Session 1: Thursday 4 May 15.30 – 17.00

1. ‘Seeing a patient as a patient…a more holistic view of medicine’
   Realistic Medicine: Longitudinal Immersive Clerkship - a driver for change
   Contributors: Dr Fiona Muir, Senior Lecturer, University of Dundee, Dr Penny Lockwood, Honorary Senior Clinical Lecturer, University of Dundee, Dr Issie MacPhail, Postdoctoral Researcher, Rural Health & Wellbeing, University of the Highlands and Islands, Dr Emma Watson, Director of Medical Education, NHS Highland, Dr Sarah-Anne Munoz, Senior Lecturer, Rural Health and Wellbeing, University of the Highlands and Islands, Professor Sandra MacRury, Rural Health and Wellbeing, University of the Highlands and Islands and Fiona Graham, Longitudinal Clerkship, NHS Dumfries & Galloway

   Description: Dundee Medical School is running the first, in the UK, one year Longitudinal Immersive Clerkship (LIC) rural Scotland programme in partnership with NHS Highland and NHS Dumfries & Galloway. The programme started in September 2016 as part of the University of Dundee’s strategy to increase student exposure to rural medicine in the community.

   In this parallel session we will explore the development of LIC from the students’ and tutors’ perspective and present the initial research data from this study which demonstrates the value of the programme in the Scottish context.

   Objectives of the session, indicating the knowledge and skills you should expect to gain:
   1. To review the development of the LIC and explore the opportunities which exist within the programme.
   2. Disseminate the initial research data which explores the impact upon 4th year medical students, their supervisors and support staff.
   3. To understand the students’ context of learning and hear their perspective.
   4. To review the extent to which the programme is meeting its original plan.
   5. To review the extent to which LIC is meeting the needs of the participants.

2. Performance Support - identifying and supporting the trainee in difficulty
   Contributors: Dr Greg Jones, Associate Postgraduate Dean and Craig Urquhart, Case Manager, NHS Education for Scotland

   Description: All of us will have times in our career when our performance is not optimal. At times trainees can struggle due to health, personal or other issues. The session will aim to identify the main reasons for decreasing performance and how these can be identified early. It will also cover the communication needed and principles of support of trainees in difficulty.

   Objectives of the session, indicating the knowledge and skills you should expect to gain:
   1. Know the red flags of need for performance support.
   2. Understand what underpins poor performance and know who should be involved in support of trainees.
   3. Understand the role of occupational health.
   4. Be able to meet with a trainee and discuss performance support needs.
   5. Improve communication with other members of educational team about support issues.

3. Contractual Compliance: At What Cost?
   Contributors: Emily Broadis, Scottish Clinical Leadership Fellow, NHS Education for Scotland and Scottish Government, Andrew Pearson, Scottish Clinical Leadership Fellow, NHS Education for Scotland, Dr John Colvin, Senior Medical Adviser, Scottish Government / Consultant Anaesthetist, NHS Tayside and Daniel MacDonald, Workforce Adviser / Programme Director, Health Workforce and Strategic Change Directorate, Scottish Government

   Description: We believe that Safe Person-Centred Care, High Quality Training and Trainee Health and Wellbeing are the key components necessary for designing rotas that promote professionalism and empower doctors to be good doctors. The great majority of doctors in training have working patterns that are 'compliant' with European Working Time Regulations and the New Deal. However, this contractual compliance does not guarantee a high
quality rota and current practices often vary widely. Many areas with poor recruitment and retention often quote rota issues as a major factor in reducing the attractiveness of their posts.

Building on the ideas generated from previous workshops, we will look at practical examples of PCAT in action, highlight areas of good practice within Scotland and demonstrate how the PCAT domains map directly to the GMC Standards (Promoting Excellence in Medical Education and Training).

The aim of this workshop is to demonstrate how you can map your current departmental QI activity against the GMC Standards to use as a framework for communication, and also how PCAT can help your team to identify areas of priority as you work to improve the working environment of doctors in training.

