AIM

Postgraduate medical training has changed: balanced against more rigorous assessment are shorter working hours. I aimed to seek junior doctors’ opinions as to their training.

METHODS

A questionnaire was advertised on the eportfolios of the FY2s in the East of England Deanery, to seek their opinions as to their FY1 training.

RESULTS

Responses were received from 66 doctors.

- 27% did no on call night shifts.
- 89.2% had departmental teaching, 93.7% had grand round, all had FY1 teaching.
- >70% felt confident managing shock, acute confusion, falls, DVT, cellulitis, acute asthma and COPD exacerbation.
- The following were never seen (%): anaphylaxis (62.1%), DKA (15.2%), seizure (6.1%), asthma (12.1%), stroke/TIA (7.6%), jaundice (6.1%), palpitations (9.2%).
- <5% never saw a cardiorespiratory arrest, shock, ACS, DVT/PE, cellulitis or COPD exacerbation.
- The following had never been witnessed: venesection (3%), central site blood culture (1.5%), local anaesthetic (1.5%), ECG (1.5%), peak flow (12.1%), spirometry (21.2%), simply airway adjunct insertion (7.6%), nasogastric tube insertion (1.5%).

CONCLUSION

Most FY1s in the East of England Deanery have reassuring opportunities for formal teaching, but the importance of clinical experience cannot be underemphasized. There were some common patient presentations that had never been seen; the reduction in the time spent on call may have contributed to this. FY1s should be
encouraged to take more responsibility for their own learning, such as recording cases and procedures, so that areas of deficiency in experience are highlighted and addressed. Teaching sessions for certain practical procedures are needed.
Title: Developing Leadership Skills Locally: A 6 month Leadership Development Programme set up by Registrars for Registrars at the West Middlesex University Hospital

Author: David Stanton

Co-Authors: Emma Rowlandson

Topic: Education

Aims:

To design and deliver an integrated Leadership Development Programme for Registrars.

Method:

We designed a 6-month modular course based upon our experiences in the “Darzi Fellowships” and knowledge of other leadership programmes. (See figure 1 for content.)

The course was designed to promote development and understanding in 3 main areas:

1. Personal leadership qualities and their impact on others.

2. Structure and function of the NHS and its constituent bodies.

3. Service improvement methodologies and change management.

We ensured that completion resulted in candidates receiving an accredited award from the Institute of Leadership and Management.

There was excellent local support and participation from Trust Executives, Clinical Directors and Managers, many of who also acted as mentors.

Funding for the programme came from two successful bids to the London Deanery.

Results:

Figure 2 details projects undertaken by the registrars during the first two cohorts of the programme.

Feedback revealed that 100% felt they had learned new leadership ideas and concepts and would recommend the course to others. 15/16 felt they would change the way they work as a result of the programme.

All candidates who submitted a report passed the ILM level 3 award.
Conclusion:

We have demonstrated that effective leadership development can be provided at a local level and deliver benefits in multiple areas:

1. Individual personal development

2. Organisational improvements through project outcomes and increased collaboration between Doctors and Managers

3. Improved services for patients

4. Greater engagement of clinicians with NHS leadership and management processes.
Title: A teaching programme for the acute medical take - paired clerking and integrated WPBA's

Author: John Hounsell

Co-Authors:

Topic: Education

Aim

Educational weaknesses within our current acute medical take include:

- trainees rarely being directly observed whilst clerking
- inconsistent senior supervision (unco-ordinated SpR/junior rota)
- variable feedback – all patients reviewed by an SpR but trainee may not always be present.
- good case mix for WPBA’s, but rarely time to complete in A&E given servicepressures
- lack of continuity of care

Methods

A teaching programme pilotted to run alongside the medical take for the FY1’s comprising:

- One three hour individual session with SpR during ‘acute take’ placement (15 undertaken) including:
  - Paired clerkings (contrasting to the traditional unobserved approach)
  - SpR directly observing FY1 history-taking/exam (with simultaneous scribing of notes/drug chart during the clerking)
  - Completion of WBPA’s (especially mini-CEX)
- Monthly lunchtime meeting (SpR facilitated) to review cases seen including subsequent hospital progress (total 4 meetings)

The educational impact of this teaching programme was evaluated through feedback from its participants - both a group interview (6FY1’s) and a questionnaire (15 responses) were used

Results

- paired clerking well recievced by FY1’s; largely a new format; efficient learning
- potential for other pairings e.g. 2 FY1’s to widen exposure to cases
- direct observation provided reassurance and increased confidence for FY1; also easy to integrate mini-CEX’s with high fidelity
- multiple advantages to face-to-face WPBA’s rather than retrospective
- many barriers to lunchtime teaching attendance (including competition with other protected teaching time)
Conclusion

• Potential for improved teaching and better service
  – Earlier involvement by senior in the patient pathway
  – Better quality control re clinical findings
  – Good if limited time prior to ‘breach’ e.g. the patient waiting 3hrs yet to be seen by anyone
  – Can smooth out predicted afternoon peak in SpR workload

• Although overall time neutral, as the FY1 is sped up the SpR is slowed (this is the rate limiting step usually in A&E so feasibility issue here)

• Consider an individual ‘learning’ budget for each FY1 for use at any approved activity to choose which teaching to ‘protect’

• although suiting our model of acute take, is the programme generalisable?
Title: Developing a safety culture in the junior medical team

Author: Alasdair Moonie

Co-Authors: Donald Richardson

Topic: Education

Aim

A barrier to sustained improvements in patient safety is an underdeveloped safety culture amongst junior medical staff, due to “safety-light” undergraduate and postgraduate curriculums (1), and a lack of junior participation in safety learning and feedback processes within healthcare organizations. We describe a strategy to engage junior medical staff in patient safety matters on the AMU.

