



Education, training and medical professionalism

April 2024

Medical Education Fellow: Is it more than a stepping stone on a journey towards becoming an excellent educator?

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Background

With rates of burnout increasing year on year, doctors are exploring career-building opportunities outside of training, known as OOP. There is a growing number of Medical Education Fellows (MEF) across the UK, predominantly aimed at exploring and expanding medical education career opportunities, simultaneously allowing doctors to take time out from training to avoid burn out and consider their options. Medical Education Departments support fellows to deliver medical education projects and research as well as providing opportunities to teach medical students. However, there is largely a lack of research and understanding of what the role is and its impact on a doctor's career pathway.

“ We want to support early career doctors in their development as professional medical educators. Each one gains a PGCE whilst they are with us. They are an invaluable resource to us in medical education. “

Dr Ciaran Crowe, Director of Medical Education.

Methods

A phenomenological approach, analysing structured interview transcripts of current and past fellows and faculty.
An initial 17-item questionnaire was conducted in 2020, with a repeat questionnaire conducted in 2024.
Ten fellows and five medical education faculty team members have participated.

Discussion

- MEFs are mainly motivated by their interest in developing essential skills and experience in medical education.
- Medical Education faculty find MEF a valuable addition to the department, especially in scheduling educational programmes and providing essential teaching to medical students.
- Medical education faculty believe MEF posts are a good use of Trust funds, however some wondered how many fellows in each department is optimal.
- All staff agree there needs to be improved handover from predecessors to ensure continuity, which will make the role clearer and improve project productivity and outcomes.

Were you happy with the decision to undertake a MEF role?

“100%. Absolutely, no regrets there.”
“Very happy with what I’ve done so far.”
“I keep telling everyone that they should do it because it’s fantastic.”
“Definitely, I’d say it was definitely the right choice.”
“I do actually have control over my own time.”
“It definitely opened my eyes to look at things through a different lens”

Challenges

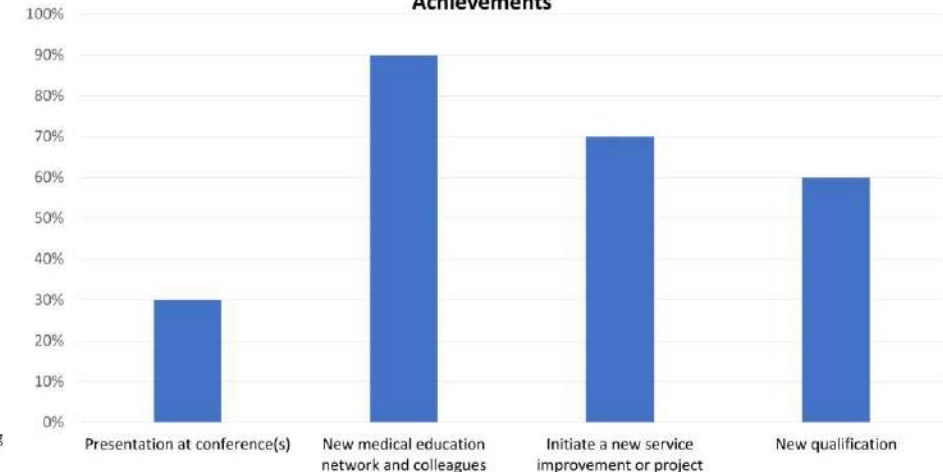
“I didn’t actually realise what the role was.”
“Less pay.”
“You’re behind your peers.”
“Negative comments when are you coming back, you barely worked here. People have also said ‘how was your holiday.’”

Benefits



- Improve and practice teaching skills, improve and practice role as an educator
- New career path
- Reduced or no on-call work with evenings and weekends free
- To support my own learning and develop a greater knowledge and understanding of education within my own speciality and beyond

Achievements



Take Home Message

MEFs universally agree that the role offers a priceless experience for future clinicians whose aim is to also be an excellent educator, in the widest sense, and who are interested in taking up formal roles in medical education in the future.

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Delivering an enhanced pleural procedural skill teaching program for UK physicians in a tertiary UK hospital

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Introduction

Pleural procedures remain a core procedural capability of the internal medicine curriculum¹ and in many trusts internal medicine registrars hold responsibility for performing emergency out of hours pleural procedures. However, a recent literature review and multicentre survey has highlighted a lack of exposure and training amongst medical registrars in pleural disease.² Simulation based procedural training (SBPT) enables operators the opportunity for deliberate practice and may be used to supplement procedural training.³



Figure 1 Demonstrates a unilateral pleural effusion consistent with empyema on CXR, typical appearances of an echogenic effusion on ultrasound, appearance of a chest drain in situ and fluid consistent with an empyema.

Materials and Methods

To address the lack of exposure, an enhanced pleural procedural skills teaching program was initiated. A lecture series on pleural disease management was incorporated into the University Hospitals Plymouth NHS Trust regional training days of 2023 and 2024. Registrars (IMT3+) and IMT2s were invited to undertake a SBPT program. This consisted of a theoretical and practical component centred on mastery learning theory. Participants had access to an online bank of procedures in advance of sessions. Pleural simulations were incorporated into the IMT stage 2 simulation program. Participant feedback was collated and participants were invited to attend pleural clinics. .

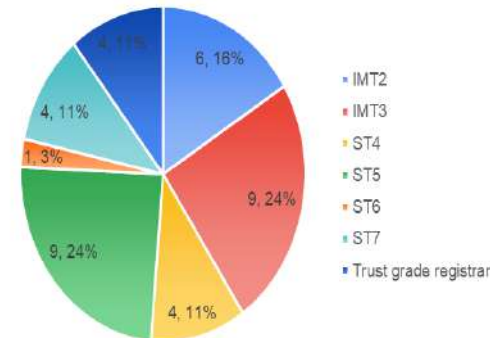
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Results and Discussion

37 physicians have undergone the training program. Prior to the program only 32.4% of participants had received pleural training in the last 12 months. The average confidence levels improved from "uncomfortable and would only attempt with supervision" to "confident to perform the procedure unsupervised". Physicians rated the sessions as highly useful [Median 10, IQR 9-10]. 89.2% felt the sessions would be useful at induction and 89.2% would like a refresher session later in the year. 56% of respondents felt annual training was sufficient, 33% for bi-annual training and 11% felt 3 monthly training would suffice. 81.1% of respondents were aware of a procedural checklist. Regional training day pleural lectures were highly rated [Median 9, IQR 8-10] and free text responses were overwhelmingly positive.

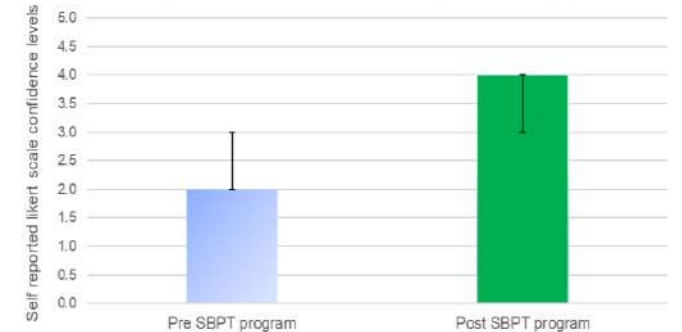
Pie chart demonstrating the grade of speciality trainee attending the SBPT programme



Conclusion

Despite limited clinical exposure, this project has demonstrated a SBPT programme can improve the confidence levels of physicians in performing pleural procedures. Likewise enhanced pleural disease management training is received favourable amongst UK internal medicine registrars.

Bar charts showing average confidence levels in seldinger chest tube insertion, pre and post SBPT programme on a 5 point likert scale (Error bars represent interquartile range)



In addition to going through the procedure he explained the problems you'd encounter in real life practice and showed us how to trouble shoot

Establishing an acute illness management simulation program for general medical registrars in a tertiary UK hospital

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Introduction

Simulation based medical education (SBME) enables professionals to train and develop in a safe environment remote from patients.¹ Although the benefits of SBME programs are far reaching, simulation based medical education of human factors has only recently been incorporated into the internal medicine stage 2 curriculum.² The simulation team at University Hospitals Plymouth NHS Trust sought to establish registrars' experience and perception of simulation. Subsequently a training program was designed around registrar orientated intended learning outcomes and human factors were incorporated. The training program was tested and feedback was gathered from participants.



Figure 1: Demonstrating simulation in action and a post simulation debrief session

Materials and Methods

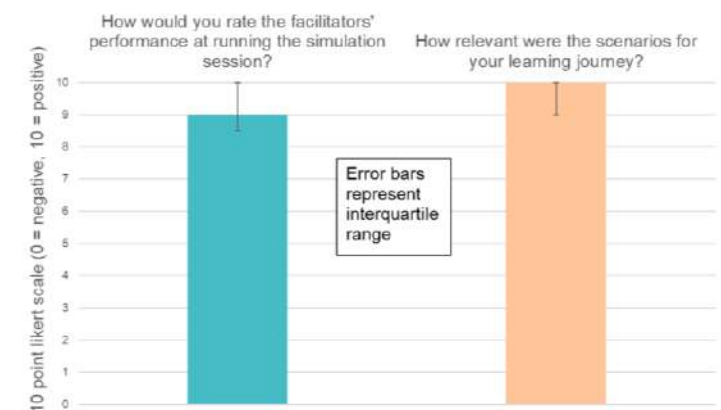
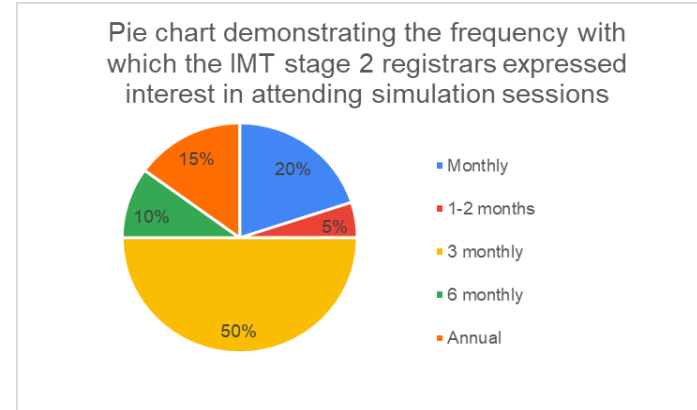
A survey of medical registrars' experience and perception of SBME was initially conducted. General medical registrar orientated intended learning outcomes were generated from the survey. A simulation program was designed and delivered around these outcomes. Participant feedback has enabled the effectiveness of the program to be assessed.

References

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Results and Discussion

11 of 38 medical registrars completed an initial survey. The majority of trainees (9/11) received 1 - 4 hours of simulation training in the preceding 12 months, 2/11 received no simulation training and 1/11 received 4 - 8 hours. 9/11 wanted a simulation based procedural program. 5/11 wanted to focus on clinical management and 3/11 wanted to focus on professional skills. Two simulation based procedural programs were initiated: a dedicated pleural procedural training program and an annually held comprehensive procedural training day. In addition, between June 2023- February 2024, 8 dedicated simulation sessions on acute illness management/human factors have been conducted for general medical registrars. Feedback was returned by 86% (30/35) participants. Free text responses were overwhelmingly positive. Areas of Improvements included incorporating other MDT members, having more cases and ensuring a small participant to facilitator ratio.



Conclusion

A means tested simulation-based program on acute illness management/ human factors for registrars based on registrar orientated intended learning outcomes is highly rated by participants. This data would suggest registrars highly value the addition of simulation-based program incorporating human factors to the internal medicine curriculum. Further data collection of the confidence and performance of participants having undergone the simulation program could support an expansion of the simulation-based program.

The sim session was fun, educational and very interactive.

Engaging. Well informed. Practical clinical applications and advice

Training, perception and experience of point of care ultrasound amongst internal medicine trainees

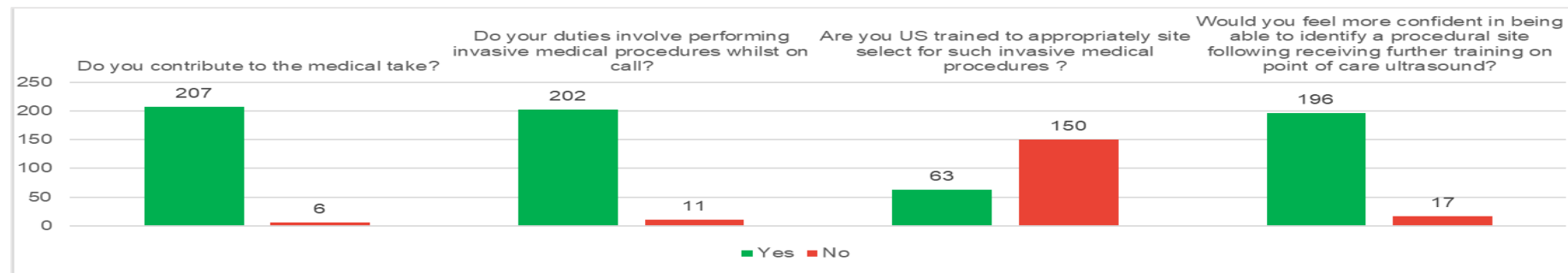
across Southwest England

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Results and Discussion

41.8% (213/509) doctors training in internal medicine completed the survey. Only 10.8% (23/213) of current trusts provided some form of point of care ultrasound training. 29.6% (63/213) of respondents were aware of any region wide point of care ultrasound training courses and 28.6% (61/213) or respondents had attended such courses. 16.0% (34/213) had formally accredited with a national award body. On a 10-point Likert scale the majority of trainees felt point of care ultrasound training would be useful in their current role (Median =10, IQR 8-10).



Free text responses suggest trainees are very eager to undergo POCUS training. IMTs are expected to be technically proficient at skills that mandate ultrasound training, without any formal ultrasound training requirements. However, concerns have been raised regarding the availability of POCUS facilitators and the maintenance of skills.

Conclusion

Point of Care ultrasound has a number of applications including being used as an important diagnostic tool and as a key cornerstone to ensuring adequate site selection for invasive medical procedures. Despite the multitude of POCUS applications, few IMT trainees are obtaining sufficient experience or training of POCUS. IMTs perceive POCUS training as highly valuable and would relish in the opportunity for an enhanced POCUS training program to be delivered

POCUS should be a mandatory part of the IMT curriculum - focussed US is too important to safety and ease of procedures and rapid diagnosis

I feel that it is a heavily neglected part of the medical curriculum and feel that us medics are being left behind



Introduction

Point of care ultrasound (POCUS) has revolutionised medical practice and has a range of diagnostic and therapeutic applications.¹ However, unregulated utilisation poses a significant hazard for patients.² There is currently no POCUS training requirement for IMTs despite enrolment of a new curriculum including several core procedural skills mandating the use of POCUS.^{3,4}

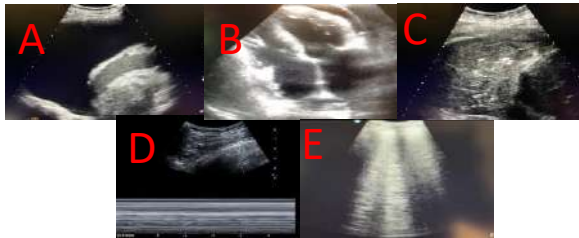


Figure 1: demonstrates sonographic appearances of A) Simple pleural effusion, B) Pericardial effusion, C) Consolidated lung, D) Pneumothorax E) Pulmonary oedema. POCUS may be used to discriminate between various causes of breathlessness.

Materials and Methods

A multicentre survey was designed and distributed via mass email to all internal medicine trainees (IMT1-ST8) across two deaneries in the Southwest England. Follow up emails were sent via postgraduate medical education centres or rota coordinators.