This interactive workshop will enable you to explore and discuss practical techniques for improving rotas, and how this can lead to a positive spiral of quality improvement within the area you work. Whether you are responsible for trainee education or service provision, or you are a trainee: this workshop will be relevant to you. You will be encouraged to recognise the importance of the contribution that each individual brings to the design of rotas, and how by working together, rotas can be produced which will improve delivery of training in the workplace, enhance person centred care, enrich service provision and ensure trainees feel valued and supported.

Participants are invited to bring examples of where they have made a positive change to share with others as part of our national improvement process.

Objectives of the session, indicating the knowledge and skills you should expect to gain:
1. Engage and empower trainees, trainers, service leads and educationalists with a desire to improve working patterns for doctors in training.
2. Equip participants with an insight into the practicalities and challenges of applying the Professional Compliance Analysis Tool (PCAT) as a quality improvement framework for rotas.
3. Opportunity to contribute your own examples of good practice in rota design to share throughout Health Boards and Specialties across Scotland.
4. Encourage and support continued networking of those involved in rota design.
5. Introduction to ‘Rotapedia’: the support and information website for those involved in rota design.

4. Exploring an innovative approach to solving skill decay in remote and rural communities
Contributors: Professor Jean Ker, National Clinical Lead CSMEN, NHS Education for Scotland and Dr Ben Price, Assistant Clinical Director, BASICS Scotland

Description: Rationale for the workshop - Building resilience in health care practitioners (HCP) skills in remote and rural communities often requires input from those living in the community as well as an external catalyst. Education using Telemedicine and/or the mobile skills unit are examples of innovative solutions to building resilience in skill decay.

An effective way of developing potential solutions is to analyse a successful service or product and apply this learning to a different problem. This “rip and mix” approach facilitates lateral thinking and as such promotes innovative and creative solutions to transform training support or services.

Remote and rural HCPs need to take ownership of challenges such as skill decay and identify relevant solutions for their own context. This workshop will explore skill decay and retention in relation to current evidence and use the ‘rip and mix’ tool to explore potential solutions.

Objectives of the session, indicating the knowledge and skills you should expect to gain:
At the end of this workshop participants will have:
1. Identified problems for healthcare practitioners with respect to skill decay in remote and rural communities
2. Participated in the use of a “rip and mix” tool to develop potential solutions
5. Realistic Education: Undergraduate medical education within a Health and Social Care Integration context

**Contributors:** Dr Sarah Cackette, Scottish Clinical Leadership Fellow, NHS Education for Scotland, Professor Alan Denison, MBChB Programme Lead, University of Aberdeen, Ruth Cruickshank, Senior Clinical Teacher, University of St Andrews and Rebecca Walmsley, GP Clinical Lead, University of St Andrews

**Description:** This session will share and provide an interactive forum for the presentation and discussion of a collaborative project between the Scottish Deans’ Medical Education Group and Scottish Government Workforce, under the auspices of the Scottish Clinical Leadership Fellow scheme.

We will discuss existing undergraduate teaching, learning and assessment activities in Scottish Medical Schools that relate to Health and Social Care integration.

In a multidisciplinary and multi-professional forum, we will describe and encourage attendees to further explore opportunities for enhanced learning in an integrated context for the doctors of the future. Through discussion we will propose a series of related learning outcomes and competencies linked with *GMC Outcomes for Graduates*, illustrated by existing good practice and suggestions for further development.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**
1. Build knowledge of the relevance of health and social care (H&SC) to undergraduates.
2. Describe existing H&SC outcomes and in Scottish Medical Schools.
3. Describe effective instructional design strategies to embed H&SC into medical curricula.
4. Recognise the range of current and future learning opportunities in community based contexts.
5. Network with colleagues from other Boards / clinical learning contexts to share good practice.

