Education

Are Specialist Skills Making Our Speciality Less Special?

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Aim

A specialist skill is an essential part of the acute internal medicine (AIM) specialty training curriculum¹, and includes echocardiography, medical education, and research, among others. We surveyed AIM trainees’ experience with obtaining specialist skills.

Methods

All AIM specialty trainees were invited to participate in a survey via SurveyMonkey.² They were invited via their training programme director (TPD) and the social networking website Twitter.³ Survey questions included choice, funding, allocated study time, and whether specialist skills should be mandatory. A free text box was available for further comments.

Results

98 trainees responded, of which 86% of trainees had chosen their skill. The most popular specialist skill was medical education (34.1%) (Figure 1). 64.44% of trainees were funding their specialist skill themselves. 41.57% stated they had difficulty getting allocated study time. 23.86% of trainees had taken time out of programme for their skill. 86.67% of trainees felt their specialist skill would benefit their patients. 53% of trainees felt specialist skills should continue to be a mandatory curriculum requirement. Some trainees felt that basic ultrasound skills should be a mandatory curriculum requirement, and others expressed concerns about the demanding requirements of British Society of Echocardiography accreditation. Some trainees stated that AIM is a specialty within its own right, while some others argued that having an extra skill gave us an advantage over other specialties.

Conclusion

Major concerns addressed by trainees included lack of funding, inadequate study time, and limited skill choice available within their deanery.

References


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The Path to Clinical Excellence - A costly journey?

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Aim

Recent publications highlight concerns about recruitment to the medical registrar grade due to workload and work-life balance. The threat of funding cuts to under and post graduate training and concerns about gaps in the provision of training (ie. procedural competencies) may force doctors to increasingly fund their own training. With trainee salaries rising below the rate of inflation, there is a real and tangible personal cost of meeting training needs.

Methods

20 Core medical Trainee’s (11 CMT 1 and 9 CMT 2) and 26 Medical Registrars from the Kent Surrey and Sussex deanery were anonymously surveyed. Trainees were asked to estimate the incurred and anticipated expenses including exams, courses, conferences, books online resources. SpR’s were also asked about commuting costs and if they had considered leaving registrar training and why.

Results

Average annual study budgets were £ 641 (CMT) and £768 (StR). Combined doctors admitted an average spend of £4073 on examination fees, courses, books and conferences (see table). In addition SpR’s spent on average £917 per year on commuting costs. 60% of registrars had considered leaving training with effects on personal relationships being the most cited reason.

Conclusions

Trainee perceptions of the registrar role are already poor leaving some specialties undersubscribed. We suggest trainees are already funding a large proportion of their training and cuts to training budgets are likely to affect trainees career choices. To safeguard the training of our future specialists we must continue to support postgraduate training not just educationally but personally and financially.

References


AIM

London has 53 Acute Internal Medicine (AIM) Specialist Trainees who train in a range of specialties over 22 training hospitals. The AIM curriculum has specific requirements regarding the amount and type of specialty experience needed for competence (e.g. at least 6 months of Intensive Care experience is required). Previously trainee knowledge of the training provided by each provider was limited.

A Trainee Educational Network (TEN) aimed to map provider sites to the AIM curriculum to aid planning and empower trainees to achieve necessary training requirements. Choropleths have been used in healthcare to describe geographic variation and we aimed to use these to visualise available training.

METHODS

London AIM trainees were invited to join an e-group. Trainees were surveyed, via the e-group, about their posts. Details of specialties covered, ward rounds, outpatient experience and specialist procedures available between August 2012 – August 2013 were collected. Postcodes of provider sites were used to geolocate sites, and map elements were derived from opensource data provided by Office for National Statistics. ESRI’s ArcMap software was used to create the choropleths.

OUTCOMES/RESULTS

Information on 94% of AIM placements (29 out of 31 placements from 22 hospitals) across North and South London was obtained. Once this information was collected it was disseminated to the trainees and training program directors. Example choropleths are given in figures 1 and 2.