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Post-COVID rehabilitation for IMT outpatient training:



a quality improvement project demonstrating the benefit of protected clinic time

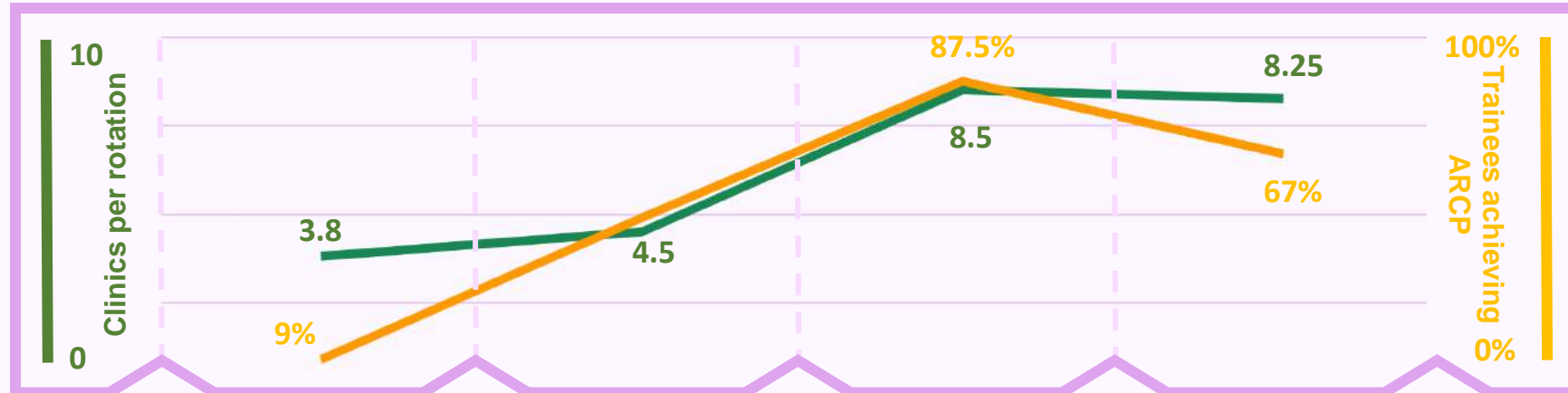
Dr Dominic Wilkins, Dr Chowa Nkonde, Dr James Dunn, Dr Mercy Doni-Kwame, Dr Catherine Mathews

Background: IMT outpatient training at our hospital was on **life support** by August 2021. **Increased inpatient workload** and **decreased outpatient activity** combined to mean that **only 1 trainee reached ARCP targets** that year.

Aim: To rehabilitate IMT outpatient training through increasing **quantity** and **quality** of clinic exposure via **targeted interventions**.

Methods: We identified interventions via interviews with **trainees, trainers and faculty** and employed **QI methodology** across **2 years** and **3 PDSA cycles** to assess impact.

Conclusions: **Protected, rostered time** to attend clinics was **popular**, maximally **utilised** by trainees, and has **resuscitated** outpatient ARCP outcomes at our hospital. **Quality** of outpatient training could be improved through providing **consistent, mentored clinics** during an attachment.



Intervention identification

Issues limiting outpatient exposure:

- 1) IMTs not aware of available clinics
- 2) IMTs unable to leave ward duties
- 3) Limited quality due to lack of continuity

PDSA 1: Clinic Timetable

A timetable of clinics produced + distributed

The previous year, IMTs had attended 3.8 clinics per rotation

This increased to 4.5 following this intervention

PDSA 2: Clinic Weeks

A week-long block of 'protected' clinic time for each IMT

Process measure: 9.75 clinics per 'clinic week'

Balance measure: 0% of IMTs reported impact on other training

PDSA 3: CWs Extended

Further funding was secured for clinic weeks for the next IMT cohort

Process: 9.2 clinics per 'clinic week'

Balance: 0% impact

Drop in outcomes

Next steps

Learning from limitations: funding vs culture change

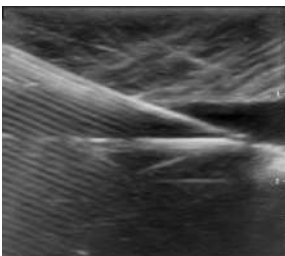
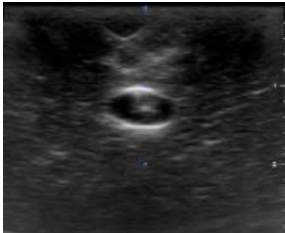
Addressing quality of outpatient experience: consistent 'mentored' clinics

Develop Ultrasound-guided Cannulation Skills in Junior Doctors to Improve Confidence and Competence in Intravascular Access

Doreen Lee, Sein Lae Aung, Aye Mya Htun

Introduction

- Gaining vascular access can be challenging in a certain subset of patients.
- Ultrasound-guided cannulation improves success rate, reduces time delays to treatment or investigation and reduces peripheral intravascular attempts.
- Our teaching intervention aims to improve junior doctors' confidence and competence in ultrasound-guided cannulation skills.



Methods

- We facilitated monthly 1–2-hour ultrasound-guided cannulation teaching sessions to junior doctors based on the acute medical wards.
- We provided 15-minute presentation on ultrasound scanning basics and steps based on the FAMUS theory module.
- Attendees practised the skills on phantom tissue models in small groups under direct supervision.
- We use PDSA model to improve the attendees' experience. Subsequent changes made included simplified teaching slides, adding visual demonstrations and allowing more time to practice their techniques.

Result and discussion

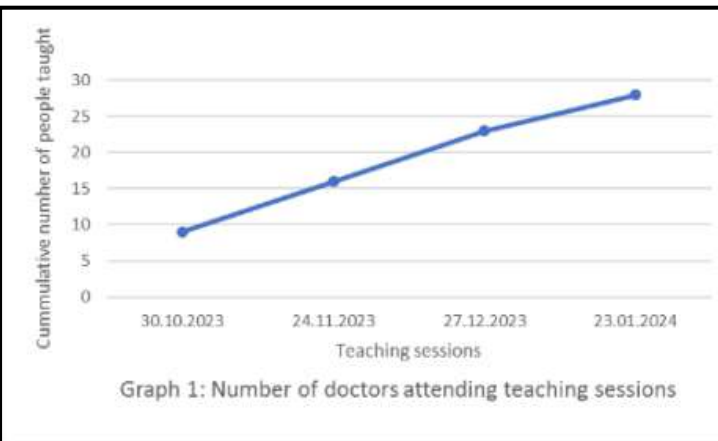
- 87% attendees responded it is a useful skill.
- 74% attendees were FY1.

Before teaching:

The mean confidence to complete peripheral cannulation was 3 (scale 1-5, with 5 being highly confident).

Post teaching:

100% attendees agreed the teaching was useful and felt ready to perform ultrasound-guided cannulation. The mean confidence to do cannulation increased by 25% (3.0 to 3.76).



Brilliant course where I now understand how to use ultrasound. Have been able to do US venipuncture a couple of times too.

Feedback

Conclusion

Gaining competency in ultrasound-guided cannulation improves junior doctors' confidence and competence in performing difficult venous access.

Modern slavery is no game, yet sensitive gamification could be game changing in providing education to identify and safeguard victims in the healthcare setting

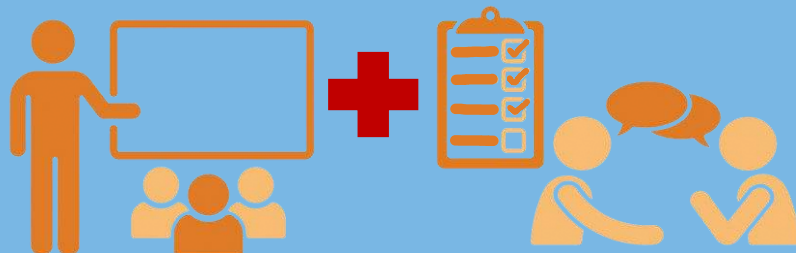
Background



Issue: Healthcare professionals & students are often poorly prepared to identify victims of modern slavery

Potential Solution: Empower final year medical students to identify and safeguard modern slavery victims utilising sensitive gamification

Methods



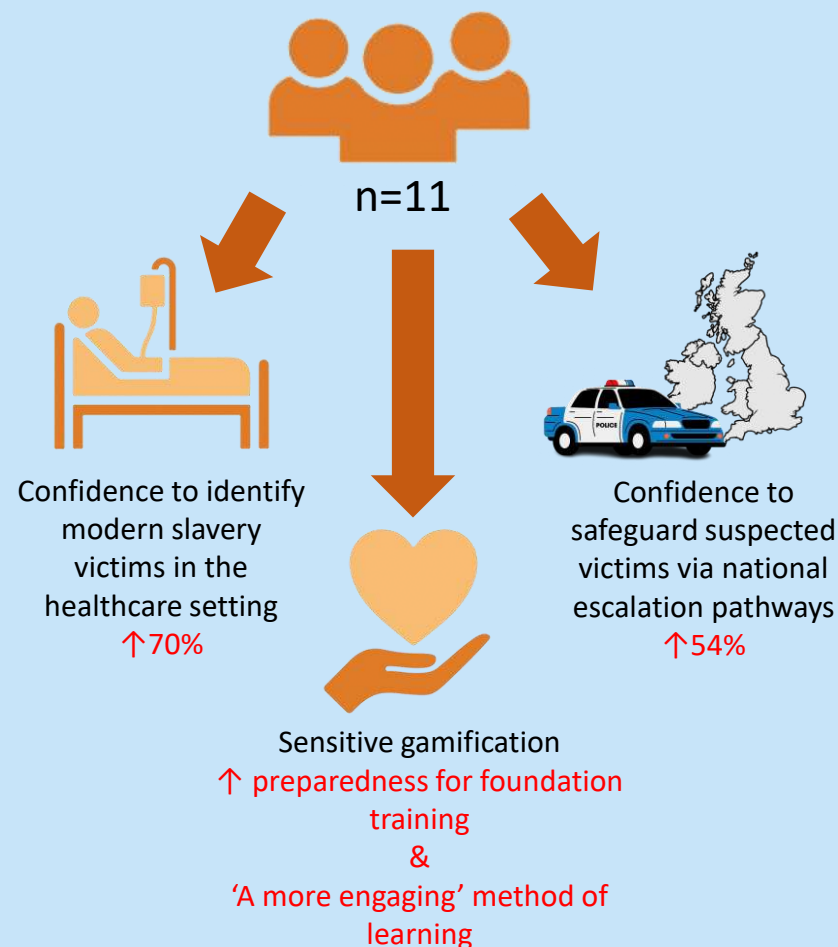
Interactive Lecture

- Chunked information
- Quiz questions interspersed
- Promote behaviourist & constructivist learning in a safe environment

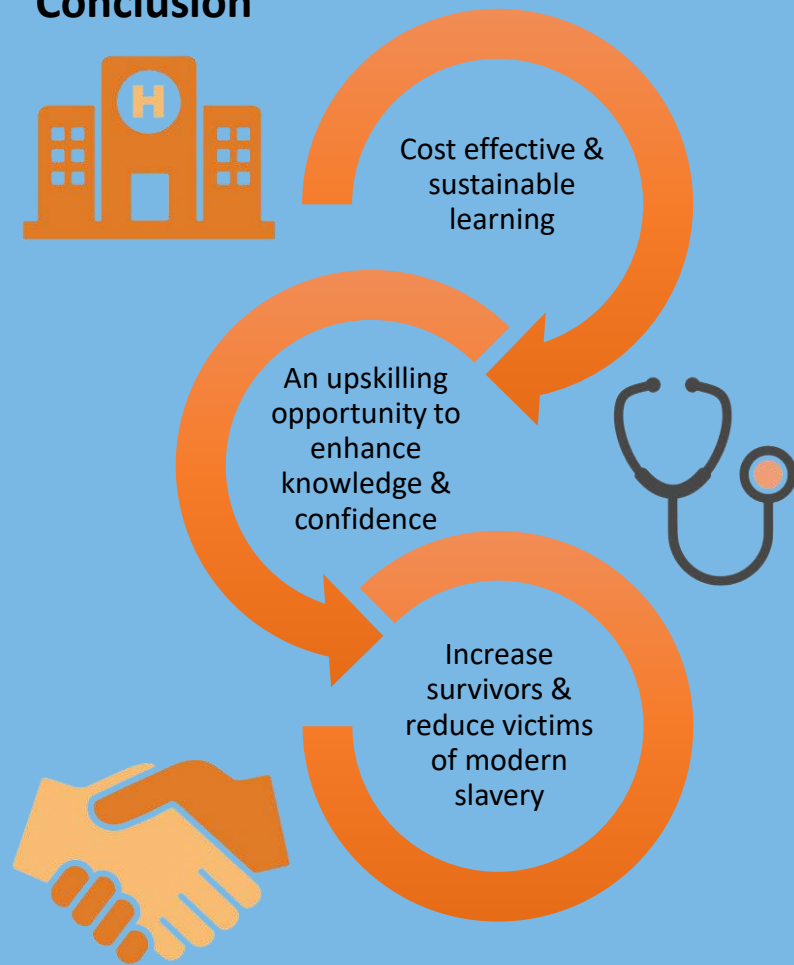
Team quiz

- Ascertain baseline knowledge
- Foster discussion
- Questions of incremental difficulty

Results



Conclusion



The Impact of Junior Doctor Rotational Training Pathways on Carbon Footprint And Wellbeing

Dr Emma Hadley and Dr Ruth Hartley, Surrey and Sussex Healthcare NHS Trust

INTRODUCTION

The NHS, England's largest employer with 1.7 million staff¹, contributes 4% of the UK's carbon footprint². NHS travel accounts for 14% of the NHS's total emissions, including 4% from staff commuting². Junior doctors (JDs), a quarter of the medical workforce³, face nomadic work-lifestyles due to rotational training, affecting commuting distances which incurs a carbon footprint cost. The NHS is aiming for carbon neutrality by 2040, targeting an 80% reduction by 2028-2032⁴. Key steps include promoting green travel plans, advocating for active travel, and enhancing infrastructure. In addition, non-active, lengthy commutes have detrimental effects on health, with over an hour commute associated with a 33% higher risk of depression and 21% higher risk of obesity⁵. Planning job rotations to encourage active transport and shorter commutes can enhance staff wellbeing and cut carbon emissions.

AIMS

- ❖ To evaluate the carbon footprint of JDs working in the Kent, Surrey and Sussex (KSS) Deanery.
- ❖ To explore wellbeing implications of commuting to work as a JD and assess whether the planning of the rotational aspect of JDs jobs should be influenced by these findings.

METHOD

A survey featuring questions related to commuting to work and wellbeing related to commuting was distributed to JDs in KSS deanery via email and social-media platforms. It was completed by 72 JDs, with representation across training levels and 88% of responders being on a training scheme.

Figure 1 – Comparison of commuting distance for current place of work and local hospital

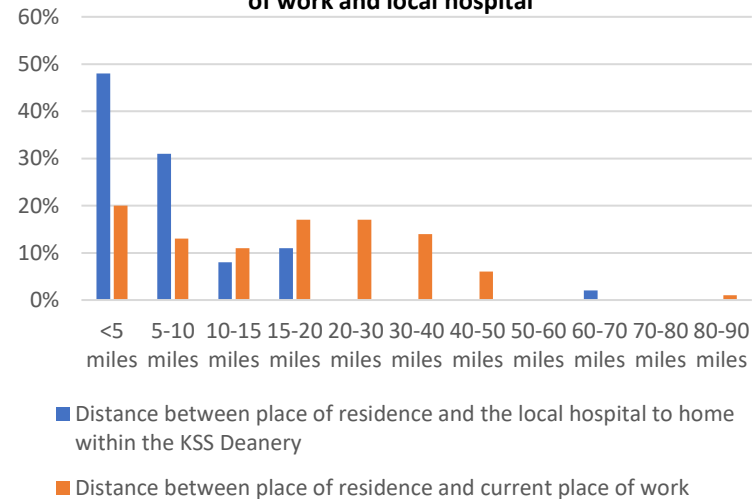
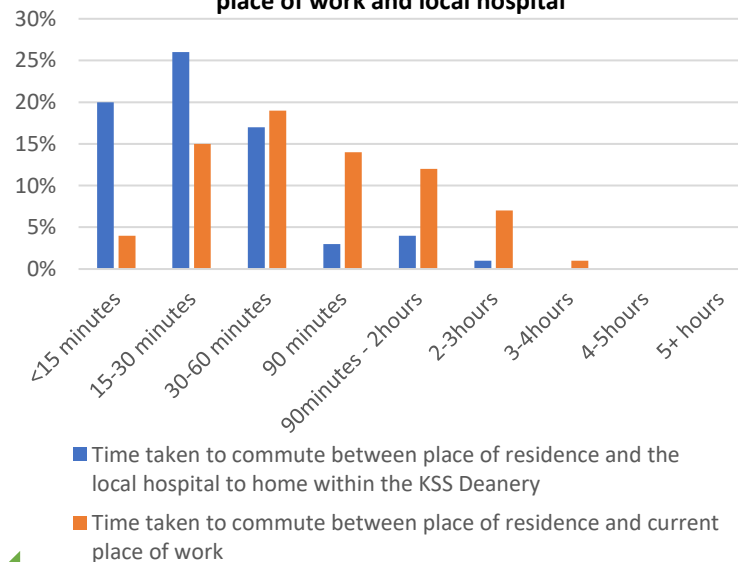


Figure 2 – Comparison of travel time to commute for current place of work and local hospital



RESULTS

- ❖ 69% JDs commuted by car, with petrol being the primary fuel source (62%).
- ❖ 53% had alternative commuting transport options, but reliability, longer traveling time and higher costs were noted deterrents.
- ❖ Commuting distance (fig. 1) and travel time (fig. 2) to work could be significantly reduced if allocated training jobs in their local hospital to home within the deanery.
- ❖ 69% felt their commute impacted on their physical health.
- ❖ 68% felt it impacted on their mental health (negative).
- ❖ 95% agreed that commuting distance influenced their decision when ranking job preferences.
- ❖ 97% agreed that commuting distance should be considered as part of rotational allocations.