Methods

1. New starters receive an email from the acute medicine safety lead, encouraging safety awareness and reporting, and highlighting handover and important acute care pathways.

2. Morning handover meetings are a focus for reporting and discussing adverse events and other areas of clinical risk. Juniors are encouraged to complete AIRS forms and potential solutions are discussed. Safety lead escalates accordingly.

3. Learning points from incident reporting are provided directly and via email.

4. Further safety education is provided using NPSA data and other published sources.

Results

1. Several unsafe ED transfers flagged. Fed back to ED safety lead. Multiple changes implemented to improve transfer safety.

2. Several unsafe GP-direct admissions to AMU flagged. Concerns about acute illness recognition by ambulance staff fed back to ambulance service. Bed managers now routinely ask referring GP for physiological observations.

3. Medical registrars now hold safety briefs in the consultant’s absence, suggesting a developing culture of safety.

Conclusions

This formal process for monitoring patient safety on AMU while simultaneously engaging juniors is simple and effective. Early identification of risks has led to timely interventions.
Title: Exploring the Attitudes of Core Medical Trainees to Workplace-Based Assessments

Author: Elizabeth Good

Co-Authors:

Topic: Education

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Aim
Workplace-based assessments (WPBAs) are relatively new, but controversial, additions to UK postgraduate medical training. Opinions about WPBAs are likely to impact on trainee engagement with the system. A better understanding of attitudes could guide improvements.

Methods
All Core Medical Trainees within London Deanery were invited to participate in an online questionnaire comprised of likert scales and free-text boxes. Qualitative data was analysed by extracting common phrases and identifying themes.

Results
The response rate was 22.5% (143 trainees). The majority (>75%) of trainees thought WPBAs were not good measures of competence or useful for their development. Despite guidelines, nearly 75% of trainees said assessors 'never', or 'occasionally', completed feedback forms contemporaneously. 55% of respondents reported ‘often’ or ‘always’ experiencing negative attitudes about WPBAs from seniors. Most respondents, though, say feedback from assessors (75%) and MSF (79%) is useful.

Suggestions included abolishing WPBAs (10), improving attitudes of seniors (11) and improving feasibility e.g. scheduled time with supervisors (9), fewer assessments (9) and improved computer access. Although 22 trainees said / implied either “waste of time” or “box-ticking”, 6 people commented “good in theory” and several remarked on usefulness if “done properly”.

Conclusions
Trainee attitudes to WPBAs are predominantly negative and a striking majority experience negative attitudes of senior colleagues.

WPBAs are intended to ensure minimum competence but their formative role is important and prevents these assessments being a time-consuming formality.

This study has resulted in recommendations that will be communicated to the postgraduate training board and deanery.

References


Title: The 2011 E-SIM Project: Exploring Preferences of Final Year Medical Students for Simulation Based Learning Versus E-learning for Acute Medicine Core Topics in Relation to Their Preferred Individual Learning Styles

Author: Shairana Naleem
Co-Authors: Rachel Gill, Martin Hamilton-Farrell

Topic: Education

AIM

Simulation based learning (SBL) and e-learning are modern learning initiatives, gradually being introduced nationwide into medical education. This study explores how they are perceived by medical students whilst taking into account students' preferred individual learning styles (PILS).

METHODS

Thirty-two final year medical students voluntarily enrolled, and completed a learning styles questionnaire. Four e-learning and four parallel SBL modules aiming to fulfil identical learning objectives were delivered over four weeks, as one pair per week, covering core topics: chest pain, shock, ECG interpretation and ABG interpretation. Participants completed perceptions surveys at the start, mid-point and end of the four weeks, enabling triangulation over time. After each module, participants completed a satisfaction survey. All surveys were Likert scale-based with free text sections to enrich and qualify responses.

RESULTS

The study yielded rich qualitative and quantitative data about favoured learning strategies for acute topics and data interpretation. This does not appear to be significantly related to PILS (p=0.05). Statistical analysis demonstrates that e-learning is the preferred educational strategy for data interpretation such as ECGs or ABGs (p=0.001). SBL emerged as the preferred educational strategy for acute medicine topics such as chest pain and shock (p=0.001).

CONCLUSION

It was anticipated that educational strategy would be aligned with PILS of undergraduates, for example activists preferring SBL for all topics. However the data indicate most importantly that topics within the curriculum require aligning with the most effective educational strategy. This appears to over-ride matching of the educational strategy with the undergraduates’ PILS.

This study recognises there is a need for a multimodal approach to ensure effective delivery of core acute medicine topics in the undergraduate curriculum, which encompasses all learning styles.

REFERENCES


3) Barts and The London School of Medicine and Dentistry: An Integrated Curriculum

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