6. Duty of Candour - Constructive Analysis of Error in Learning and Improvement in Healthcare utilising Measurement & Monitoring of Safety Framework (MMSF)

**Contributors:** Dr Gautamananda Ray, Consultant Physician, NHS Greater Glasgow & Clyde, Dr Iain Keith, Consultant, NHS Greater Glasgow & Clyde, Dr Abigail Gunn, Consultant Acute and Stroke Physician, NHS Greater Glasgow & Clyde, Dr Emem Usoro, Specialist Trainee Year 3 in Obstetrics & Gynaecology, NHS Lothian and Dr Jonathan Kirk, National Clinical Lead, Measurement and Monitoring of Safety Programme, Healthcare Improvement Scotland

**Description:** The need for openness in the NHS has been raised in the Frances Inquiry Report. The Scottish Government has also proposed a statutory duty of candour for health and social care services. The NHS staff are often worried that the culture of transparency and learning may become a top down blame culture and may increase their stress.

This session would reinforce the importance of the duty of candour with an emphasis on learning, change and improvement that will make a significant contribution to quality and safety in the NHS and increase staff resilience.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**
1. Understand what the statutory duty of candour means for NHS Scotland staff.
2. How errors by staff put patients at risk and also adversely affects the well-being of the staff.
3. Example of a pilot work in a NHS Greater Glasgow & Clyde hospital where junior doctors in Acute Medicine feel more confident in addressing and handling errors after talking about them as a group in a monthly meeting using the Measurement & Monitoring of Safety Framework (MMSF) of the Health Foundation.

7. Reaching and teaching the goldfish generation – using technology to rethink the way we teach our students

**Contributors:** Val McDowall, Resuscitation Officer, University of Edinburgh / NHS Lothian, Barbara Findlay, Clinical Skills Facilitator, University of Edinburgh / NHS Lothian, Lorraine Close, Clinical Skills Facilitator, University of Edinburgh, Janette Jamieson, Clinical Skills Facilitator, University of Edinburgh / NHS Lothian, Kate Leech, Clinical Skills Facilitator, University of Edinburgh and Alan Gilchrist, IT Programme Lead for Learning and Teaching, University of Edinburgh,
Description: Our students have an 8.7 second attention span, how can we reach them? We live in a fast paced world surrounded by technology designed to help improve our lives, however do we use these technologies to their full potential in education? Our student demographic is predominately made up of ‘Generation Y’ the “millennials”. How these students gather information is inherently very different from how their tutors do.

With all this in mind, what technology can we bring into teaching that not only captures imagination but inspires curiosity, meets the students needs and enriches the learning environment?

This interactive session will allow you to think about and create different technologies and mediums to enhance the teaching you deliver.

Objectives of the session, indicating the knowledge and skills you should expect to gain:
1. Recognise the generational differences between student and teacher.
2. Recognise the different learning styles and needs of our students.
3. Explore the different techniques/technologies available to use and the benefits they can bring to both students and yourself as an educator.

No prior knowledge of technology is required, just a willingness to engage in lateral thinking.

Session 2: Friday 5 May 09.00 – 10.30

8. Equality and Diversity in healthcare teaching: Supporting LGBT
Contributors: Dr Susie Schofield, Senior Lecturer / Deputy Programme Director, University of Dundee and Dr Ellie Hothersall, Public Health Training Programme Director, NHS Tayside

Description: Sexual orientation and gender reassignment are two of the protected characteristics covered by the Equality Act 2010. Mandatory E&D training provided by employers, including those provided by Universities and NHS, tend to be non-interactive and cover all protected characteristics. The difficult and emotive issues surrounding LGBT can be particularly challenging and may leave more questions than answers. Yet as tutors we are required to provide a safe space for learners, tutors and patients. This workshop explores some of the issues relating to this area, including intersectionality and unconscious bias. We will be using case studies from clinical teaching, and encourage participants to bring their own examples.

Objectives of the session, indicating the knowledge and skills you should expect to gain:
By the end of the session you should be able to:
2. Describe protected characteristics relating to LGBT and discrimination covered by the Equality Act 2010.
3. Reflect on examples in clinical teaching and start formulating a plan of action.