RECOMMENDATIONS FOR KSS DEANERY

- ❖ Consideration of commuter distances when allocating rotational training jobs.
- ❖ To explore non-rotational training options.
- ❖ Offer longer (e.g. 2-year) rotations in training post.
- ❖ Allow more flexibility with inter-deanery transfers.
- ❖ Support and encourage alternative modes of transport.

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Skills not roles: The key to better training and better patient care

Dr E.Rushforth and Dr B.Khan

Introduction

The NHS faces unprecedented challenges in delivering efficient, effective and safe patient care; practical procedure skills are an essential component of this. Though the GMC outcome for graduates 2018 sets out expected core practical skills and procedures for medical graduates; they continue to feel underprepared for many of the clinical skills they encounter in practice.^{1,2} The NHS Long Term Workforce Plan offers a comprehensive plan to address some of these tribulations, including the expansion of physician associates (PAs).³ The latest 2022 PA census recorded between 47-70% of PAs routinely undertaking arterial blood gas (ABG) and cannulation and 11% routinely undertaking more complex skills such as lumbar puncture (LP).⁴ It is therefore essential for all groups to be competent with practical procedures and skills.

Methodology

A review of level of teaching and preparedness for practical procedures was undertaken at Darent Valley hospital. A lack of formal teaching and confidence was noted, 63% respondents had received formal teaching in taking an ABG, only 21% had in ultrasound (US) guided cannulation, 11% in diagnostic pleural taps and LP and just 5% in diagnostic ascitic tap.

A practical procedure course was created, aimed at upskilling the multi-professional workforce (medical students, doctors in training, locally employed doctors, PA students and PAs). (see figure 1)

- 5-10min videos of each procedure with contextualised clinical narrative for each procedure
- Practical procedures: ABG, US guided cannulation, LP, diagnostic pleural and ascitic taps

- Rotation through 5 skill stations with opportunity to practice on part task trainers (facilitated by a subject-matter expert)

- Feedback and evaluation
- Booklet with comprehensive clinical details on each procedure given to each participant

Figure 1: (above) Flow chart showing practical procedure course design

Pre-course percentage confidence

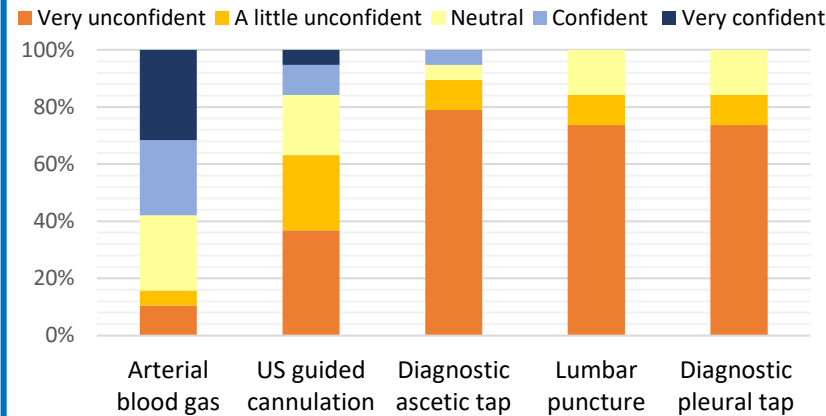
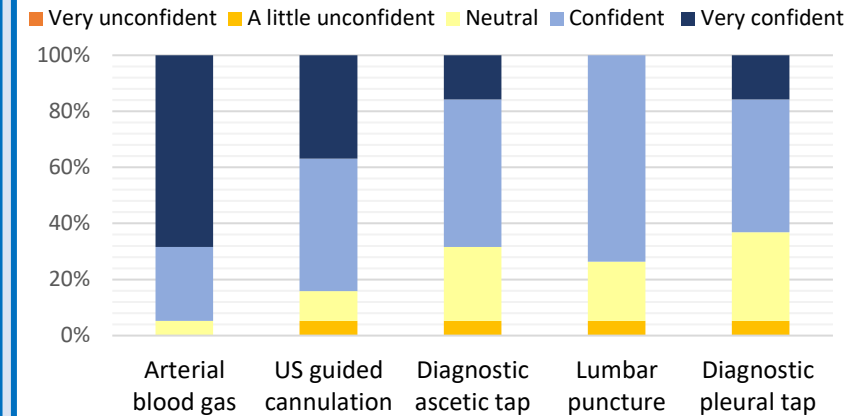


Figure 2: (left) Graph showing pre-course confidence levels

Figure 3: (right) Graph showing post-course confidence levels

Post-course percentage confidence



Results

All practical procedures saw an increase in confidence post course, average percentage confidence increased from 16% to 77%. The biggest percentage change was seen in LP, in which 73% of participants were confident post course (See figures 2 and 3). All respondents enjoyed and would recommend the course. Qualitative feedback highlighted some reasons for this; transferrable ultrasound skill development and the ability to practice multiple times.

Conclusion

The provision of teaching and practising practical procedures in a simulated environment is an essential step to delivering effective and safe care to patients. This training must be readily accessible to all cadres of clinicians.

A bespoke practical procedure workshop incorporating theory and hands on practical experience is an effective intervention in improving competence and confidence in performing practical procedures. Moreover, transferrable skills may also be gained from such workshops e.g. US skills, which could be a segue to further training and learning.

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Strengthening the trainee voice at the Medical Local Faculty Group

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A methodology to maximise the presentation of trainee feedback and improve outcomes for trainees and trusts

Introduction

The medical local faculty group (LFG) is a unique and powerful opportunity for medical trainees to highlight both training and service issues to faculty. This has been shown to result in beneficial outcomes in trainee experience, well-being and progression. (1)

However the process of gathering and delivering feedback, including presentation technique, is neither prescriptive nor always effective despite being pivotal to beneficial outcomes. (2)

Objective

To maximise the impact of the trainee voice at the LFG by collating and presenting trainees' feedback more constructively and effectively.

Methodology

We trialled two different methods of collecting trainee feedback; an e-survey and a face to face 'focus group' session. This allowed a systematic identification of issues, clarification of points raised and offering solutions.

The collated feedback was then condensed into overarching themes with direct quotes from trainees laying specific details, and then potential solutions to each theme were also proposed. [Figure 1]

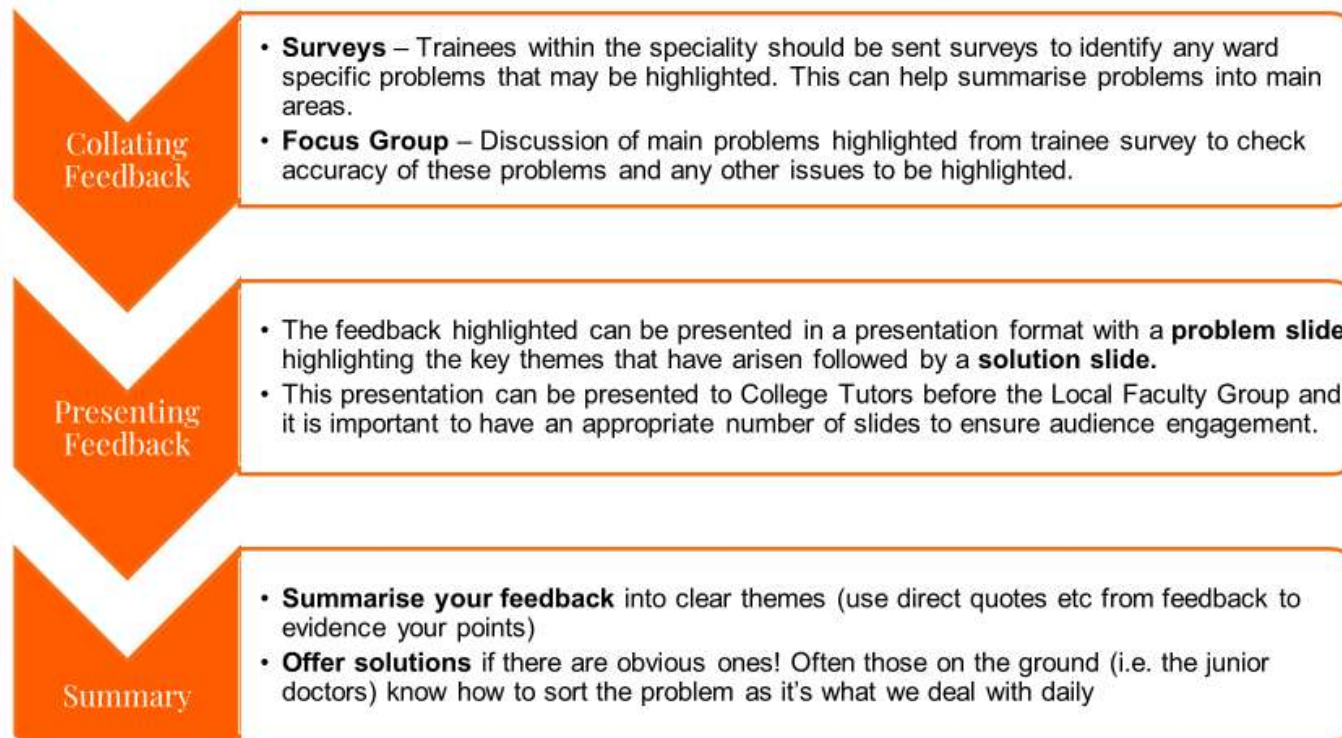
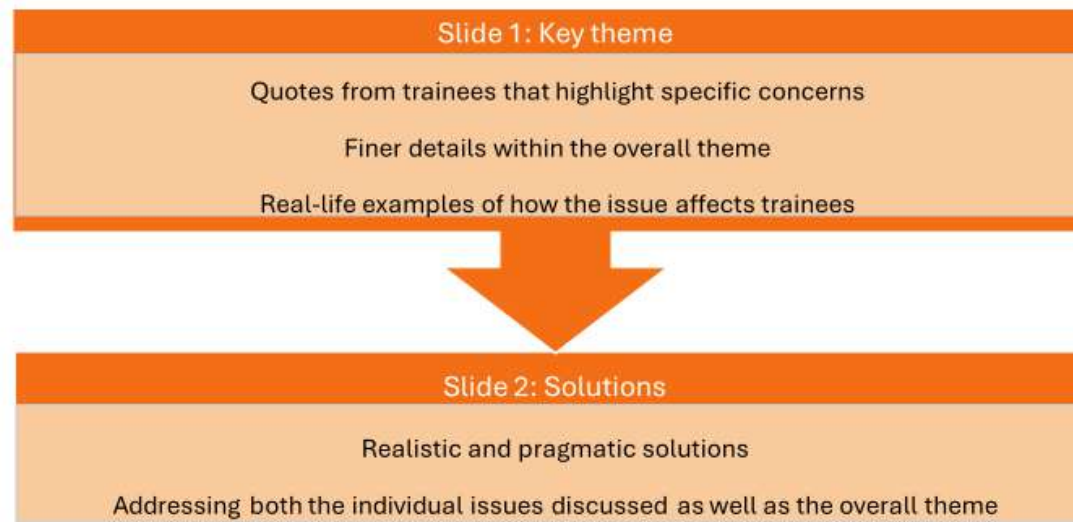


FIGURE 1.
FLOWCHART
DEMONSTRATING
METHODOLOGY

FIGURE 2.
TEMPLATE FOR
OTHER
REPRESENTATIVES
FOR PRESENTING
TRAINEE
FEEDBACK AT THE
LFG



Results

- Overwhelmingly well-received 'theme-based solutions' approach.
- Positive outcomes included immediate resolution of issues such as trust policy re-enforcement and essential dialogue around patient safety.
- We delivered a training day on presenting feedback to other speciality representatives based on our methods.
- Our 'problem and solution' approach has now been proposed as a blueprint for other speciality LFGs going forward [Figure 2]

Conclusion

By amplifying the trainee voice effectively, we have noted real-time impactful results through our process of assembling and relaying feedback. We believe implementing this method would greatly benefit other training groups.

By improving the working and training conditions for junior doctors, the outcome is not only a more supportive environment for trainees but ultimately safer and better patient care.

- Related literature**
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Enhancing ECG Interpretation Skills

Amongst Cardiology Medical Students at a Tertiary Cardiac Centre

Ameer Hamid A. Khan, Huzefa Qamar, Laura Blakey, A. Dylan Fisher Barry, Roshan Weerackody

Department of Cardiology, St Bartholomew's Hospital, Barts Health NHS Trust, London



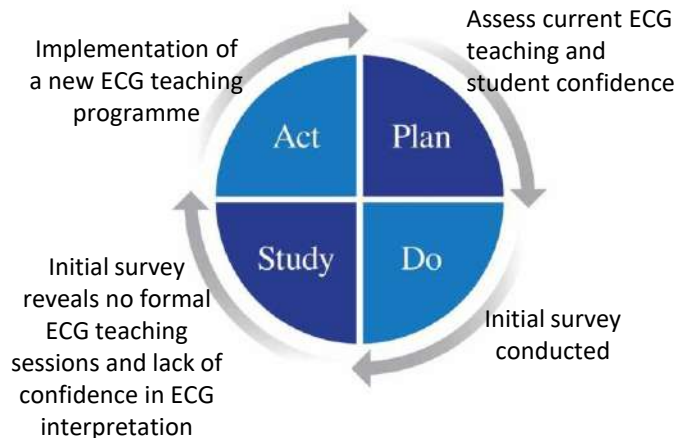
Background:

- Electrocardiogram (ECG) interpretation is an essential skill for medical professionals, especially newly qualified doctors
- Improving ECG interpretation skills amongst future doctors:
 - enhances patient safety by reducing misdiagnosis or delay in identification of potentially life-threatening arrhythmias
 - optimises resource management through reduced reliance on specialist interpretation

Aims and Methods:

- Assess and enhance medical students' confidence in ECG interpretation at a tertiary cardiac centre on an 8-week cardiology rotation using Quality Improvement Project (QIP) Plan-Do-Study-Act (PDSA) methodology

PDSA Cycle 1:

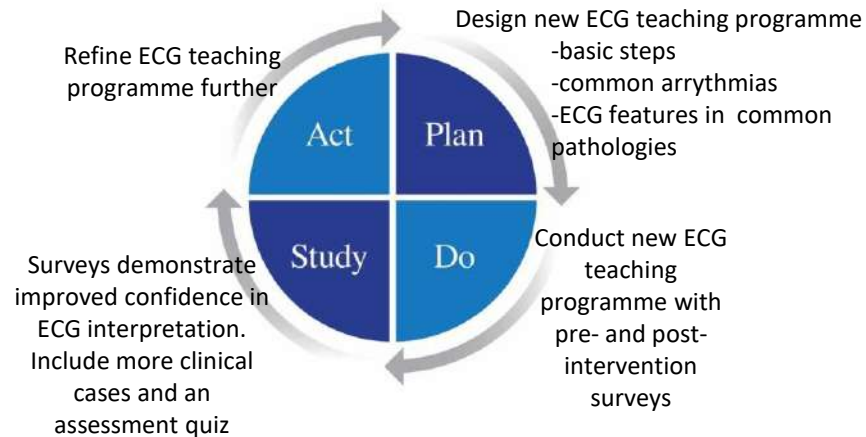


PDSA Cycle 1 Results:

Initial feedback survey from medical students revealed a significant lack of confidence in interpreting ECGs:

- Only **20%** students felt confident in interpreting ECGs independently at the end of their rotation
- Only **40%** of students felt that their rotation teaching improved their confidence in ECG interpretation

PDSA Cycle 2:



- Pre-survey collected baseline data on students' confidence levels and perceived systematic approach to ECG interpretation
- Post-survey data evaluated the impact of the teaching intervention on students' confidence and skills

PDSA Cycle 2 Results:

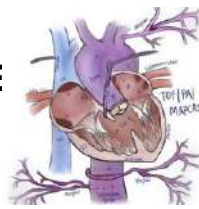
Pre- and post- teaching intervention surveys highlighted significant improvements in student confidence:

- **83.4%** students felt confident in independently interpreting ECGs post-intervention vs **5.25%** pre-intervention
- **100%** students perceived that they had a systematic approach to ECG interpretation post-intervention vs **42.1%** pre-intervention
- **75%** students felt confident in identifying serious and common ECGs post-intervention vs **47.4%** pre-intervention
- **91.65%** of students felt that the teaching intervention had improved their confidence in interpreting ECGs.