CONCLUSION

By mapping experiences offered by training providers to the curriculum we have helped empower trainees to plan their rotations. The use of choropleths has assisted in visualising this data.
PATIENT VOICE

AIM

"Patient Voice" is an initiative from Chelsea and Westminster NHS Foundation Trust which aims to respond in a pragmatic way to the theme of the Francis report of 'patients not (being) heard'. "Patient Voice" aims to formalise Foundation year 2 (FY2) doctors listening to patients and reflecting on their own practice.

METHODS

Each fortnight, a group of FY2s (supported by a medical education fellow) invite a consenting patient or relative to share their experience of being cared for at Chelsea and Westminster Hospital with the FY2 group. There is a facilitated discussion surrounding the issues raised and the FY2s are encouraged to reflect on the experience.

OUTCOMES/RESULTS

Initial feedback from the FY2 doctors has been very positive. In the most recent session, 93% of FY2s rated Patient Voice as "good" or "excellent" and 100% said they gained knowledge that would help them in caring for their patients. 79% of FY2s would change their practice as a direct effect of Patient Voice teaching sessions. Patients and relatives have been happy to be involved and grateful for the opportunity to be listened to.

CONCLUSION

Patient Voice is a practical and enjoyable way of encouraging junior doctors to learn from patient experience, which can be challenging in busy clinical environments such as the Acute Medical Unit. Junior doctors do not generally establish reflective practice spontaneously, and Patient Voice can help trainees to develop this valuable skill. This programme could be replicated in other hospitals and has minimal financial cost associated with it.

REFERENCES


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The increasing prevalence of medical app use in secondary care, a qualitative study

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**Aim**

Smart phone availability and use has increased rapidly with mobile apps being made and designed for health care professionals to enable ease of access to the internet as well as to other databases of knowledge e.g. BNF online (1). Given its increased popularity, we sought to determine secondary care doctor's usage of medical apps within the workplace in a UK District General hospital.

**Method**

A web based survey of 84 doctors within the department of General Internal medicine and geriatric Medicine. Data collected included demographics, specialty of practice, grades, platform used, usage of medical apps, names and types of apps frequently used and limitations experienced by users.

**Results**

32 doctors responded with a preponderance of males (53%). The majority of doctors were junior doctors within training programmes (59%) whilst the rest were consultant physicians.

59% of doctors used medical apps regularly with the commonest platform being apple followed by android. The commonest apps used were medical calculator apps followed by reference apps and drugs guides.

The BNF was the most popular downloaded app followed by medcalc but frustrations with regards to the design of the apps or poor reception hindered their use.

**Conclusion**

Due to technology advances, the use of medical apps will increase as more health care professionals use smartphones. Access to wifi within the workplace is a must as access to apps can rapidly provide to information at the bedside which can aid patient care and healthcare education.

**References**

The Experience of Establishing a Trainee Educational Network within London

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AIM

London has 53 Acute Internal Medicine (AIM) trainees, holding posts in a variety of specialties. The broad curriculum and range of specialist skills being learned pose significant challenges for training.

We saw potential for a Trainee Educational Network (TEN) to improve communication between trainees, develop training opportunities and increase the educational value of training days.

METHODS

A Yahoo™ egroup was created in October 2011 to provide a forum for exchange of information, and all London AIM trainees were invited to join. A core group (including trainee representatives from London’s three Local Education Training Boards (LETBs)) manages the group and posts useful information.

Training day programs from 2008 to 2012 were analysed and mapped to the 2009 AIM curriculum. A two-year rolling program of training days covering all areas of the curriculum was devised, and appropriate centres of excellence were identified as host sites.

Trainee attitudes to the network have been assessed via online feedback.

OUTCOMES

Trainee engagement with TEN has been high with 48 current members (91% of trainees). Feedback and engagement from LETBs is also favourable.

Since August 2013 the core group, supported by training program directors (TPDs), have co-ordinated monthly trainee-led training days. Improvements in organisation and curriculum coverage, and reduction in syllabus repetition, are supported by trainee feedback and comparison with previous years’ training days.

CONCLUSION

A Trainee Educational Network is useful for empowering and informing trainees. Trainee engagement with TPDs via the network has led to improvements in the delivery of AIM training within London.