9. Essentials of a successful medical career service: why and how to support our Trainees with Career Advice
Contributors: Professor Clare McKenzie, Postgraduate Dean, Dr Mustafa Osman, Associate Postgraduate Dean Careers, Dr Elizabeth Murphy, Associate Postgraduate Dean, Professor Carrie MacEwen, Flexible Training Adviser, Professor Ronald MacVicar, Postgraduate Dean, Elaine McNaughton, Associate Adviser, NHS Education for Scotland, Lynsay Pickering, Senior Careers Adviser, University of Dundee, Rebecca Walmsley, GP Clinical Lead, University of St Andrews, Stephen Shilton, Peter Fantom, Susan Bird, Pam Andrew, Fiona Stubbs and Robert Humphrey

Description: With trainees being less certain of their final career destination, this session will give participants the opportunity to be aware of the undergraduate and postgraduate career advice services available. This will be a mixed session with some short presentations and workshop activity around supporting trainees make career choices. This will help Educational Supervisors and Training Programme Directors be more confident in aiding and supporting trainees to access careers information, advice and counselling appropriate to their stage of training.
Objectives of the session, indicating the knowledge and skills you should expect to gain:

1. Make explicit the rationale for providing career advice to improve quality of training and service development.
2. Inform participants of the means of obtaining advice through NES/University UG and PG Career Services. Enable participants to help trainees shape their careers and make successful career choices by demonstrating the career choice model.

10. Widening access for medicine – overcoming the challenges to work experience provision for medical careers

**Contributors:** Gemma McGrory, Clinical Teaching Fellow, Juliet Murray, Consultant Surgeon, Caroline Burke, Business Support Manager and Catherine Paton, Associate Director of Medical Education, NHS Lanarkshire

**Description:** This session aims to share the experience of implementing a successful education programme to facilitate work experience and widen access to medicine in NHS Lanarkshire. In this session we will describe NHS Lanarkshire's novel preparatory and experiential work experience programme which, through evening workshops, clinical placements and simulation, overcomes the challenges of providing work experience to schoolchildren interested in a medical career.

Objectives of the session, indicating the knowledge and skills you should expect to gain:

1. Analyse the barriers to work experience provision.
2. Discuss the effectiveness of traditional and novel widening access strategies.
3. Understand how to design an effective work experience programme, using both traditional and novel strategies.

11. Moving forward with the Medical Licensing Assessment

**Contributors:** Martin Hart, Assistant Director, General Medical Council.

**Description:** The session will be an opportunity to discuss themes emerging from the MLA consultation. The GMC will be able to indicate issues needing resolution and to set out proposals for developing the MLA up to implementation. There will be ample opportunity for attendees to inform and help to shape the MLA in light of the consultation. The format is likely to include an introductory presentation and discussion of key questions.

Objectives of the session, indicating the knowledge and skills you should expect to gain:

The objective will be partly to make sure that attendees are fully informed about the GMC’s perspective on the MLA in light of the consultation, the questions to be resolved and the proposed timeline for development and implementation. Just as important, it will allow the GMC’s proposals to be shaped by the expertise and perspectives of those attending.

12. ‘Seeing the wood from the trees’: an introduction to teaching and learning clinical reasoning skills

**Contributors:** Dr James Boyle, Consultant Physician, Dr Elizabeth Cosgrove, Clinical Teaching Fellow, Dr Eilidh MacDonald, Clinical Teaching Fellow, Dr Kevin Garrity, Clinical Teaching Fellow and Kimberley Shields, Clinical Teaching Fellow, NHS Greater Glasgow & Clyde

**Description:** Clinical reasoning (CR) describes the thinking and decision making processes associated with clinical practice. Skills in CR typically develop and refine gradually over many years of training and clinical practice. Deficiencies in this skill however can affect patient safety and the quality of care. Teaching and learning clinical reasoning skills in undergraduate and postgraduate education should therefore be a priority; focusing attention on these processes and their potential to improve patient outcomes. This workshop will include a variety of active learning techniques in addition to live simulation and role play.