Conclusion:

- This QIP successfully identified and addressed a deficiency in ECG interpretation skills amongst medical students
- Implementation of a new ECG teaching programme significantly increased students' confidence levels.
- Overall, this project highlights the effectiveness and impact of dedicated teaching sessions in enhancing ECG interpretations skills for future doctors.
- It also serves as a model for addressing specific skill gaps identified through student feedback, contributing to continuous improvements in medical education

CARDIAC REHABILITATION: THE FORGOTTEN INTERVENTION IN PATIENTS WITH CONGENITAL HEART DISEASE



Iosif Karalis; Ioannis Kasouridis; Michael A. Gatzoulis

BACKGROUND

Cardiac rehabilitation is well recognised as an important multidisciplinary intervention that encompasses the full spectrum of exercise prescription, diet as well as education and psychosocial support. As the number of adult patients with congenital heart disease (CHD) continues to grow, so does the need for further operations and complications within their lifespan making the role of rehabilitation as a prevention as well as post-surgical intervention strategy crucial.

METHODS

We set out to retrospectively audit a group of adult CHD patients in our service (leading tertiary centre for CHD in London, UK) to establish their access and referral to cardiac rehabilitation services after surgical intervention using the surgical database. Data was presented in our local service audit meeting. An education session was also conducted, following which, a pathway was set up for referral which was audited prospectively.

RESULTS

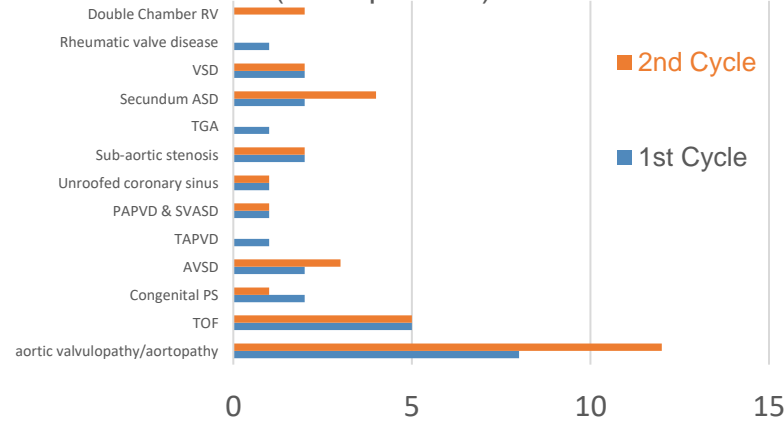
A total of 28 patients were included between the ages of 19-69 (mean 40.6 years old) over a 6 month period spanning a range of CHD diagnoses with 61% (17/28) on their 2-4 sternotomy. Only 14% (4/28) were offered rehabilitation.

After the establishment of a referral pathway, 31 patients were included between the ages of 18-64 (mean 35.2 years old), over a 5 month period, 28% with previous sternotomies. A significant improvement was noted with 77% (24/31) referred and offered cardiac rehabilitation.

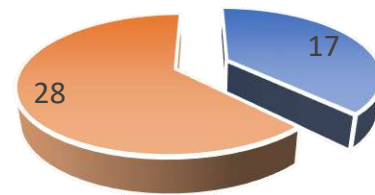
Feedback collected following the completion of the cardiac rehabilitation programme in a sample of those patients using the Dartmouth quality of life questionnaire, evidence was encouraging regarding the positive effect of cardiac rehab on both the mental and physical health of the patients.

FIGURES

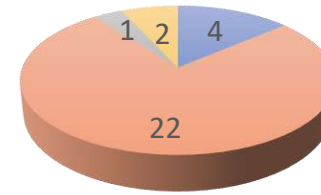
Congenital Heart Disease Diagnosis (No of patients)



Re- sternotomies (No of patients)

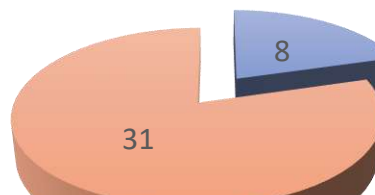


Audit Outcome (No of patients)

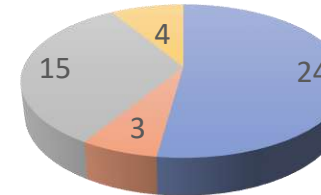


First cycle of audit

Re- sternotomies (No of patients)



Audit Outcome (No of patients)



Second cycle of audit

■ First Sternotomy

■ Redo of Sternotomy

■ Offered/Had Rehab

■ Not Offered Rehab

■ Rehab Mentioned on DSUM

■ N/A

DISCUSSION

- Despite evidence-based guideline recommendations, access and uptake of cardiac rehabilitation and exercise prescription remains poor in all disciplines of cardiology.
- CHD patients are often younger and usually face multiple operations over their lifespan with potential other comorbidities that could benefit from post-intervention rehabilitation.
- Distinctions among CHD patients need to be made, as in patients with cyanotic heart disease and Fontan circulation who require closer supervision
- A bespoke exercise protocol for each patient needs to be prescribed depending on their needs, condition and abilities. An exercise protocol that favours aerobic versus resistance training is recommended as aerobic exercise limits the elevation of systemic vascular resistance and end-diastolic pressure which can impact exercise tolerance by reducing the stroke volume.
- In cyanotic patients, oxygen supplementation can lead to better exercise performance and increase the duration of the activity at the beginning stages with the goal to withdraw this gradually.
- Functional capacity at baseline and at the end of an exercise rehabilitation with an objective test such as a CPET is recommended

CONCLUSION

- Cardiac rehabilitation and exercise prescription is an established and important strategy that we should be considering and implementing in CHD patients not just as a post-optimisation but also as a pre-optimisation intervention to improve quality of life and prepare patients for interventions.
- Further research on the benefits that can be gained from separate cohorts of CHD patients is warranted to derive the best exercise prescription/programme for them.
- Use of technology and virtual consultations could be an avenue for allowing better access to these services.

DISCLOSURE INFORMATION

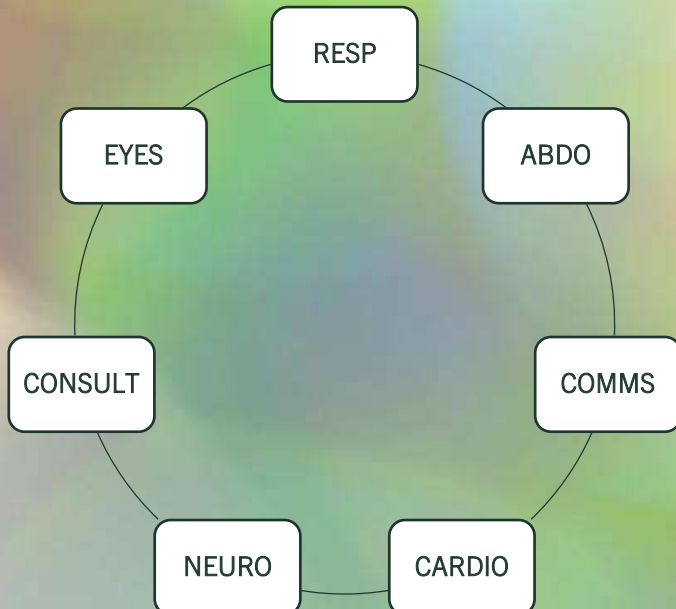
No disclosures

RATIONALE BEHIND DEVELOPMENT

- Improve local opportunities for training
- PACES23 format recently introduced
- Increase trainee exposure to clinical signs
- Improve trainee confidence + exam orientation

FORMAT OF DAY

- One day course, 9 IMT trainees
- £190/trainee
- Patients recruited with a wide range of conditions + clinical signs
- Consultants + specialty registrars at each station acting as 'examiners'

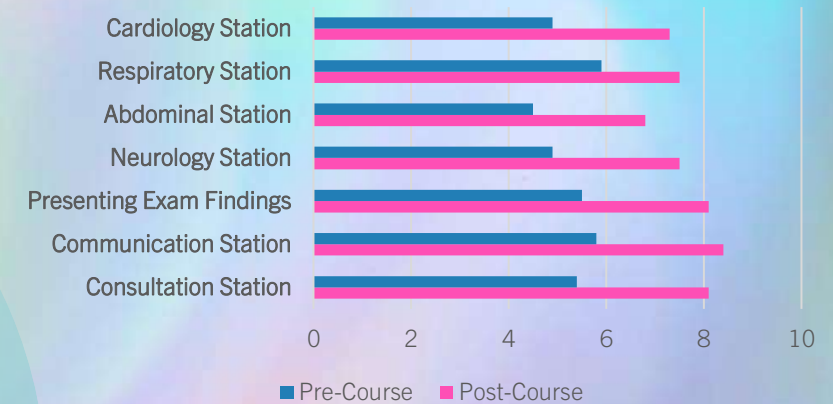


DEVELOPMENT OF NORTHERN IRELAND PACES TRAINING COURSE

Dr Jennifer Livie
Dr Victoria Livie
Dr James Irvine

FEEDBACK RECEIVED

Trainee confidence on a scale of 1-10 (most confident) pre and post PACES training course



All patients and 'examiners' happy to be contacted in the future



Excellent course!

Very well organised

Expert patients recruited

Very impressed with preparation

Staff friendly, atmosphere relaxed

THE FUTURE

- Develop a cohort of interested patients and faculty
- Aim to run 3xyear, so trainees sitting in all diets can benefit
- Improve access to equipment eg ophthalmoscope

Improving communication on ceilings of treatment among junior doctors: a pilot study on the introduction of a structured 5C framework

Dr Kai Chen, Dr Ben Thomas

Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board

Background

A quarter of COVID-19 hospital admissions died in the hospital over a 13-month period as shown in an observational study in England.(1) This has placed even a greater retrospective scrutiny on the decision-making of 'Do not attempt cardiopulmonary resuscitation (DNACPR) and its compliance with the legal and ethical frameworks.(2) This project aims to introduce a structured 5C framework (table 1) as an aid to support decision-making where ceilings of treatment are being considered and enhance effective communication skills among junior doctors.

Method

A written questionnaire was distributed among 30 foundation year (FY) doctors to gather a baseline understanding on their knowledge and confidence level about having conversation surrounding ceilings of treatment. We conducted a communication training workshop for the FY doctors, incorporating the practicability of using the 5C framework. Feedback was collected after the workshop to evaluate their knowledge and confidence level.

Consider ceilings of treatment: 5C framework for clinical decision-making

Context	Why is this patient unlikely to benefit from the specified treatment? Unqualified reference to protected characteristic e.g. age, permanent physical or learning disability should be avoided.
Capacity	Does the patient have capacity to be involved in decision-making? Is there a valid and applicable Advance Decision to Refuse Treatment (ADRT)? Has the patient appointed a Lasting of Power Attorney (LPA) for Health and Welfare? Is there a Court Appointed Deputy? An independent Mental Capacity Advocate (IMCA) is required where a patient is 'unbefriended' and an urgent decision is not required.
Consultation	Record detail and outcome of discussions with patient, LPA for Health and Welfare and/or other representatives. Consider IMCA outside emergency setting.
Clear documentation	Clear record of decision and related consultation(s)
Communication	Effective communication of decision

Table 1: Ceilings of treatment - 5C framework for clinical decision-making

Result

A total of 27 responses were collected from baseline questionnaire. Of the 27 responses, more than 60% said they were not familiar with the All Wales DNACPR policy and principles of advance care planning. A quarter said they did not receive formal training in DNACPR discussion. Only one-third feel confident to have conversation on DNACPR and ceilings of treatment. Of all 30 attendees, there was a significant improvement (more than 90%) in their confidence level to have conversation on DNACPR and advance care planning that reflect legal framework (figure 1). All of them felt that the 5C framework was concise and relevant to their training.

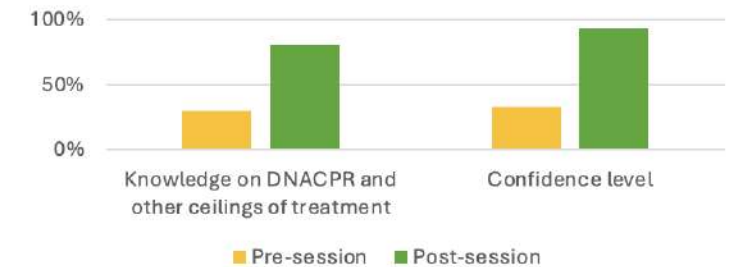


Figure 1: significant result from pre-session and post-session questionnaire

Conclusion

The structured 5C framework has overall demonstrated a positive impact in improving communication skills and confidence level among junior doctors. Further learning materials with case studies on a uniform platform could be developed to enhance complex communication skills among junior doctors.

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Royal College
of Physicians

Developing the role of the Learning Disability Physician

Ken Courtenay, Charlotte Annesley, Kirsten Lamb, Michael Kingsley

<https://www.edgehill.ac.uk/cpd-modules/medical-needs-of-adults-with-a-learning-disability-hea4505/>



Background

People with learning disabilities (LD)

- 2% of the population⁽¹⁾
- Up to 11 long-term conditions⁽²⁾
- Health outcomes are poor
- Life expectancy 20 years lower⁽³⁾
- Greater use of medication⁽⁴⁾

Method

A training programme on the 'Medical Needs of Adults with LD' developed with the support of NHSE, RCP London and delivered by Edge Hill University. The purpose of the course is to equip doctors with knowledge and skills to support people with LD effectively.



Conclusion

An innovative training course delivered by RCP London with Edge Hill University to support adults with learning disabilities. The course is in line with Government policy on reducing mortality in people with LD. Greater promotion of the training course will be required to effectively achieve the aims of the NHSE Programme.

Outcomes

A two-module training programme delivered remotely over twelve months. Multidisciplinary teaching co-delivered by adults with LD. 40 multidisciplinary participants. Doctors working in primary and secondary care services. The training module is co-delivered by people with learning disabilities. Assessment is based on the learner's portfolio of cases and written reflections. The module is delivered for the second year. Learners have commented positively on the quality and content of the course. <https://www.edgehill.ac.uk/cpd-modules/medical-needs-of-adults-with-a-learning-disability-hea4505/>

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2. Kinnear, D., Morrison, J., Allan, L., Henderson, A., Smiley, E., & Cooper, S. A. (2018). Prevalence of physical conditions and multimorbidity in a cohort of adults with intellectual disabilities with and without Down syndrome: cross-sectional study. *BMJ Open*, 8(2), e018292.
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SHROPSHIRE'S MILITARY, NHS, AND VOLUNTEER COMMUNITY COLLABORATE TO PROVIDE AN INNOVATIVE TRAINING COURSE FOR MEDICAL REGISTRARS



EARDLEY, K ¹, MACKINTOSH, A ², WOOD, G ³

¹Consultant Physician and Clinical Director of (Midlands) Multi-role Medical Regiment (Army Reserve)

²RCP Chief Registrar, Shrewsbury & Telford Hospital NHS Trust

³Consultant Physician and Director of Medical Education, Shrewsbury & Telford Hospital NHS Trust

Introduction:

- The position of Medical Registrar is one of the most important for the delivery of safe and effective emergency care in the acute hospital. It is also one of the most challenging physically and mentally.
- Health Education England West Midland's School of Medicine commissioned Shrewsbury & Telford Hospital NHS Trust (SATH) to deliver a 3-day residential course specifically designed to cover a wide range of competencies and clinical skills, but specifically to help equip the medical registrar with strategies to better manage the complexity, the cognitive load, and psychological stress of the role in a fun and interactive way.

