

Leicester Medical School

Clinical Teachers' Newsletter

Welcome to the eighth edition of the Leicester Medical School Clinical Teachers' Newsletter.

In this issue, Dr Judith West, talks about the recent launch of the Undergraduate Medical e-Portfolio. On page 2, we ask whether any amount of medical training can really prepare FY1s for the real thing and Dr Chris Prideaux, provides an update on the delivery of Procedural Skills at Leicester. On page 3, Dr Marianne Elloy and Dr Robert Davies outline their vision for simulation within the new Leicester curriculum. Finally, on page 4, we share the success of Dr Patel and his team who are involved in a successful ground-breaking ePIFFany' (Effective Prescribing Insight for the Future) project for junior doctors.

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Medical School Launches Undergraduate Medical e-Portfolio (LUMeP)

Leicester Medical School launched the Leicester Undergraduate Medical e-Portfolio (LUMeP) for students in Years 1-3 in March 2015 and will introduce this to all year groups from September 2015 as an online record of achievement which will prepare students for their postgraduate professional careers.

Leicester Medical School has introduced the LUMeP in partnership with ten UK Medical Schools supported by the e-Portfolio Team at NHS Scotland in response to requests from students and the requirements of the GMC which states in Tomorrow's Doctors (2009) that: *"graduates should be able to establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs."*

More than 95% of Leicester graduates undertake the NHS Foundation Programme and are all required to use the NHS e-portfolio as a key component for assessing progress and professional competence.

Furthermore, with the introduction of GMC Revalidation, the NHS e-portfolio has become the standard means for demonstrating professional achievement and fitness to practice for all doctors and has been adopted widely by the UK Specialty Royal Colleges.

The LUMeP will serve as an online record of achievement and will initially be used to support clinical skills development, Personal and Professional Development (PDP), and as a record of extracurricular achievements and reflective work. In time the LUMeP will be used as a tool for recording and demonstrating academic progression using supervised learning events (SLEs), and for the assessment of professional and inter-professional competence.

The recently launched NHS e-portfolio app will allow students to access certain elements of the e-Portfolio such as reflective logs and mobile ticketing for SLEs using iPad.

Please contact Dr Judith West jvw4@le.ac.uk for further information.

Can Any Amount of Medical Training Fully Prepare you for Entry into the Workforce?

The results of the Medical School's 2015 Graduate Survey on Preparedness for Professional Practice suggested that the Leicester MBChB continues to prepare its graduates well for entry into the workforce and the short 2-week assistantship is partially meeting the needs of graduates entering Foundation Year 1. That said, the results also indicated that graduates have a clear appetite for:

1. The provision of more experiential learning in clinical practice
2. Ensuring medical students are given a greater role in medical teams throughout the course
3. Better preparation for managing acutely ill patients under supervision
4. A longer student assistantship period with increased FY1 shadowing
5. Further guidance on e-Portfolio completion

It is likely that most of the areas highlighted will be improved by the Medical School's current curriculum redesign and the introduction of the new undergraduate NHS e-Portfolio. These changes should aid the transition from medical student to FY1, but realistically, it is doubtful whether any medical curriculum can really fully prepare medical students for entry into the workforce. As Dr Sheena Wallace points out below, starting out as a foundation doctor is daunting, but the key factors which helped with her transition were the support and encouragement of her team members.



Dr Sheena Wallace Reflects on Starting Out as a FY1 Doctor

Starting life as a foundation doctor can be a daunting experience. Medical schools dedicate five years preparing you for this transition

but I don't think many of us could proclaim to feel completely ready. Fortunately for me my medical school required me to shadow my future post for two weeks the summer after graduation. This was in addition to the mandatory four days shadowing in August. I was able to meet the team, get to know the ward, get to know the job and how the seemingly endless list of IT systems worked. It meant that come that first Wednesday in August I could hit the ground running.

My first shifts as an FY1 were covering the renal and renal transplant wards at night. I was terrified "Am I going to be left on my own?" "What if I can't cannulate someone?" My fears thankfully were completely unfounded as I had the complete support of my registrars and the nurses. During those shifts I learnt what it meant to be a doctor on call. My experience at UHL has continued in the same way. Sure I have had some tough shifts at times but I have been lucky enough to work with teams that encourage, support, inspire and challenge. And this has made all the difference.



Procedural Skills Update

There are 32 procedural skills mandated by the General Medical Council that a graduate must be able to carry out safely and effectively (Tomorrow's Doctors, 2009); there are 8 further skills deemed by the medical school to be equally important. Some skills are therapeutic, such as urinary catheter insertion and administering oxygen; some diagnostic, such as venepuncture and interpreting a 12-lead electrocardiogram; and some general, such as obtaining and recording consent, and infection control in relation to procedures. The skills are taught through both Phases 1 and 2 of the course, mainly in the University Hospitals of Leicester and District General Hospital Clinical Skills Units, and during attachment in the clinical blocks.

Once students have been observed to perform a taught procedural skill satisfactorily, they practise that skill during Phase 2 by arranging to undertake a supervised learning event (SLE) in the form of a direct observation of procedural skill (DOPS). An SLE forms part of their preparation for practice and provides students with:

- The opportunity to identify their learning needs in relation to readiness to practise
- The opportunity for formal feedback on these essential procedural skills
- An introduction to SLEs which they will be required to undertake as a postgraduate doctor.

