



Education

The Society for Acute Medicine
Promoting excellence

Good Practice Guide 1:
Standards for regional AIM training days

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SUMMARY – Strong training programmes are essential for helping higher specialist trainees in Acute Internal Medicine (AIM) become excellent physicians. One aspect of a good training programme is the provision of high quality training days that help to prepare trainees for the specialty certificate examination and clinical practice as a consultant. Research shows that the provision of dedicated AIM training days is extremely variable throughout the UK, with some regions providing none at all. This guide sets out standards for regional AIM training days, using minimum standards as set out in the AIM curriculum, benchmarking against other higher specialist training programmes, and case studies of best practice from around the country.

Background

The GMC's 'Promoting Excellence: standards for medical education and training' states that doctors in training should have protected time for education during their clinical work. This time includes being able to attend organised educational sessions, training days, and other learning opportunities. These sessions must be uninterrupted other than in exceptional circumstances. Supervisors are required to ensure safe and effective patient care through teaching and facilitating learning, and establishing and maintaining an environment for learning in all its forms [1].

The AIM curriculum states that, 'Evidence of attendance at a minimum of 70% of Deanery training days should be provided and/or a minimum of 35 hours per year of external GIM/AIM conferences or courses. There must also be evidence of attendance at AIM training days' [2].

Assuming one day is equivalent to 6 hours, this equates to attendance at a *minimum* of 6 training days per year. Allowing for nights, on-calls and annual leave, around 10 training days should therefore be available for trainees to attend. Indeed, it is the case that most higher specialty training programmes aim to provide a regional training day once a month [3].

Given that the GIM and AIM curricula appear to be similar, attendance at GIM training days might be considered by some to be 'equivalent' for AIM trainees. However, GIM days do not meet the educational needs of AIM trainees. They are infrequent, delivered to large groups, tend to be didactic which is the least effective teaching strategy [4], do not specifically prepare AIM trainees for their specialty certificate examination, do not necessarily cover AIM-specific topics such as Ambulatory Care and management of an Acute Medical Unit, and do not provide a community of practice in which trainees can discuss topics and issues specific to their own specialty training.

A survey undertaken in 2017 highlighted the fact that only some regions in the UK held regular regional AIM training days mapped to the curriculum. Some respondents reported that their region had no AIM-specific training days at all. The majority of respondents reported 3-6 training days per year but it was unclear whether they were referring to GIM days. Only three regions provided 10 AIM training days per year, mapped to the curriculum [5].

In the past, UK AIM specialty certificate exam candidates have underperformed as a group relative to their peers in other medical specialties, despite questions and standard setting procedures consistent with other specialty certificate exams [6]. In the annual Society for Acute Medicine's specialty certificate exam revision course, many candidates find that 'what they do at work every day' is not the right answer because it is not based on evidence or guidelines [7]. While the reasons for these observations are likely to be complex and multifactorial, it is clear that strong training programmes are essential for helping higher specialist trainees in AIM become excellent acute physicians – and this includes training days.

This Good Practice Guide has been written to address one aspect of specialist training in Acute Internal Medicine: the issue of widespread and unacceptable variation in the provision of regional AIM training days throughout the UK.

Minimum standards – key points

Trainees are required to provide evidence of attendance at a minimum of 70% of Deanery training days and/or a minimum of 35 hours per year of external GIM/AIM conferences or courses. There must also be evidence of attendance at AIM training days.

This equates to attendance at a *minimum* of 6 training days per year. Allowing for nights, on-calls and annual leave, around 10 training days per year should therefore be available for trainees to attend.

While GIM training days might supplement attendance at AIM-specific training days, they cannot be considered equivalent.

Most higher specialty training programmes provide a regional training day once a month for higher specialty trainees.

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Case studies of good practice

N,C&E London Deanery

This Deanery provides 10 AIM training days per year open to all London AIM trainees, spread across 18 different hospitals and mapped to the AIM curriculum. Hospitals with specialist services are allocated topics in which they have expertise (e.g. the Hospital for Tropical Diseases at UCL teaches Infectious Diseases). The entire curriculum is covered every 2 years. Training days are organised by trainees based in the host hospital who invite speakers, arrange the venue, and occasionally source sponsorship for the day. Sessions are mainly didactic and received good feedback in the 2017 survey [5]. Over the past few years, London has also hosted a 'simulation day' in August, organised by a trainee and the training programme director for N,C&E London. Trainees stay connected via a WhatsApp group.