Materials and methods:

- The course was codesigned by SATH Volunteers, 202 Multi-role Medical Regiment (202MMR), NHS England OP COURAGE, SATH Clinical Simulation team, and RCP Chief Registrar.
- Feedback during the course meant that delegate's individual learning needs were identified and addressed in course. Faculty provided feedback in person and a Survey Monkey was sent to the delegates on completion of the course.

Results and Discussion:

The following course was delivered to 16 Internal Medicine Year 3 doctors:

- **Deteriorating Patient Clinical Simulation Course:** Delegates managed simulated clinical scenarios of deteriorating patients. Complexity called upon prioritisation, delegation, escalation, and communication skills. Simulated relatives were used calling on skills of breaking bad news, duty of candour, best interests' decision making, and providing compassionate end of life care.
- **Human Factors Course:** 202MMR Army Reservists and permanent staff delivered a course utilising the Centre of Army Leadership training packages. Using several engaging activities, the delegates gained a greater understanding of self and how their emotions, behaviours, and perceptions play an important role in their ability to be a safe and effective clinician, leader, and follower.
- **Hospital Cardiac Arrest Clinical Simulation Course:** All scenarios led onto cardiac arrest and included additional complexity requiring discussion with relatives including breaking bad news and making end of life decisions.
- **Mental health session:** This session provided a safe space for the delegates to talk about their experiences working in the NHS. Sustaining mental health and coping strategies and concepts were explored.

Written feedback from the delegates:

'It was the best simulation course I have ever attended'.
'Role play by volunteers from the community was a unique experience'.
'Focus on teamwork, leadership and followership is rarely spoken about in other training.'
'Training in army barracks with command tasks correlating with leadership, teamwork and human factors. Interactive sessions, everyone was involved, valued, and listened'.
'The arrest scenarios were much truer to life than ALS courses eg relatives, debrief, bleed, thrombolysis'.
'Very useful feedback. Great to have the opportunity to try this before starting on the reg rota. Hugely appreciated thank you.'

Conclusion:

- Utilising the skills and experiences of the NHS, military, and wider community significantly enhances the quality of clinical simulation and human factors training for the medical registrar



Enhancing Communication and Clinical Reasoning In Medical Education: Building Virtual Patients With Generative AI

Dr Lewis Potter & Dr Chris Jefferies | Geeky Medics
lewis@geekymedics.com

Background

About Geeky Medics

Geeky Medics was founded in 2010 as a medical student revision website. Since then, the project has grown into a leading independent medical education resource, specialising in OSCE preparation materials. The Geeky Medics platform (app.geekymedics.com) has over **270,000** registered users.

Generative Artificial Intelligence (AI)

Generative AI describes any form of artificial intelligence (AI) that can produce new text, images, video or other content.

Large language models (LLMs) are a form of generative AI which can generate human-like text. They are trained on large amounts of text data and have been made popular by the launch of publicly available chatbots, including ChatGPT and Google Gemini (previously Google Bard).¹

Aim of the project

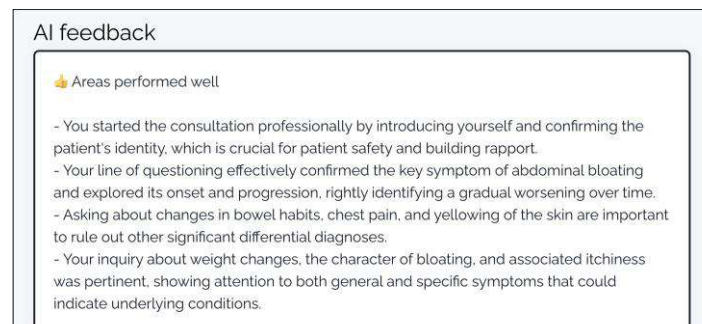
We aimed to develop a collection of realistic virtual patients using LLM technology. The virtual patients enable learners to practice their consultation and clinical reasoning skills using a chatbot interface.

References

1. Martineau K. What is generative AI? IBM Research Blog. Published April 20, 2023. <https://research.ibm.com/blog/what-is-generative-ai>



An example of interacting with a virtual patient



Users can receive instant feedback from an AI examiner following the station

Results

Since launching, users have had over **58,000** consultations with virtual patients hosted on the platform.

The average consultation length was **49 messages** between the virtual patient and the user with an average duration of **5 minutes and 54 seconds**.

In total, users have spent over **1,800 hours** interacting with our virtual patients.

Conclusion

The project demonstrates the potential of generative AI, specifically LLMs, as an educational tool within medical education. By creating a collection of virtual patients, we have provided a scalable, accessible means for learners to practise their communication and clinical reasoning skills.

The significant engagement observed, with over 58,000 consultations, attests to its utility and acceptance among learners. While challenges such as AI-generated inaccuracies ("hallucinations") were encountered, these are valuable learning points for the ongoing development of the platform.



GEEKY MEDICS 

Evaluation of hospital-based undergraduate medical education: clinicians' perspective

Lydia Kinnear, Rachel Frackelton, Sophie Taylor, Anand Kamalanathan, Emmanuel George, Rachael Mitchell, Lisa Hill, Upendram Srinivas-Shankar
Department of Undergraduate Medical Education, Wirral University Teaching Hospital

Introduction & Aims

- Existing literature on hospital-based undergraduate medical education predominantly focusses on the learning experience from the student's perspective.
- Our evaluation explored the unique perspective of hospital-based clinicians.
- We aimed to identify potential areas of improvement in undergraduate medical education in a university teaching hospital. Based on clinician feedback

Methods

- Qualitative and quantitative data was obtained using a Google Forms questionnaire sent to all consultants delivering medical education.
- Data collected included: role of the clinician, number of years in medical education, setting in which teaching was delivered and their educational qualification.
- We explored the clinician's understanding of the curriculum and learning objectives.

Results

- 30 responses from consultants
- Location of teaching:
ward rounds (66.7%)
clinics (66.7%)
- Educators reported that teaching could be enhanced with protected time in clinics

Understanding of Learning Objectives

- Good understanding
- Not all the time
- Poor understanding
- Student brought LOs

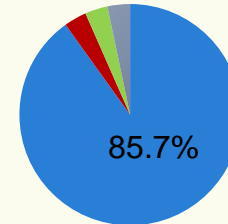


Figure 1

Familiarity with Undergraduate Curriculum

- Familiar and understood
- Familiar but requires update
- Not familiar and requires update

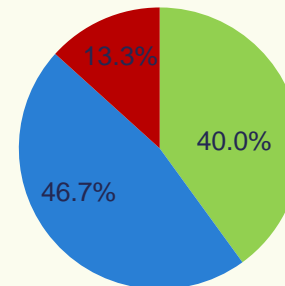


Figure 2

Discussion

- Clinicians wanted education on small group teaching, simulation and strategies for delivering teaching, inspiring & engaging medical students.
- A proportion of clinicians delivering medical education had limited understanding of the undergraduate curriculum, with some indicating that an update was required.
- Educators reported that teaching could be improved by dedicated teaching time in clinics, as quality of teaching was impacted by pressures of providing patient care. Issues such as not being able to reduce clinic patient numbers were highlighted.

Conclusion

- Innovative ways of curriculum dissemination needs to be developed.
- Protected teaching time in clinical settings should be a key area of improvement.
- Regular teaching skills updates and evaluations should be provided to clinicians.
- Improvement in education is vital to raise the standards of the next generation of doctors.

Evaluation Of Novel Techniques To Improve Clinical Learning Of Medical Students

Dr. Mahnoor Amir

Introduction

Simulation-based learning is a technique that replicates real-life scenarios without posing any risks to the patients¹. Numerous studies indicate that students achieve better learning outcomes through active practice than solely relying on theoretical knowledge². The average human attention span is only 8.25 seconds, so an effective teaching program should employ various modes and techniques to ensure that students do not lose focus.

Materials and methods

An anonymous online questionnaire was distributed to medical students who came for their clinical rotations at Basildon University Hospital, to identify the primary areas where they required teaching and guidance and that formed the basis of a new teaching program that was introduced at the education department of the hospital. The progress of the teaching program was evaluated by a second questionnaire-based survey conducted after six months.

Actions

The teaching program we introduced focused on simulation-based learning delivered via high fidelity mannequins. We made use of the 'Flip Classroom' methodology which encouraged analytical thinking and a problem-solving mindset. We utilized Lev Vygotsky's 'Learning Zone Model' and 'Zone of Proximal Development' to ensure one-to-one mentoring. Continuous growth of the teaching program was ensured through regular feedback.

Future Plans

Our future plans include:

- Making the program more digitally advanced by introducing apps such as 'Mentimeter' and 'Padlet' for anonymous participation.
- Introducing formal summative assessment at the end of each rotation.

Results

The program received immensely positive feedback from the students, who felt it catered perfectly to their needs. The teaching program was introduced in April 2023 and the progress was evaluated after six months i.e. in October 2023. The percentage of students who felt well prepared for ward rounds doubled in October 2023 to 39%, in contrast to only 17% in April (Fig 1). When asked to score how confident students felt in using their theoretical knowledge in practical situations, the majority scored 3 (on a scale of 1-10) in April 2023, whereas in October, the majority scored 5 or above (Fig 2).

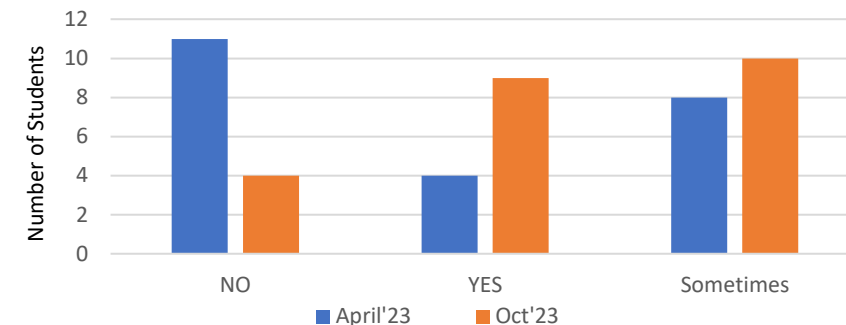


Fig.1: Do you feel adequately prepared for wards rounds?

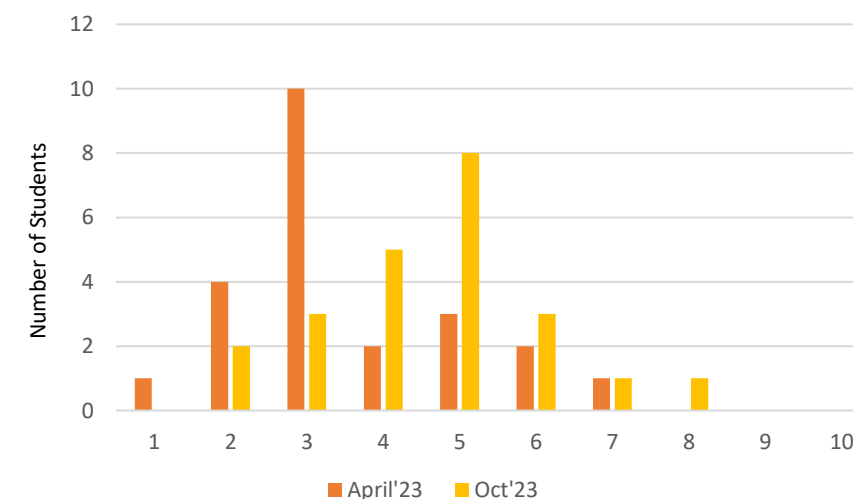


Fig.2: On a scale of 1-10, how confident are you in your ability to use your theoretical knowledge in practical situations?

References

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Improving Endotherapy Training for Upper Gastro-intestinal Bleeding (UGIB) using a novel, low cost, home-made porcine model

Muhammad Atif Rauf¹, Chehkuan Tai¹, Louise China¹
¹Royal Free London NHS Foundation Trust

Introduction

Upper gastrointestinal bleeding (UGIB) is a common condition which carries significant risk of mortality. Endoscopic haemostasis training is variable and is often ad hoc. Many trainees desire additional training, making demand for courses very high. We aimed to develop a local course to help address it.



Fig 1 Porcine model with simulated bleeding

Method

We organised a half day, hands-on, consultant-run course over 3 years for trainees within the same trust. It was based on a model using pig stomachs, supplemented with pre-course reading and a handbook.

The models were made by drilling holes into plastic storage boxes containing the pig stomach and using expired overtubes and cable ties to secure access for the scopes. Ongoing costs were minimized by prospectively saving equipment for the course. Expendables, such as clips, were provided as part of a sponsorship, and animal stacks and scopes were loaned. Trainee feedback was analysed using thematic analysis.

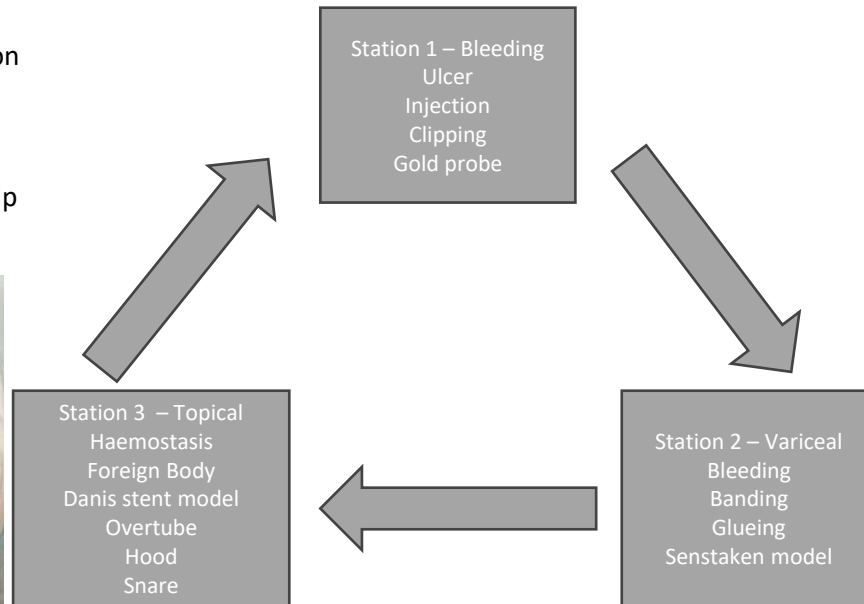


Fig 2 Schematic of course

Results

Over 3 years, we recorded 29 responses from trainees. Common themes from what trainees found useful included: hands-on experience, step-by-step use of certain techniques, useful technical variations, building familiarity with equipment, and practicing communication. Common themes from what trainees thought could be improved included: more stations/techniques and more time per station.

Conclusions

Our course represents a distinct approach to improving local endoscopy training. The use of a porcine model allows trainees to gain valuable hands-on experience, particularly in techniques that they may not encounter frequently. A model such as ours, based on a local, hands-on course, can serve as a template for other such courses to help improve training and confidence in the use of endotherapies.