Objectives of the session, indicating the knowledge and skills you should expect to gain:

By the end of this workshop participants will be able to:

1. Define clinical reasoning and explain why it is important in medical education.
2. Describe the theoretical models of clinical reasoning.
3. Reflect on clinical reasoning in their own clinical practice.
4. Apply the theoretical models to common teaching techniques.
5. Develop teaching and learning of clinical reasoning skills in your learning environment.
6. Discuss the assessment of clinical reasoning in the clinical setting.

13. **Death and Dying: Competent to Care? Introducing an approach to support the preparedness of medical staff to manage death, dying and bereavement**

**Contributors:** Professor Hazel Scott, Associate Postgraduate Dean, Dr Janice Turner, Education Projects Manager (Medical Education) and Dr Clare Tucker, Project Lead Grief and Bereavement, NHS Education for Scotland

**Description:** NHS Education for Scotland (NES) has identified key gaps in the preparedness of doctors to provide appropriate communication after the death of a patient especially in respect of an unanticipated death. Mapped to the GMC Generic Professional Capabilities Framework, and with the support of UK wide stakeholders, NES will be launching a new framework for the teaching, training and development of these skills from undergraduate to consultant level later in 2017. Participants will understand what is influencing and shaping the development of this framework and will consider key steps in supporting its successful implementation including the creation of a toolkit of educational resources which will sit alongside it.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**
1. Enhanced understanding of the new approach to support the preparedness of medical staff to manage death, dying and bereavement.
2. Increased awareness for the rationale for this work and importance of excellent peri-death communication skills training.
3. Knowledge about the steps which are leading towards the launch of the national training framework and associated toolkit of resources.
4. Outline of the draft framework (the different levels, key principles, implications for organisations) and range of toolkit training materials which are planned or already available.
5. Understanding about the opportunities to get involved in future developments and discuss the implementation of the framework following launch.

14. **The UK Medical Education Database (UKMED) – what is it and how can it be utilised?**

**Contributors:** Professor Jon Dowell, Director of ScotGEM Programme, University of Dundee and Daniel Smith, Education Data Development Manager, General Medical Council

**Description:** The UK Medical Education Database (UKMED) is now available for researchers to use. It includes data on all those who entered medical school in the UK from 2007 to 2014 including: demographic variables, selection tests and school achievements, foundation programme applications, and postgraduate outcomes (NTS, ARCPs and some membership results). Full details are available at www.ukmed.ac.uk.

This workshop will seek to explain and explore UKMED’s potential for both research and workforce planning. Two annual calls for research proposals are planned with the intention of providing a parallel process for workforce related investigations. As standard identifiers are used (e.g. GMC number and UCAS Person ID) linking to additional researcher held data is also possible in future.

This workshop will review the available data against the career trajectories of medical student and trainee doctors, the available fields and the known limitations. We will cover how to approach submitting an application to access this resource. This will include:

- Use of on-line tool to explore the available data
- The application process, including examples
- Requirements for including additional data
- Potential new ways of using UKMED

Attendees will work in groups to consider relevant studies, develop UKMED extracts to answer specific questions and
review the application process.

Objectives of the session, indicating the knowledge and skills you should expect to gain:
By the end of this workshop participants will be able to:
1. Understand UKMED, how it can be used and the limitations.
2. Learn how to specify a UKMED data extract.
3. Understand how to apply to UKMED.

15. Learners in Difficulty – case studies in fitness to practise
Contributors: Dr Fiona Thomson, Clinical Teaching Fellow, University of Aberdeen, Dr David Gamble, FY2 Academic Foundation Trainee, NHS Grampian, Dr Karen Foster, Lead for Medical Admissions and Student Support, University of Aberdeen, Dr Christine Kay, Curriculum Manager and Head of Student Administration, School of Medicine, University of Aberdeen and Professor Rona Patey, Director of the Institute for Education in Medical and Dental Education, University of Aberdeen

Description: This session will promote open discussion around issues relating to professional behaviour and fitness to practice in students. We will provide an overview of fitness to practice procedures and summarise the latest joint guidance from the GMC and Medical Schools Council. There will also be opportunity for participants to bring along their own (anonymised) cases of concern and engage in small group discussion considering how best to support our learners in difficulty.