The students can undertake a DOPS whenever the opportunity arises during clinical placement in primary or secondary care; there is no block specific requirement. There are presently 149 DOPS that the students are expected to complete by graduation; their progress with the DOPS process is monitored 6-monthly during Phase 2. The clinical staff performing the DOPS are skilled and up to date with the practise of a particular skill; they comprise hospital doctors, hospital nurses and other clinicians, also general practitioners along with their nurses and health care assistants.

By Dr Chris Prideaux, Procedural Skills Lead

Patient Involvement at Leicester

The idea of putting patients at the heart of healthcare and learning to work in partnership with patients is a central theme in *Tomorrow's Doctors* (2009). Leicester Medical school has employed a variety of innovative approaches to patient involvement, to ensure different experiences and areas of expertise of the local population are utilised.

Service User, Emma Smith, shares her experiences of working with the Medical School:

'I have been involved with the Medical School and Interprofessional Education (IPE) for about 10 years as a 'service user' after sustaining significant injuries following a road traffic accident in 2002. 'I began with the IPE Listening Workshops where students listen, then reflect, on services users' experiences of inter-professionalism within the health service. As IPE in Leicester has developed, my role within it has too. I am now a co-tutor for Listening Workshops. I was thoroughly trained in IPE, and the skills required for tutoring.

In recent years, with Professor Liz Anderson, I have attended, and in some cases given presentations at meetings, workshops, and conferences about IPE. I have participated in discussions about service user involvement in the Medical School's new curriculum, and was privileged to attend the Groundbreaking Ceremony for the School's new buildings. As an ex patient and ex health care professional I am passionate about IPE. I feel strongly that much can be learnt from service users' personal experiences.'

By Annette Dunwell-Morgan

Exciting Times for Simulation at Leicester Medical School

A major challenge for medical students is combining knowledge and the interpersonal skills required to work effectively within clinical teams. Teaching these skills can present a number of challenges in the clinical environment. Whilst simulation cannot replace real-life patient interaction, we believe that with the increasing emphasis on patient safety and quality simulation has the ability to bridge the gap between theory and practice thereby improving both patient treatment and student learning experiences. The General Medical Council support the use of simulation in both the undergraduate and postgraduate educational setting and review of the literature demonstrates that increasing fidelity demonstrates better educational outcomes.

We have reviewed the current use of simulation within the curriculum. Currently a number of blocks incorporate the use of simulation and simulated patients. There is widespread support for the increased integration of simulation based training (SBT) into the medical school curriculum by phase I leads, phase II leads and Clinical Skills Facilitators. Student feedback describes they want access to high quality simulation facilities within a coordinated coherent educational structure.

Our vision for simulation within the new curriculum included:

- Simulation should be used as an adjunct to clinical training both at the pre- and clinical stages within a balanced medical curriculum.

- Greater focus on developing SBT for all blocks within the medical curriculum with improved infrastructure and communication.
- Improved accessibility and availability for all Leicester Medical students irrespective of placement.
- Identified block/theme leads should be encouraged/expected to take an active role in the delivery of SBT within their block. All block/theme leads should be appropriately credentialed for SBT.
- Improved inter-block/theme/institution communication is vital to ensure the full spectrum of *Tomorrow's Doctor's* recommendations are met.

A dedicated Leicester undergraduate medical simulation unit with satellite units in peripheral 'teaching' institutions should

be a priority to ensure the appropriate provision and progression of SBT within the medical curriculum.

A number of exciting developments in 2015 will help to push Leicester to the forefront of undergraduate simulation in the UK. The ground floor of the Robert Kilpatrick building will be converted into a dedicated simulation facility which will include state of the art facilities for delivering undergraduate simulation teaching and examinations. A simulation website is under construction to allow easier communication and access to resources for students and faculty. Simulation faculty training courses will be undertaken on 29 July - please watch out for adverts and we look forward to meeting you at these events.

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*By Dr Marianne Elloy & Dr Robert Davies
Co-Leads for Simulation,
Leicester Medical School*



Medical School News Bites



Above: Dr Rakesh Patel

Leicester Develops New 'ePiffany' Initiative to Help Train Junior Doctors

A ground-breaking training project for junior doctors was showcased to a global audience of health experts at an international event on 24 April 2015. It brings together expertise from Leicester Medical School, University Hospitals Leicester (UHL)

NHS Trust and University of Leicester School of Management (ULSM) and will soon be launched to improve patient safety in other East Midlands Hospitals.

EPIFFany (Effective Prescribing Insight for the Future) was the only East Midlands initiative to be showcased via a workshop at the prestigious International Forum on Quality & Safety in Healthcare, in London between 21 and 24 April.

It has been developed by a team led by Dr Rakesh Patel and pioneered at Leicester General Hospital in 2013. It takes a multi-disciplinary approach with expertise from Medical Education, Human Factors (Dr W Green, ULSM) and Pharmacy (Dr Martinez, UHL). With funding and support from the East Midlands Academic Health Science Network (EMAHSN), Health Education East Midlands (HEEM) and Pfizer, the innovative project is to be launched later this year in two Lincolnshire hospitals, and could soon be spread to other areas of the UK.

EPIFFany was developed in response to evidence showing junior doctors in their foundation years make prescribing errors at up to twice the rate of other health professionals, risking patient safety and leading to people staying in hospital longer than they need to.

As well as improved training techniques, the project also aims to increase junior doctors' well-being, ensuring they choose to practice in the East Midlands and to see it as a great place to build their career.



The University bids farewell to **Professor Wynford-Thomas**, Dean of Leicester Medical School, who retired at the end of May.

New Medical Building Enters last Phase of Construction



Centre for Medicine March 2015



Architectural image of the design for the new Centre for Medicine



Architectural image of the interior for the new Centre for Medicine

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