Title: Foundation Year 1 Doctors (FY1s) perceptions on learning via working on-call for Acute Admissions.

Category: Ensuring Quality: Education
Abstract Title: Foundation Year 1 Doctors (FY1s) perceptions on learning via working on-call for Acute Admissions.

Author(s): Amin S, Cartledge J, O'Kane K, Taylor A
Lead Contact Name: Shital Amin
Lead Contact Tel: 07962 347251
Organisation: Guys' & St Thomas' Hospital NHS Trust
City: London
Country: UK
Postcode: SE1 9RT
Mobile Tel: 07962 347251
Email Address: shital@doctors.org.uk

Aim
Since the introduction of the European Working Time Directive (EWTD), doctors have worked less hours (1). Furthermore, it is perceived that FY1s are not seeing as many acute patients when on-call compared to doctors pre-EWTD. This qualitative study was designed to investigate how valuable FY1s find working on-calls during the day, weekend and night.

Methodology
FY1s were randomly invited to participate in focus groups at Guys & St Thomas' Hospital. The focus groups were tape-recorded, transcribed and analysed looking for recurring themes until saturation. These findings are part of a larger research study and had gained ethical approval by The Ealing and West London Research Ethics Committee.

Outcomes and Results
FY1s can see the benefits of working on-calls, especially nights. Naturally, during nights less doctors are available thus FY1s feel they have more opportunity to initially manage acutely ill patients. Working nights allow FY1s more time to reflect upon clinical cases they encounter. FY1s growth in confidence is correlated to the number of patients they clerk and the variety of clinical cases they see. Rotations with six months medicine and six months surgery with on-calls are preferred by FY1 as they are perceived as creating better learning opportunities compared to other speciality specific attachments with no on-calls (e.g radiology).

Conclusion
All FY1s highly value working on-calls during their first year of practice, the EWTD and other factors has significantly reduced their opportunities to do so.

References
Title: Simulation for Stimulation: ‘See one. Do one. Teach one’? ...or ‘See one. Simulate many. Learn to do one (safely)?’

Category: Ensuring Quality: Education

Abstract Title: Simulation for Stimulation: ‘See one. Do one. Teach one’? ...or ‘See one. Simulate many. Learn to do one (safely)?’

Author(s): JP Storey, FL Knights, SY Khan, NA Cooper

Lead Contact Name: James Storey

Lead Contact Tel: 07966535413

Organisation: Leeds Teaching Hospitals NHS Trust

City: Leeds

Country: England

Postcode: LS1 3EX

Mobile Tel: 07966535413

Email Address: jpstorey@doctors.org.uk

Aim
First-responders to in-patient emergencies are often junior trainees. Due to various confounding factors in modern medical training, junior doctors are getting less exposure to a wide range of clinical skills.

The use of simulators in medical education is being widely endorsed1,2 and whilst being embraced by other faculties (e.g. Anaesthesia, Surgery) their use in Medicine appears more embryonic.

Due to our own positive experience, we devised simulated scenario-based workshops for final year medical students during clinical attachments on the AMU.

Methodology
We utilized the Megacode Kelly© medium fidelity simulator that can recreate physiological parameters seen in clinical practice. Scenarios were linked to the four emergency presentations and ‘Top 20’ common medical presentations outlined in the JRCPTB Core Medical training Curriculum3.

Sessions ran weekly over a 10-month period with time allotted to perform two scenarios and provide feedback at the end of the session. Students in groups of four alternated between ‘Doctors’ and ‘Observers’. Observers were asked to assess human factors and feedback during the debriefing session.

Pre- and Post-simulation self-assessment competence rating questionnaires were administered.

Outcomes and Results
Student feedback has been hugely positive and it’s planned to expand delivery to foundation doctors throughout Yorkshire Deanery and Leeds University undergraduates.

Conclusion
Simulation has limitations and isn’t a substitute for clinical practice. Instilling confidence through simulated scenarios doesn’t necessarily transfer to competence in clinical practice as previous research demonstrates4,5. However, we feel use of simulators can help junior doctors have their first patient encounters at a higher level of technical and clinical proficiency that benefits patients.

References

2. GMC Publication: ‘Tomorrow’s Doctors: Recommendations on undergraduate medical training’. 2009 Criteria paragraph 83