Objectives of the session, indicating the knowledge and skills you should expect to gain:
1. Identify issues that may lead to impaired fitness to practice.
2. Examine the role of student support in fitness to practice cases.
3. Debate thresholds for referral to fitness to practice investigation and demonstrate how to deal with low-level professionalism concerns.
4. Evaluate outcomes of fitness to practice processes.

16. Professionalism and Excellence to support the delivery of Realistic Medicine in Scotland
Contributors: Dr Andrew Pearson, Scottish Clinical Leadership Fellow, NHS Education for Scotland, Dr Sarah Cackette, Scottish Clinical Leadership Development Fellow, NHS Education for Scotland, Gill Paterson, Scottish Clinical Leadership Fellow, Healthcare Improvement Scotland / Scottish Government, Gregor Smith, Deputy Chief Medical Officer, Dr John Colvin, Senior Medical Adviser, Scottish Government / Consultant Anaesthetist, NHS Tayside, Colin Brown, Deputy Director, Head of the Office of the Chief Executive, NHSScotland and Caroline Whitworth, Consultant Nephrologist, NHS Lothian

Description: This workshop will create a platform of discussion regarding ongoing work within and around the NHS in Scotland to support doctors in providing our high quality service focusing particularly on the work of the joint CMO and Scottish Academy-led Professionalism and Excellence Group. This is a wide, collaborative group of key stakeholders in the medical profession: the Scottish Academy, CMO, GMC, BMA, NES, HIS, Scottish Medical Deans Group, Directors of Medical Education, NHS Board chairs.

We will describe the development and current implementation of the Professionalism and Excellence work streams, and the Group’s recent focus on aligning this work with the implementation of Realistic Medicine.

Key areas to be discussed are:
- Leadership development
- Lifelong education, training and development
- Supportive environment for medical workforce
- Promoting best practice

These broad areas include support of doctors' working patterns, support for trainers and trainees, development of leadership opportunities, promoting best practice, professionalism, followership.
It is hoped that interactive discussion in this workshop will actively contribute to further inform and steer implementation of the ongoing work of the Professionalism and Excellence Group.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**

1. Provide participants with a greater understanding of Professionalism and Excellence work and implementation of realistic medicine.
3. Provide opportunities to participants to contribute to this work.

**17. Induction and clinical mandatory training; perspectives from a 5-year project of improvement in the pursuit of excellence**

**Contributors:** Dr Sonia Joseph, Consultant Paediatrician / Associate Director of Medical Education, Dr Simon Edgar, Director of Medical Education, Dr Lesley Dawson, Associate Director of Medical Education / Consultant in Medical Oncology, Dr Alastair Campbell, Dr Matthew King and Dr Stephen Meldrum, Clinical Teaching Fellow, NHS Lothian

**Description:** In 2011, published standards for foundation doctor medical induction recommending paid shadowing, brought a sea change in the way that medical induction was perceived and how it is managed. In 2015, the CMO requested standardisation of the requirements for corporate and clinical mandatory training for Scottish doctors. This interactive workshop enables exploration of SES Medical Induction project, 4 years of research, and lessons learnt unifying induction and clinical mandatory training from student to Consultants and GPs in one region.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**

1. Overall knowledge of national standards and current evidence base for medical induction and clinical mandatory training.
2. Ideas for innovative solutions for safe, effective and efficient induction and clinical mandatory training to take back to their working environment.
3. Perspective on processes that work and insights into challenges experienced within South East Scotland.