Fig 3 Endoscopic view inside pig stomach



Fig 4 Example station

THE IMT "AWAY DAY" 2023

N. L. Maddox¹, L. Jones¹, B. Dyer¹, R. Potluri¹, S. Patten¹
¹Royal Devon University NHS Foundation Trust (RDUH)

1. INTRODUCTION

- The **NHS workforce** is experiencing unparalleled **recruitment** and **retention problems**¹
- **UK junior doctors** experience **high levels** of **work stress** which is leading to **burnout** and a **workforce retention crisis**
- A **supportive environment** for junior doctors can manage these **stressors** and allow **mutual support**²
- To address this, the **RDUH Associate College Tutor (ACT)** and **College Tutor (CT)** team designed an **"Away Day"** for their **Internal Medical Trainees (IMTs)**

2. MATERIALS & METHODS

- **Whole day** event off the hospital site 19/07/2023
- IMTs and speakers were given advance warning to allow **study leave** to be booked
- Fully **supported** by the **RDUH Postgraduate Medical Education Department**
- **Sessions** focused on **wellbeing, sleep, diet, mental health, quality improvement** and **professional learning**
- Each **IMT year group** had a **focused feedback meeting** with their **CT**

References

1. The National Workforce Skills Development Unit: Workforce Stress and the Supportive Organisation https://www.hee.nhs.uk/sites/default/files/documents/Workforce%20Stress%20and%20the%20Supportive%20Organisation_0.pdf (last accessed February 2024)
2. Lock FK, Carrieri D. Factors affecting the UK junior doctor workforce retention crisis: an integrative review *BMJ Open* 2022;12:e059397. doi: 10.1136/bmjopen-2021-059397



3. RESULTS & DISCUSSION

- **20 RDUH IMTs** attended (IMT1 - IMT3)
- A **post-event survey** (n=15) revealed the following:
 - **86%** had their **wellbeing needs** met
 - **86%** reported **improved morale**
 - **100%** had the opportunity to receive **CT support**
 - **Trainees** rated the day as **4.5/5** (1= poor, 5= excellent)
 - **100%** requested an **IMT "Away Day" 2024**

"This is so important to morale, mental health and satisfaction at work"

"Felt listened to during feedback sessions, safe and open space"

- **Qualitative analysis** identified **positive themes** such as **"value"** and **"morale"** as well as **"job satisfaction"**
- **Overall**, this **"Away Day"** was **helpful** for the **morale** and **wellbeing** for the vast majority of **IMTs** that attended

4. CONCLUSION

- **IMT** can be **challenging** and **stressful**
- This **successful** and **popular** "Away Day" had a **valuable** impact upon IMTs; enabling a **safe space** to **voice concerns** and **receive support** without clinical pressures
- Given the current **difficult** and **turbulent NHS** climate, it is **vital** that we provide our **trainees** with **supported environments** for their **wellbeing** and **morale**
- Following the **positive feedback** received, the RDUH is now organising an **"Away Day" for IMTs July 2024**; this is planned to be an **annual** event

"It builds relationships within the IMT group which will be helpful for work"

"So valuable to our training and our sense of worth"

Adrenal Insufficiency in Rheumatic Patients on Long-term Glucocorticoid Therapy: A Quality Improvement Project

Odunayo Olugbode • Kapil Garg • Anurag Bharadwaj • Anupama Nandagudi
Rheumatology Department, Basildon University Hospital
School of Medicine, Anglia Ruskin University

INTRODUCTION

- Adrenal Insufficiency (AI) is a significant concern in rheumatology patients on glucocorticoid (GC) therapy, particularly with polymyalgia rheumatica (PMR) and giant cell arteritis (GCA)
- The lack of national guidelines, awareness and non-specific features makes it difficult to diagnose AI

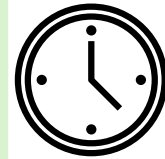
METHOD

- Retrospective audit conducted using electronic patient records (EPR)
- Inclusion criteria:
 - diagnosis of PMR, GCA or both
 - minimum duration of 2 years on GC therapy
- The cohort consisted of 68 patients

OBJECTIVE

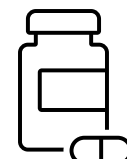
- To review AI management in accordance with NICE CKS recommendations

RESULTS



AVERAGE DURATION ON STEROIDS: 4 YEARS

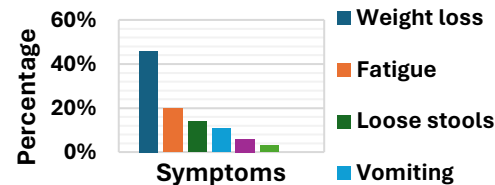
LONGEST DURATION ON STEROIDS: 11.2 YEARS



AVERAGE DOSE : 4mg At 2 years and those currently on steroids

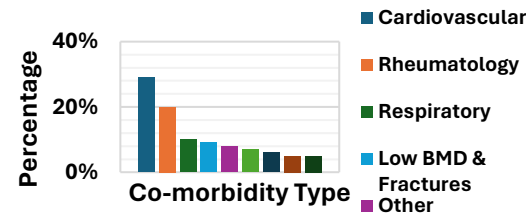
DOSE RANGE: 0.5 – 15mg

Clinical Features of AI



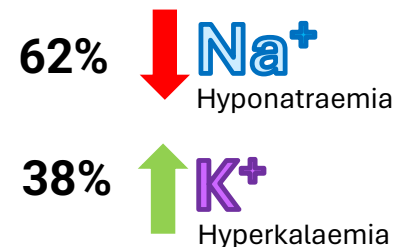
Graph 1. 35 out of the 68 patients presented with clinical features of AI. The data identifies six distinct symptoms.

Co-Morbidities

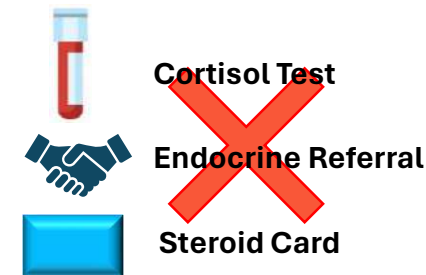


Graph 2. Reveals nine main co-morbidities. 44 patients (29%) had cardiovascular conditions.

19 patients had AI biochemical abnormalities:



0% of patients received:



CONCLUSION

Findings from the first cycle of this study demonstrated that based on the initial data collection, there are many areas for improvement to:

- ensure adherence to current NICE recommendations for adrenal insufficiency
- increase clinician and patient awareness of AI.

The findings underscore the pressing need for comprehensive management strategies for GC-induced AI

- Moving forward:
 - Steroid card for patients
 - Clinician and patient education
 - Clear documentation in clinic letters
 - Interdisciplinary collaboration
 - Develop a pathway of management for GI-AI
 - PDSA cycle

A survey-based study to explore the experiences and integration of displaced doctors from Myanmar/Burma into the NHS

Pyay Bone Maung, Yi Mon Oo, Emma Mitchell | Southmead Hospital, North Bristol NHS Trust

Introduction & aims

- International medical graduates (IMGs) make up around one fifth of all licensed doctors in the UK.[1]
- Since the military coup took place in Burma/Myanmar in February 2021, there has been significant violence against healthcare professionals.[2] Over 500 doctors have moved to the UK.

Aims:

- To outline the journey of doctors from Myanmar/Burma after arriving in the UK until accomplishing GMC registration and securing NHS positions.
- To explore the integration and experiences of doctors from Myanmar/Burma joining the NHS between February 2021 and December 2023.



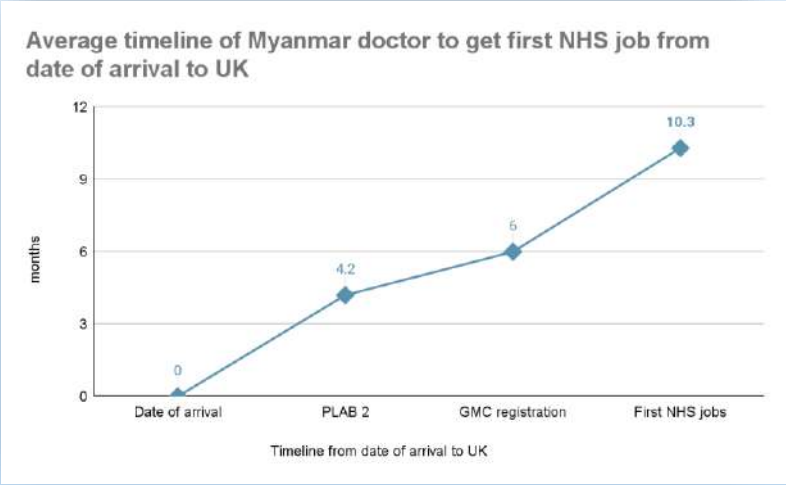
Figure 1: flag of Myanmar and United Kingdom

Method

In October 2023, an electronic, anonymised survey was sent via email to 294 Myanmar doctors in the UK.

Results

Response rate was 13% (38/294). 65% of the respondents were female and 64.9% between the ages of 24-29.



Graph 1: timeline of job acquisition

- 94.6% of doctors obtained GMC registration via PLAB.
- More than 50% of the respondents applied for over 50 jobs before securing their first position.
- 63.1% of doctors were employed as either junior clinical fellows or trust grade doctors.

- Top 3 challenges: language barriers, adaptation to the UK healthcare system and a sense of belonging.
- 29% felt their wellbeing had been negatively impacted since starting work.
- 23.5% of doctors felt that they had experienced some form of discrimination since starting work.

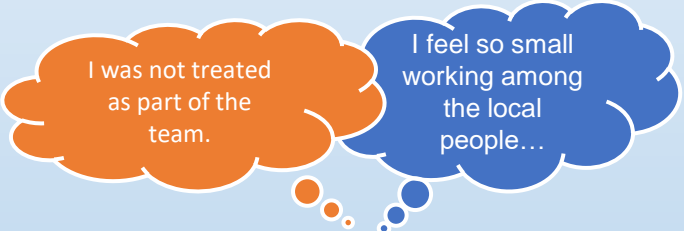


Figure 2: quotes from Myanmar/IMG doctor

Recommendations

1. We recommend NHS trusts explore wellbeing resources, utilise local support services and build a culture of care and compassion for IMGs.
2. It is important staff awareness and training on discrimination is prioritised and that staff feel empowered to raise concerns.
3. Regular supervision and support for pathways such as CREST are important to aid integration, professional development and career progression.

References: [1]General Medical Council, "Workforce Report," NA 11 2023.[2] Insecurity Insight, "reliefweb: A Tragic Milestone: More Than 1,000 Attacks on Health Care in Myanmar Since the February 2021 Military Coup," 15 November 2023.

A quality improvement project developing a specific induction programme for International medical graduates (IMG) starting Respiratory Higher specialty training in the Northern Deanery



S.Siddiqui, M.Bhatnagar, A.Prasad, U.Falak, H.Tedd
NHS Health Education North-East



Health Education North East

Introduction

- Within the Northern Deanery, there is a significant proportion of Respiratory Higher Specialist trainees (HST) who are International medical graduates (IMGs)
- IMGs face many professional and cultural challenges particularly at the start of a training programme^{1,2}.

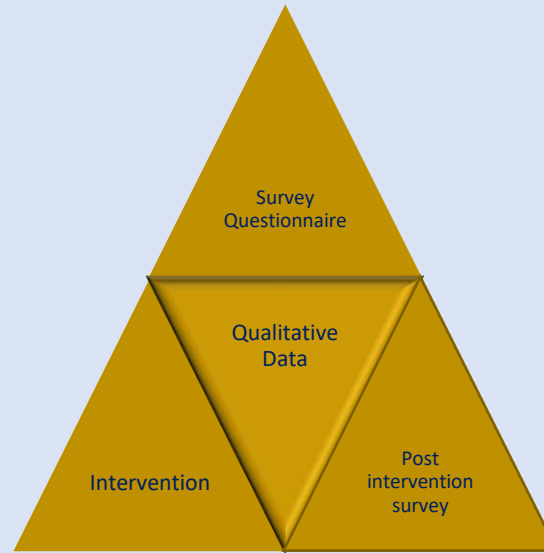
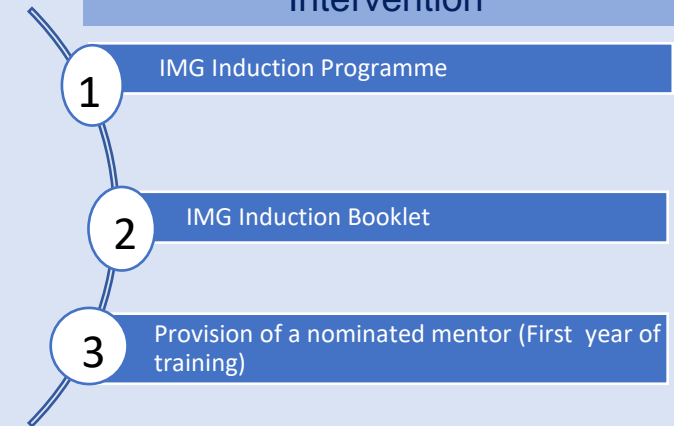
Methods

- Survey data from existing IMG trainees revealed - **100% IMGs (8/8)** didn't have orientation to e-portfolio. **None of them** knew how to navigate research activities, prepare their procedure or clinic log-books. **None were** aware of clinical governance and how to raise concerns.
- A survey questionnaire containing 23 questions were circulated amongst the existing 32 respiratory trainees.
- **100% (24/24) local trainees** felt IMG could be better supported and **all of IMG trainees** felt need of a separate induction programme and guidance.
- Following interventions with the new IMG trainees joining our deanery **over three recruitment cycles**, a repeat survey was conducted.

References

1. E-learning for Healthcare. Welcome and valuing international medical graduates—a guide to induction for IMGs recruited to the NHS.
2. HodkinsonJ, Lok P. NHS launches first standardised induction programme for international graduates *BMJ* 2022; doi:10.1136/bmj.o1624

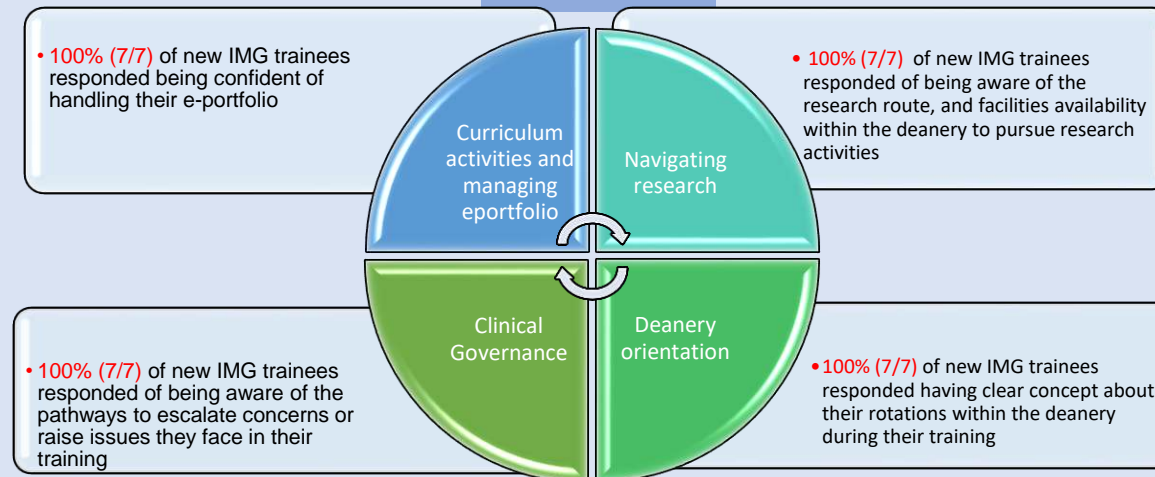
Intervention



Conclusion



Results



• This QIP highlights the value of adopting a specific induction programme for IMGs.

The Birth of an Impactful PACES Tutorials for International Medical Graduates After '39 Pregnant Weeks' of Virtual PACES Sessions

Paul Bolaji, Leah Ajayi, Richard Oguntoye, Ayodeji Dosu, Sherifat Yusuf

HEALTH EDUCATION ENGLAND D ACE ACADEMY

INTRODUCTION

"There is a loftier ambition than merely to stand high in the world. It is to stoop down and raise mankind a little higher". Henry Van Dyke.

In the PACES Spring Performance Report 2023, the failure rate of International Medical Graduates (IMG) in PACES was alarming compared with British Medical Graduates. Around 60% of IMGs failed the exam- 700 IMGs- in comparison to approximately 30% approximately 200 UK graduates.(1)

IMGs are an indispensable component of the UK medical Workforce. Of the new doctors who joined the workforce in 2021, 50% were IMGs. (2,3) Most of these doctors will now be at the stage of moving to a higher specialty . Success in PACES exams is key for internam medicine trainees.