East Midlands Deanery

This Deanery provides 10 AIM training days per year for all AIM higher specialty trainees including those on Trust AIM CESR training programmes. Training days alternate between two hospital sites in the north and south E Mids. The entire curriculum is covered every 3 years. Training days are organised by the TPD for teaching & learning, as well as by trainees. Sessions are a mixture of interactive and didactic and include virtual (paper) ward rounds, practice exam questions, flipped classrooms, and case-based tutorials from expert speakers. You can visit the training day website www.internalmedicineteaching.org for more details and resources.

Wales Deanery

This Deanery provides an annual residential week, alternating between north and south Wales, and all AIM trainees are expected to attend. The programme includes clinical and non-clinical topics, simulation, and social activities. Sessions are organised by acute physicians in Wales, trainees and external speakers. There are also 5 GIM training days per year in Wales plus takeAIM events. There is an active Welsh Acute Physicians' Society that holds an annual national symposium which is part of the residential week. For more information, you can visit www.walesdeanery.org/specialties/acute-medicine-0 and www.acutemedwales.org.uk.

West Midlands Deanery

This Deanery provides 12 AIM training days per year. Training days are organised by trainee reps and trainees based in the host hospital who invite speakers and arrange the venue. Hospitals are allocated topics in which they have expertise. The entire curriculum is covered every 4 years. A proportion of the training days are dedicated to trainee-led

sessions, professional development and non-clinical topics. You can visit the West Midlands training day website www.aim-wm.org.uk for more details and resources.

Teaching strategies

A meta-analysis of the effectiveness of flipped classrooms in health professions education found that a flipped classroom approach yielded a significant improvement in learning compared with traditional teaching methods [8]. A systematic review of randomised controlled trials looking at continuing education meetings in the healthcare professions found that strategies to increase attendance, a mixture of interactive and didactic formats, and focusing on outcomes perceived to be serious increased their effectiveness [9].

There is good evidence that small changes in teaching strategy, for example, low stakes quizzing, can have a significant positive impact on learning and long-term retention of information [4]. For more details, visit www.learningscientists.org or read their book, 'Understanding how we learn: a visual guide' by Weinstein & Sumeracki, Routledge, 2018.

Conclusions and recommendations

The AIM curriculum stipulates that evidence of attendance at a minimum of 70% of Deanery training days should be provided and/or a minimum of 35 hours per year of external GIM/AIM conferences or courses. There must also be evidence of attendance at AIM training days. Taking nights, on-calls and annual leave in to account, around 10 training days per year should be available for trainees to attend. Regional GIM days can supplement a regional AIM-specific training day programme but are not equivalent and cannot substitute for it.

While trainees are often involved in organising regional training days, it is ultimately the responsibility of the Training Programme Director to ensure that AIM training days happen and trainees are able to attend. Attendance at AIM training days should be reviewed at each trainee's annual review of 'competency' progression (ARCP).

Ideally, learning during training days should be facilitated by acute physicians as well as other specialists and it should systematically cover the AIM curriculum over a period of 2-3 years, including preparation for the specialty certificate

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examination. There is evidence that a mixture of interactive and didactic formats works best.

Implications for policy and practice

Surveys suggest that there is currently widespread unacceptable variation in provision of AIM training days by region, and we recommend that the Specialty Advisory Committee (SAC), which is responsible for supervising the delivery of training to standards set out by the Joint Royal Colleges of Physicians Training Board (JRCPTB), establishes specific quality assurance processes to address this issue.

Implications for future research

Further work is recommended to establish why only some UK regions have regular AIM training days, and what support could be provided, if necessary, to improve the provision of AIM-specific training days.

SAM's Education Committee could look at how to increase participation in the annual SAM national trainee survey, as one way of monitoring progress in the provision and ability to attend regional AIM training days.

Simulation in AIM training is an important topic and will be covered in a separate Good Practice Guide.

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6. Personal communication: AIM specialty certificate exam board, 2016.
7. Personal communication: SAM SCE Revision Course, 2017-18.
8. Hew KF and Lo CK. Flipped classroom improves student learning in health professions education: a meta-analysis. BMC Medical Education 2018; 18: 38 DOI: 10.1186/s12909-018-1144-z
9. Forsetlund L, Bjørndal A, Rashidian A et al. Continuing education meetings and workshops for healthcare professionals: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2009, Issue 2. DOI: 10.1002/14651858.CD003030.pub2

Key recommendations

- Around 10 AIM training days per year should be available for trainees to attend
- Regional GIM days should not be considered equivalent to AIM training days
- Training Programme Directors are responsible for ensuring that AIM-specific training days happen and trainees can attend
- A mixture of didactic and interactive teaching is recommended, including sessions that specifically address specialty certificate exam preparation
- The AIM SAC should establish quality assurance processes to monitor this
- SAM's Education Committee can also monitor progress through its annual survey.

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References and further resources

1. General Medical Council. Promoting Excellence: standards for medical education and training. GMC, 2016.