**Session 3: Friday 5 May 13.45 – 15.15**

**18. Effective debriefing in clinical practice**

**Contributors:** Michael Moneypenny, Director and Michael Stallard, Simulation Fellow, NHS Forth Valley

**Description:** Many opportunities for deep learning are lost because trainers are not familiar with a usable, effective debriefing technique. Adopting practice honed in the debriefing which takes place after immersive simulation, participants will be introduced to the fundamental requirements of an effective debrief. They will also be provided with the cognitive tools to have effective, efficient debriefs in the clinical environment.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**

By the end of this workshop participants will be able to:

1. Explain the difference between feedback and debriefing.
2. Use a framework for debriefing.
3. Understand the importance of questioning style, including the use of advocacy-inquiry questions.
4. Understand how to ensure continuing improvement in their debriefing technique.


**Contributors:** Manoj Kumar, National Clinical Lead Scottish Mortality and Morbidity Programme, Healthcare Improvement Scotland and Paul Bowie, Programme Director (Safety & Improvement), NHS Education for Scotland,

**Description:** The main goal of the Mortality & Morbidity meetings should be of shared learning and improvement. This is achieved by critically analysing selected episodes of patient care in a fair, constructive and balanced manner within a no-blame, supportive learning environment. Educationally the forum should serve as an important element of
and contributor to ongoing foundation, core and specialty training, continuing professional development and informing evidence for medical revalidation.

Significant challenges and variation however exist in the current practice of M&Ms resulting in variable output from such meetings, poor documentation of such outputs and a significant loss in the learning and in the sharing of learning from adverse outcomes.

One of the key focus of the Scottish Morbidity and Mortality programme is on improving the morbidity and mortality review process through the development of a structured and where feasible standardised approach to learning and training. Specifically, in the provision of the necessary skill sets and support to clinicians, educational / clinical supervisors and health care professionals to run effective Mortality & Morbidity meetings or forums.

This session will aim to provide an overview on the subject, small group discussions and a mock M&M Meeting.

Participants will be provided with relevant literature and a copy of the scenarios for discussion prior to attendance.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**

*By the end of the sessions, participants should have an overview and a better understanding of the following:*

**Knowledge:**
- Understand why and how things can go wrong, including system complexity and interactions
- Defining an effective Mortality and Morbidity (M&M) process and review
- Appreciate the purpose of an effective M&M process and why it is critical to learning, professional development and improving the quality of care for patients

**Skills:**
- Design an effective M&M process
- Be able to identify, understand and use methods of system analysis, as well as appreciate its limitations
- Demonstrate effective learning from adverse events as well as from excellence in care
- Applying data and output from M&M review to implement quality improvement initiatives
- Case selection for training programs

**20. General Practice Live – A near real time e-GP Surgery learning experience for Undergraduate Medical Students**

**Contributors:** Dr John McKeown, Clinical Senior Lecturer, NHS Grampian

**Description:** Early positive exposure to General Practice is associated with positive attitudes towards this career option in medical students. Our Year 1 MBChB students indicated a very strong interest to experience GP consultations. However, providing an immersive experience was challenging given other curricular requirements and a limited capacity in General Practice to accommodate early years’ students. We describe how we conceived, planned and successfully delivered an innovative solution to this challenge, overcoming IT, consent and other practical issues. With a 15-minute time delay, we live streamed a morning’s surgery from an urban practice to our students who were located in University teaching accommodation. A GP facilitated group discussion took place and overwhelmingly positive feedback was given by the students. We wish to share our experience with others and discuss how this model could be expanded and extended to other contexts.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**

We identified an unmet need for student learning and thought laterally to find a way solve that, within existing resources. This was a pilot session involving a state of the art IT room and University supplied Panopto software, but the actual technology could simply be used by anyone with a laptop or PC at either end of a web connection. We would like to show the very positive feedback from the students, show some videos of a session and to discuss how it might translate to other learning experiences, for example group teaching in rural or remote practices.
21. Medical Workforce Planning - Dark Art or Sharp Science