These disparities inspired 5 IMG registrars to bridge this gap through the free weekly Virtual PACES exam for 39 weeks.

MATERIALS AND METHODS

Five IMG registrars- ST4 to ST5, trainees of HEE in Acute Medicine, Neurology, Cardiology, and Stroke Medicine across diverse regions in England has facilitated weekly tutorials up to three times weekly since June 2023 through the Zoom Platform.

Information regarding the weekly tutorials was disseminated through a WhatsApp platform which has around 400 doctors mainly IMGs. Timetables were created to cover all the components of the PACES exam- Communication, Consultation, Neurology, Cardiology, Abdomen and Respiratory exam.

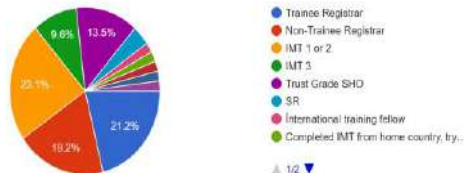
Two registrars were designated to facilitate a 90-minute session weekly with two PACES stations discussed. The registrars mostly served as simulators, timekeepers, examiners, and facilitators at each session which has an average range of about 60 attendees. Volunteer candidates were rotated at each session. Constructive feedback was given by the attendees and facilitators for the volunteer candidates using the Sandwich approach.

Following this, we sent a Google survey to candidates regarding the teaching session.. 53 people responded.

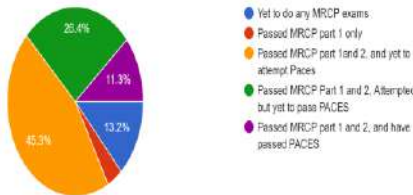
RESULTS

More than 96% of the respondents were IMGs. A third of the respondents were Internal Medicine Trainees (IMTs) in the UK. About a third were trainee registrars and a third were in a non-training role. A third of our respondents have attempted paces before. More than about half of the respondents had attended more than 5 weekly sessions

What is your role in the Hospital?
52 responses



What level in your MRCP exams are you at the moment?
53 responses



Some heart-warming feedback from attendees

"A very innovative and unique course by IMGs for IMGs. Very intense but insightful and refreshing at the same time. Dedication of the faculty is visibly second to none and it was clear their motivation is driven by a desire of non personal gains" Dr J

"Thank you so much excellent tutors". Dr S

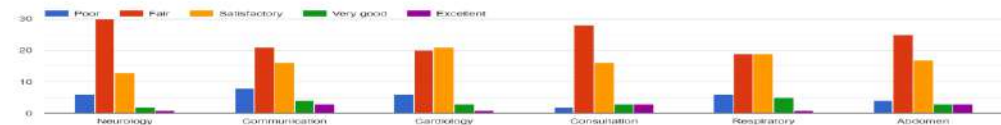
"Thanks everyone. The discussion were well crafted and comprehensive." Dr M

"Definitely the teaching helped me structure my presentation. I will definitely recommend it for friends and colleagues" Dr M

RESULTS

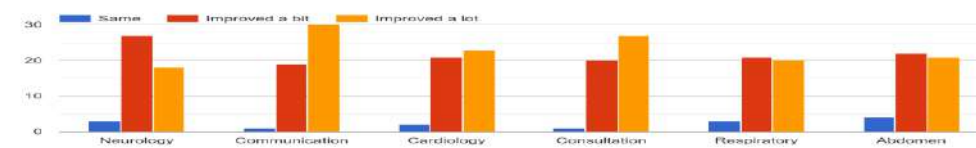
When asked to 'rate their strength in the paces content before attending Free PACES teaching'. More than half of respondents rated themselves as either poor or fair across all pace components, especially in Neurology, Communication, and Consultation. 4

Rate your Strength in the PACES Content before attending the ACE PACES TUTORIALS



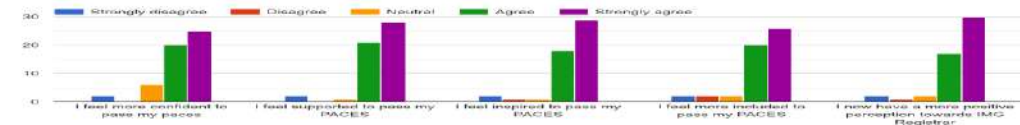
When asked to rate their improvement in the PACES content after attending our free PACES teaching. More than 90% rated improvement across all the paces and approximately 60% of respondents said they 'improved a lot' in Communication, Consultation, and Neurology.

Rate your improvement in the PACES Content after you started attending the ACE PACES WEEKLY TUTORIALS



Finally, when asked 'how do you feel seeing fellow IMG Registrars taking you through the Sessions? More than 90% of respondents feel more confident, more supported, inspired, and more included to pass paces. Almost all respondents now have a more positive perception of IMG registrars following the tutorials.(5)

How do you feel seeing fellow IMG Registrars taking you through the Sessions?



CONCLUSION

In conclusion, The Virtual PACES Tutorial facilitated by IMG registrars was impactful to the PACES preparation of around 400 IMG doctors. With support from the impact and reach can even be extended further.

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1. MRCP UK Spring performance report [Internet]. [cited 2024 Feb 23]. Available from: <https://www.mrcpuk.org/mrcpuk>
2. The Changing Medical Workforce [Internet]. [cited 2024 Feb 23]. Available from: <https://www.gmc-uk.org/f/media/documents/omep2020-chapter3.pdf>
3. Welcoming and valuing International Medical Graduates | NHS employers [Internet]. [cited 2024 Feb 23]. Available from: <https://www.nhs.uk/employers/news/welcoming-and-valuing-international-medical-graduates>
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OPTIMISING STUDENT ELECTIVE PLANNING: OVERCOMING CHALLENGES, GAINING INSIGHTS AND ENHANCING UNIVERSITY SUPPORT FOR FOREIGN ELECTIVES

Shruthi Atapaka, Shazia Sarela, Naireen Asim



BACKGROUND

International medical electives are **pivotal** for shaping medical students' **cultural competence**, **clinical skills**, and **global perspectives**. Extensive literature underscores their **transformative impact**, enhancing **clinical skills**, **cultural competency**, and awareness of **global health disparities** (1-2). However, numerous **barriers** hinder medical students from pursuing international electives, with **safety concerns** being a primary deterrent (3-4). The COVID-19 pandemic has further complicated matters, introducing **travel restrictions** and **health risks**, thereby affecting students' ability to undertake international electives (5).

Research indicates **inequalities** in **accessibility** and **support** for international electives across medical schools (6-8), with some providing **robust assistance** while others lack resources. These disparities worsen existing barriers, hindering **equitable access** to **global health experiences**. Given this complexity, it's vital to examine UK medical students' views on international electives, including their **motivations** and **challenges**. Understanding these factors is essential for medical schools to improve support and foster the development of successful clinicians.

AIM

- Explore **perceptions**, **barriers**, and **support structures** related to foreign medical electives among UK medical students.
- Evaluate **perceived guidance** provided by medical schools.
- Provide **recommendations** for enhancing support mechanisms in medical schools.

METHODS

- The study employs a **cross-sectional design**, recruiting participants from diverse UK medical schools.
- An **online survey** alongside an elective talk with previous students gathered data on motivations, destination preferences, perceived benefits and challenges, medical school support, and understanding of foreign electives.
- **International elective participation data** was obtained via Freedom of Information (FOI) requests to UK medical schools.

RESULTS

Our total study sample was (**n=103 students**) and responses from **32 UK medical universities** through Freedom of Information requests. Demographics show **33% male**, **66% female**, with **over 15%** from a widening participation background.

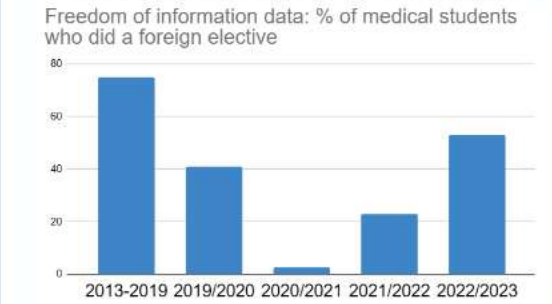


Figure 1: % of students who did a foreign elective at university

Over 75% of surveyed students **express interest** in pursuing a foreign elective. Despite this strong interest, **Figure 1** reveals that just over **50%** of students were able to undertake a foreign elective during the 2022/2023 academic year.

Figure 2 indicates that over **30%** of students rated **safety concerns** and **financial reasons** with a score of 5 on the Likert scale, suggesting their significant impact. Logistical difficulties were also noted as barriers. Less than 8% of respondents reported being fully aware of university requirements, planning logistics, and available support, indicating potential gaps in understanding and resources.

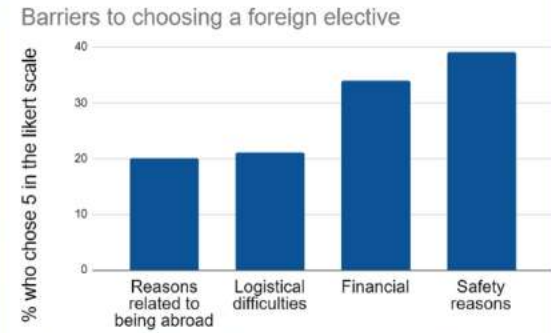


Figure 2: % of students rating barriers to choosing an elective at university

Support from university with foreign electives

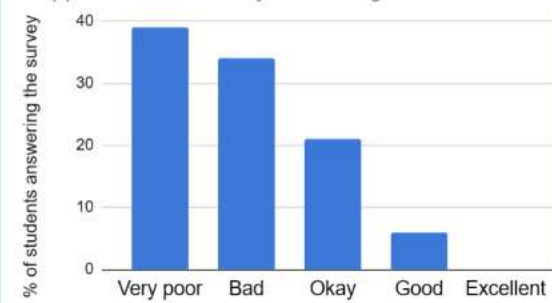


Figure 3 reinforces the lack of support from universities, with over **70%** rating the support as poor or very poor. **None** of the students rated the support for planning a foreign elective as excellent.

Figure 3: % of students rating elective support provided by university

DISCUSSION

Our results indicate a **strong interest** among medical students to pursue a **foreign elective**. However, this enthusiasm is tempered by significant **challenges**, particularly in accessing and navigating these experiences. **Financial constraints**, **safety concerns**, and **logistical difficulties** emerged as prominent barriers.

One notable finding is the **discrepancy** between students' preference for foreign electives and their perception of university support. While the majority of students prefer international electives, a significant proportion rate university support poorly. This suggests a **gap** between students' expectations and the support provided by their institutions, highlighting the need for medical schools to reassess and enhance their **support mechanisms** to better meet students' needs.

The impact of the **COVID-19 pandemic** on foreign elective participation is also evident in our findings. **Freedom of Information (FOI)** data reveals a drastic decrease in the number of students pursuing foreign electives during the pandemic peak, with a persistent decline observed even after restrictions eased. This underscores the **disruptive effects** of the pandemic on global health education and highlights the need for **adaptable support structures** to assist students during times of crisis. Despite these challenges, it is encouraging to note that over half of the surveyed students reported gaining **valuable clinical skills** during their elective experiences.

CONCLUSION

In conclusion, our study underscores the enduring value of **international electives** as transformative learning opportunities for medical students. Recognising universities' pivotal role, urgent action is needed for more **inclusive support measures** to ensure equitable opportunities and foster a positive shift in **medical education** towards global perspectives and clinical skills development. Future research should explore elective impacts on career paths and patient outcomes across diverse healthcare settings.

The Development of a Bespoke Physician Associate CPD Programme

Sian Harkin PA-R (Oncology) ABUHB & Honorary Clinical Tutor at Cardiff University, David Taylor PA-R (Neurology) & Professional Lead Physician Associate ABUHB, Dr. Jaideep Kitson Consultant Geriatrician (Assistant Medical Director) ABUHB

1 INTRODUCTION

Following successful completion of the Physician Associate (PA) National Examination, all qualified PAs must complete and log a minimum of fifty hours of Continuous Professional Development (CPD) per annum via the Royal College of Physicians online CPD diary¹. From informal discussion with the PA cohort within Aneurin Bevan University Health Board (ABUHB), a common theme that emerged was that ‘internal’ CPD sessions, specifically tailored to PAs i.e. sessions that aligned with the PA Matrix Specification of Core Clinical Conditions² were difficult to obtain. As a result of this feedback, ABUHB developed a bespoke PA-specific CPD teaching programme in 2020.

2 METHODS

Between February and December 2023, fifty-four sessions lasting one hour each were delivered on a weekly basis to all PAs within ABUHB. Content covered topics from the PA Matrix of Core Clinical Conditions (please scan left QR code). Each quarter, a four-hour CPD event was held which was listed as ‘protected teaching time’ supported by a robust PA-specific CPD Framework³ which was developed by David Taylor (See Figure 1). Due to the success of the programme, access to these sessions was expanded to General Practice (GP) PAs within the ABUHB geographic region via Microsoft Teams. Sessions were delivered in the Grange University Hospital education centre and satellite sites were set up across multiple local general hospitals.

3 RESULTS



A survey method was utilised to collect anonymous data from PAs within ABUHB between December 2023 and January 2024 (please scan right QR Code). The total number of respondents to the survey was twenty-three. The results reported that 96% of PAs believed that the CPD programme assisted them in obtaining their annual CPD points to remain on the Physician Associate Managed Voluntary Register (PAMVR) and 91% reported they felt the programme supported their learning/clinical practice.

5 REFERENCES

1. Faculty of Physician Associates. Continuing Professional Development (CPD). [Online]. Available from: <https://www.fparcp.co.uk/professional-development/cpd/>.
2. Department of Health. Matrix Specification of Core Clinical Conditions for the Physician Associate by Category of Level of Competence. [Online]. Available from: <https://www.bfwh.nhs.uk/onehr/wp-content/uploads/2016/07/DoH-PA-Curriculum-Matrix.pdf>.
3. Taylor, D. Continuous Professional Development for Physician Associates. ABUHB. (2022).

4 CONCLUSION

ABUHB has developed a novel CPD programme to ensure that PAs within the trust and surrounding GP clusters can easily achieve the 25 internal CPD points required annually to remain on the PAMVR. Moreover, teaching was aligned with the Matrix of Core Clinical Conditions and therefore was specific for PAs. The panel will ensure adaptations to the programme are in line with future changes from the Faculty of Physician Associates moving forward.

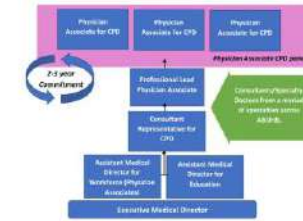


Figure 1. Supportive quality/leadership governance structure for PA CPD delivery taken from the ABUHB PA CPD Framework (2022) published by David Taylor.

Medicine Trainees attending clinics – easier said than done!

Dr Teledalase Olajoyegbe, IMT2 & Dr Burhan Khan, Consultant Physician, Darent Valley Hospital, Dartford

Introduction

- The Internal Medicine training (IMT) curriculum mandates attending outpatient clinics.
- This experience and exposure are vital for IMTs in learning new skills and broadening knowledge
- The arrangements for IMTs to attain this essential component of their training is not always easily achievable, straightforward or standardised.

Aim:

- Ascertain the different arrangement for IMTs to attend outpatient clinics across KSS
- To trial a possible solution for IMTs to attend clinics at Darent Valley Hospital (DVH)

Methodology

- We surveyed trainees across KSS on how attending outpatient clinics was facilitated at each hospital and whether the provisions successfully delivered. (Figure 1)

Results

- The Clinic Week Project initial funding came from HEE KSS to employ a full-time doctor who would replace trainee on the ward, releasing them to attend clinics for the entire week.
- Commencing Jan 2023, 7 IMTs attended 72 clinics; 10.28 clinics/week, 100% described the week as 'very' or 'extremely useful'.
- The Trust agreed to continue the project by accommodating the clinic week within the rota.
- It was however modified to include a half day SDT and half day of Neurology MDT and referrals or LP clinic (Figure 2).
- 15 IMTs attended 112 clinics between August 2023 to December 2023; 7.47 clinics/week with unanimous positive feedback.

