medical and paramedical courses. Every week I had to teach health psychology to unmotivated students who were sitting my modules only as a means to an end (in order to get their degree). The sole reason I was teaching it was because my line manager told me to. Neither the students nor I could see the relevance of what I was teaching. The informal feedback I received about my modules consistently questioned the usefulness of my lectures. I didn't know what to do to make them more relevant. Formal written feedback from the students said that they had no problem with my lecturing style; they found what I had to say utterly irrelevant to their studies. I knew I had to teach them again the next year; so I had to do something to address the situation.

I had lots of suggestions from colleagues, some of which I followed up. An underlying theme entailed "getting to know the students" more effectively. I had never learnt the names of the students in my groups (as I saw them only briefly once a week), I never saw any of them in their work context, and, to be honest, I did not even know what they actually did in their clinical setting. I never engaged in any social interaction after the lectures were over (I just wanted to get the hell out as quickly as possible), and I never interacted with other staff members on the degree programme.

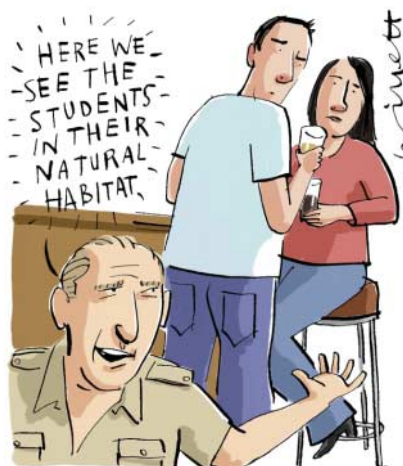
The introduction of a psychology component into medical courses is a fairly recent innovation. I believe that psychology has relevance to most aspects of our lives and therefore must also be relevant within a medical training programme. The main objective of such training is to produce an individual who is not only competent in relevant clinical skills but who has also gained the interpersonal skills which will enable them to care more effectively for their patients.

I soon discovered that the most important thing a psychology lecturer must find out when teaching psychology

to medics is what those people do on a day to day basis and the conditions in which they do it. Without knowing this it's almost impossible to design a course that will cater for the group's specific needs. Gradually, I began to learn more about my students as I spoke with them and watched them in their clinical setting. It was time spent in the clinics that helped me most, particularly when it came to giving relevant examples.

I decided that the only way to get myself out of the rut I was in and gain the students' trust was to start interacting with them both inside and outside the classroom. I had several strategies.

- At the end of my first session at the start of my second year of teaching, I took home a set of student photographs and learnt the names of everyone in the class (thankfully I had no more than about 25 students a year). In the second session the students were totally amazed that I knew all their names. My efforts appeared to pay dividends.
- I asked the department where I was teaching if I could start sitting in on student clinics. This gave me a good insight into what the students did on a day to day basis. Not only could I then incorporate real examples into the lectures, but students began to realise I did care about what they were doing and that I wanted to make my teaching relevant.



- I asked for my own pigeonhole in the department and began to spend time in the staffroom and talk to other members of the medical staff. This changed my status as an "outsider," and both staff and students started to see me as a bona fide member of the departmental staff.
- Every week I would go to the pub or canteen where students ate lunch and would chat to them informally about how I could improve my modules and what they would like to see introduced. This proved to be a much better feedback mechanism than formal evaluation forms. As a consequence, I started to be invited to the students' social occasions such as the Christmas dinner and the end of year post-results parties.
- I began to do psychological research within the medical setting with other staff members. I also started to publish in medical outlets or make reference to my student groups in other writings. For instance, a "Don's Diary" that I wrote for the *Times Higher Education Supplement* was displayed by students with pride on their noticeboard because I had mentioned them.

It is hard to say which of these was the most important in getting the students on my side—it was an overall accumulative effect. However, all the students noticed that I was often at their clinics. Having seen them in action, I also began to understand why some of my previous teaching had been totally irrelevant. The students also began to realise that I wanted psychology to have an impact on them and I started to discuss with them the potential applications.

Much of this article is perhaps common sense and some of the things I've mentioned would simply require changes in policy rather than changes in teaching input. On any degree course (regardless of main subject) a broader perspective may be an advantage, especially if the subsidiary subjects are relevant to the main theme. Applied psychology is an integral part of medics' everyday work so I would argue that it's a useful adjunct to medical training. However, careful planning is required at all levels if the medical profession is to benefit from psychology. A psychology course is only as good as the people who are teaching it.

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