**Contributors:** Dr Emily Ward, Scottish Clinical Leadership Fellow, Scottish Government Workforce and Transformational Change Directorate, Dr John Colvin, Senior Medical Adviser, Scottish Government / Consultant Anaesthetist, NHS Tayside, Emma Watson, Director of Medical Education, NHS Highland and Dr Emily Broadis, Scottish Clinical Leadership Fellow, NHS Education for Scotland / Scottish Government

**Description:** This session will provide participants with insight into the work and range of remit of the Scottish Shape of Training Transition Group. This Group includes membership from Scottish Government Health Workforce, NES, Scottish Academy of Medical Royal Colleges, NHS Boards’ Medical Directors, HRD’s and Regional Workforce Groups, Directors of Medical Education, BMA and the NHS Board Chief Executive Group.

The workshop will specifically focus on highlighting the work of medical supply demand profiling including medical modelling, and how this is used to support decision making on a number of key areas including setting training numbers/establishments, identifying and targeting areas of risk and pressure, supporting strategic national and regional workforce planning.

The session will provide opportunity for participants to contribute their expertise in this context; the output will be used to inform further medical profile work and on further identifying current workforce pressures and ways of tackling them.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**
1. An overview of the work of the Scottish Shape of Training Transition Group.
2. Improved understanding of Scottish medical workforce modelling and the ways this is used to produce medical supply demand profiling.
3. Insight into the process behind the setting of training numbers and how individuals and groups can influence these.
4. Demonstration of a range of measures to support medical workforce sustainability and improve recruitment.
5. We expect to gain insight from participants about ways in which they would like to use the supply-demand profiles to support the work of NHS Scotland.

22. Service Design and Empathy Mapping – tools to support the core values of Realistic Medicine

**Contributors:** Rodney Mountain, ENT Surgeon, NHS Tayside, Mike Press, Director of Open Change and Emeritus Professor of Design Policy and Hazel White, Service Designer and Director of Open Change

**Description:** Realistic Medicine challenges us to move away from our current ‘paternalistic’ models of healthcare, towards new styles of communication, based on shared decision-making and a more personalised approach to care.

This workshop will introduce tools from Service Design that can help realise the aspirations of Realistic Medicine. The interactive session will introduce service design principles and offer the opportunity to learn and apply empathy mapping as a tool to better understand how patients, carers and healthcare professionals experience healthcare interactions. The simple tool helps better understand the emotional experience that patients, carers or staff have that affects their decision-making and behaviours.

**Objectives of the session, indicating the knowledge and skills you should expect to gain:**
1. An understanding of Service Design Principles.
2. Learn how to use Empathy Mapping to view situations from alternate perspectives.
3. Ability to use and teach others how to use Empathy Mapping.

23. Students as Change Agents: Facilitators and Barriers to Improving Care with Clinical Teams

**Contributors:** Professor Peter Davey, Medical School Lead for Healthcare Improvement, University of Dundee Medical School / NHS Tayside and Vicki Tully, Teaching Lead for Patient Safety, University of Dundee Medical School / NHS Tayside

**Description:** Healthcare students have the potential to initiate, lead and bring about change within organisations. However, there is little understanding about the best educational methods to achieve this. This workshop will share results of five years’ experience with the IHI Open School Improvement Practicum at the University of Dundee Medical School. Findings will be presented from a qualitative evaluation of this approach to instilling undergraduate medical students with the necessary characteristics to engage with quality improvement (QI), and become agents of
Objectives of the session, indicating the knowledge and skills you should expect to gain:

At the end of this workshop participants will gain knowledge about:

1. Design and organisation of improvement projects with clinical teams.
2. Tests of change to identify and manage barriers or facilitators to student learning.
3. Supporting students with open access learning resources from NHS Scotland’s Improvement Hub and the IHI Open School.

Participants will gain insight into how experiential learning on QI can develop knowledge and skills among medical students and facilitate organisational change by transforming attitudes towards QI within clinical teams.