Conclusion

- ARCP requirements are **minimum 20 clinics** in IMT year 1 and 2 each
- Projections are **all DVH trainees will exceed 25 clinics** each despite industrial action etc...
- We believe that this is one sustainable way of addressing outpatient clinic challenges faced by many trainees.

Rostered Clinic Weeks	Rostered Clinic Days	NIL Rostered		Monday	Tuesday	Wednesday	Thursday	Friday
Darent Valley Hospital			am (0900 – 1300)	SDT	TIA or Respiratory	Gastroenterology	Neurology	Geriatric Medicine
Maidstone Hospital	Medway Maritime Hospital							
Queen Elizabeth the Queen Mother Hospital, Margate			Lunchtime	Speciality teaching	IMT Teaching		Grand Round	
Tunbridge Wells Hospital								
William Harvey Hospital, Ashford		Conquest Hospital, Hastings	pm (1300 – 1700)	Cardiology	Nephrology	Diabetes & Endo	Stroke-Neurology Radiology MDT	Cardiology
	Eastbourne District General Hospital							
Princess Royal Hospital, Haywards Heath								
Royal Sussex County Hospital, Brighton		St Richard's Hospital, Chichester					Neurology Referrals and/or LP Clinic	
	Worthing Hospital	East Surrey Hospital, Redhill Frimley Park Hospital						
	Royal Surrey County Hospital, Guildford							

Key: Green: working well Amber: variable Red: Not working

Figure 1

Figure 2



Dartford and Gravesham
NHS Trust



Using a Peer-led Teaching Session To Improve Confidence and Knowledge of Non-invasive Ventilation Amongst a Junior Doctor Cohort

Dr Thomas McLay, Dr Rebecca Huang
North Manchester General Hospital

Introduction

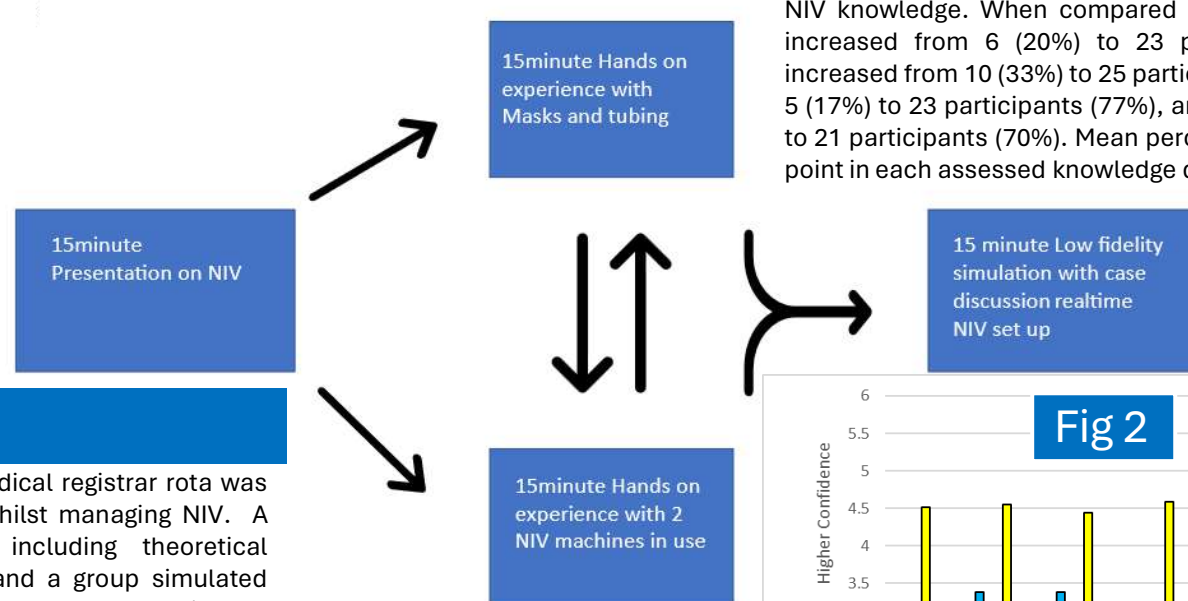
Non-invasive ventilation (NIV) requires adequate training for safe initiation, particularly in the acute setting. Treatment within a district general hospital (DGH) is often initiated by non-specialist doctors who may have no familiarity with local equipment. The 2017 NCEPOD NIV report highlighted a need for improved care of patients receiving NIV(1). Recommendations included ensuring staff who initiate acute NIV formulate appropriate management plans and have the competency to enact them. Our project aimed to improve knowledge and confidence of junior doctors in the set up and management of NIV.

Methods

A baseline survey of doctors that worked on the medical registrar rota was conducted, this identified areas of their concern whilst managing NIV. A face-to-face teaching session was developed including theoretical discussion, focused hands-on equipment review, and a group simulated case with real-time NIV set up (fig1). We assessed pre- and post-sessions, a questionnaire evaluating appropriate NIV settings, and confidence using Likert scales across 7 knowledge domains:

- determining indications,
- assessing contraindications,
- escalation decisions,
- set up of NIV circuit,
- initial settings of NIV,
- re-evaluating and
- adjusting settings of NIV.

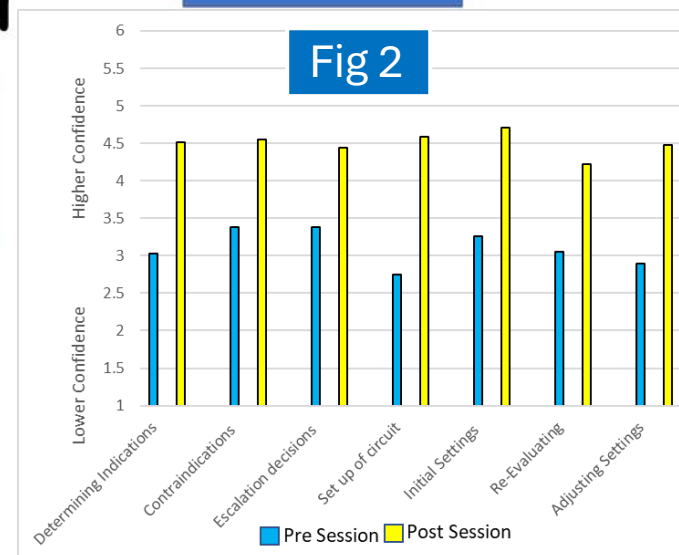
Fig 1 Session Structure



References:
1.National Confidential Enquiry into Patient Outcomes and Death. Inspiring change: a review of the quality of care provided tot patients receiving acute non-invasive ventilation, 2017. [Internet]. Healthcare Quality Improvement Partnership. [accessed 31 March 2023]

Results and Discussion

30 junior doctors completed the teaching programme across 3 face-to-face sessions. Feedback demonstrated that our approach was well received and resulted in universal improvement of NIV knowledge. When compared with pre-session results, the correct initial IPAP selection increased from 6 (20%) to 23 participants (77%); correct ventilator mode identification increased from 10 (33%) to 25 participants (83%); correct back-up rate selection increased from 5 (17%) to 23 participants (77%), and correct inspiratory time selection increased from 9 (30%) to 21 participants (70%). Mean perceived confidence post-session improved by at least 1 Likert point in each assessed knowledge domain (see Fig 2).



Conclusion

Our evidence is that this session can be effectively delivered in a peer led approach producing improvement in confidence and measurable knowledge improvement. We have created a structured and reproduceable training session that mixes practical teaching methods and is reproduced to maintain standards of treatment. We hope this can provide a sustainable standard for NIV teaching in the DGH setting

PACES Teaching Uplifting Positive Educational Culture And Lifelong Learning

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Introduction

- A series of teaching activities were organised by the RCP team in Walsall Manor Hospital including Mock PACES, communication skills and clinical consultation teachings to improve candidates' knowledge and clinical skills so that they are better prepared for the exam.

Method

- The Mock PACES was organised thrice yearly and it mirrored the actual PACES to provide a realistic experience to the candidates to familiarize themselves as the real exam can be daunting and stressful.
- With the recent changes to the new PACES23 format, we have adopted the quality for improvement model using 2 PDSA cycles (Plan, Do, Study and Act) to introduce the new format and improve the quality of the mock exam. The communication skills and clinical consultation teachings were held monthly and these were done either face to face or online.

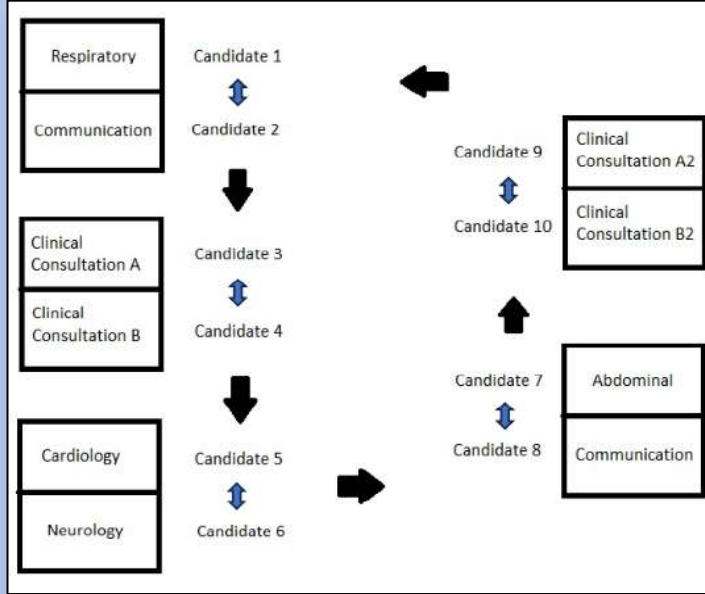


Figure 1 above showing the arrangement of Mock PACES Carousel.

Results

- The first mock with the new format were held on 29/9/2023 and 6/10/2023. In this mock, we have doubled station 2 and station 5 and this modification was essential to fit in a total of 10 candidates in a single carousel.
- For the other stations, they swapped over at 10 minutes. This arrangement allowed full utilisation of the stations while the actual PACES takes only 5 or 6 candidates with the same runtime.
- To further improve the mock PACES, we introduced a new electronic marksheet which replaced the paper marksheet and it consisted the scores for separate skillsets and individual feedback section.
- This was introduced in the mock PACES held on 12th and 19/1/2024. The advantage of the electronic marksheet was that it simulated the format of the PACES result document and this provided an overview of the candidates' performance.
- There were individualised feedback section on the marksheet which allowed the candidates to identify their weak points and work on them.
- The communication skills teachings were mainly sessions working on the techniques to communicate with patients on different scenario such as breaking bad news, dealing with angry patients and certain legal situations.
- On the other hand, the clinical skills consultation session focused on the importance of the first 5 minutes preparation which will heavily affect the candidates' performance in the 20 minutes station.

Conclusion

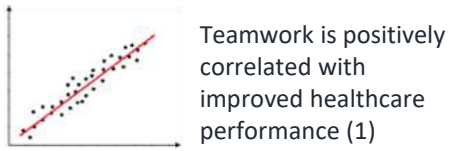
- The teaching activities and mock PACES have received tremendous positive feedback such as 'well organised', 'constructive and individualised feedback', 'real exam liked scenario' and 'simulating the real PACES'.
- We have more than 10 mock examiners who were past candidates and the feedback from them were 'aiming to develop themselves as potential PACES examiners', 'strongly believe in giving back as they were once in the candidates' shoes' and 'keeping their medical knowledge up-to-date'.
- The RCP team has created a positive educational culture and platform to encourage and facilitate the successful completion of PACES.

Candidate's Marksheet								
	Physical Examination(A)	Identifying Signs(B)	Clinical Communication skills(C)	Differential Diagnosis(D)	Clinical Judgement(E)	Managing Concern(F)	Maintaining Patient's welfare(G)	Total Score
Station 1 Respiratory			NOT APPLICABLE			NOT APPLICABLE		
Station 1 Communication	NOT APPLICABLE	NOT APPLICABLE		NOT APPLICABLE				
Station 2 Clinical Consultation								
Station 3 Cardio			NOT APPLICABLE			NOT APPLICABLE		
Station 3 Neurology			NOT APPLICABLE			NOT APPLICABLE		
Station 4 Abdomen			NOT APPLICABLE			NOT APPLICABLE		
Station 4 Communication	NOT APPLICABLE	NOT APPLICABLE		NOT APPLICABLE				
Station 5 Clinical Consultation								
Total Score	/24	/24	/16	/24	/32	/16	/32	/168
Score needed to pass	16	14	11	17	19	10	28	130
PASS/FAIL								
Feedback								
	Physical Examination(A)	Identifying Signs(B)	Clinical Communication skills(C)	Differential Diagnosis(D)	Clinical Judgement(E)	Managing Concern(F)	Maintaining Patient's welfare(G)	
Station 1 Respiratory								
Station 1 Communication								
Station 2 Clinical Consultation								
Station 3 Cardio								
Station 3 Neurology								
Station 4 Abdomen								
Station 4 Communication								
Station 5 Clinical Consultation								

Score Guidance
Unsatisfactory: 0
Borderline: 2
Satisfactory: 4

Figure 2 above showing the electronic marksheet for Mock PACES.

Background



Teamwork facilitates challenging conversations and cohesive patient-orientated care (2)

Increasing patient complexity has shifted the speciality towards consultant-led care in what previously was a predominantly nurse-led speciality. This may have contributed to some staff feeling less valued as their role has changed.

Aims

- To celebrate the range of skills and knowledge within the team
- To learn from and with each other
- To provide teaching time to staff

Methods

- Weekly teaching led by different members of the MDT
- Pre and post program questionnaires
- Further development of the program based on feedback

Results

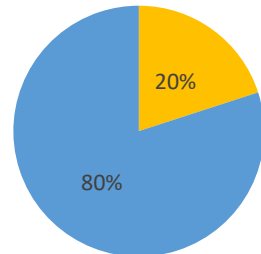
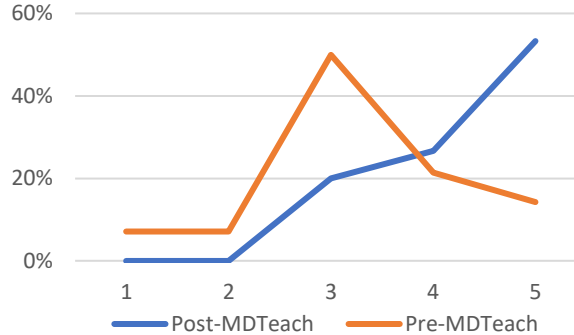
Each session ran twice with an average of 11 attendees per topic.

Attendance included a good distribution from each team including nurses, health care assistants, doctors, physiotherapists, occupational therapists, social workers and chaplaincy.

100% of attendees found the program beneficial for team-working and wanted it to continue.

Figure 1. Pre vs Post-program: How valued do you feel as part of the MDT? (1= not at all, 5 = extremely)

Initially only 14% felt "extremely" valued, which increased to 53%. Median score increased from 3 to 5 out of 5.

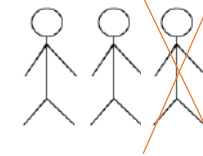


- 1 Figure 2. Has MDTeach encouraged bonding and teamwork within the MDT? (1= not at all, 5 = extremely)
- 2
- 3
- 4 80% report the program has "definitely" encouraged bonding and teamwork within the MDT.
- 5

Challenges



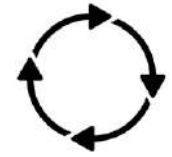
Planning teaching time to suit all teams



Periods of short staffing and ensuring adequate ward cover



Confidence and experience of staff to teach



Sustaining the program after rotation of doctors

Conclusions

- Overall good engagement from all teams
- Desired outcomes achieved:
 - Outcomes for individuals: Improved morale, self-value and work-satisfaction
 - Outcomes for the team: Improved bonding and better understanding of each others' roles
- Additional benefits gained:
 - Provided an opportunity to develop teaching skills
 - Became a useful space to reflect on cases known to the team, to learn more about the case and understand rationale for management

References

- 1.. Schmutz, J., et al, 2019. How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis. *BMJ Open*, 9(9), p.e028280.
- 2.. Myrthøj, C. et al, 2023. Interdisciplinary collaboration in serious illness conversations in patients with multiple myeloma and caregivers – a qualitative study. *BMC Palliative Care* 22, 93

