

## **Medical Education Parallel Sessions**

### **Session 1: Thursday 26 April 15.30 – 17.00**

#### **1. Giving Effective Feedback**

**Contributors:** Dr Karen McKelvie, Specialty Doctor/Senior Clinical Teacher in Clinical Skills, NHS Tayside and Ms Jordan Napier, Staff Development Officer, Medical School, University of Dundee

**Description:** Feedback in medical education is a central component of effective teaching and learning. Through a process of effective feedback learners develop the ability to monitor, evaluate and self-regulate their own learning. This feedback process plays a significant role in the enhancement of learners' knowledge, skills and professional practice.

Despite an increasing awareness of the importance of feedback as a factor in engaging learners and maximising their learning, research has shown that tutors often feel uncomfortable giving direct feedback on performance to medical students. Furthermore, the National Student Survey (amongst others) suggests that feedback is often an area of student dissatisfaction in UK higher education.

Using an interactive format, this workshop is designed to help participants explore how best to deliver effective feedback within a clinical setting and thereby enhance the likelihood of learner engagement and achievement. Starting with a discussion of the key principles of effective feedback and a toolkit for action, participants will then consider scenarios, sharing their own experiences and insights into what constitutes good practice. Participants will watch filmed feedback and then will be afforded opportunities to both receive and deliver feedback. In this way, participants will be able to hone their professional skills and develop specific strategies for giving feedback in various situations.

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

1. Discuss the importance of feedback as part of the learning process
2. Explore how feedback and feed forward are linked to effective learning
3. Consider the key principles of providing effective feedback
4. Consider a toolkit for facilitating student reflection and providing effective feedback
5. Review several models by which feedback can be delivered effectively and efficiently
6. Practice of feedback techniques through the clinical teaching skills scenarios

#### **2. The Hidden Professionalism Curriculum**

**Contributors:** Dr Kathleen Collins, Lead Clinical Trainer/ Paediatric Specialty Doctor, NHS Lanarkshire and Dr Scott Oliver, Renal Specialty Registrar, NHS Greater Glasgow & Clyde

**Description:** "Good Medical Practice" (GMP) defines the professional standards by which doctors should act; these are reflected in "The Scottish Doctor", upon which all Scottish medical schools base their undergraduate curricula. Professionalism themes can be difficult to teach, and students' experiences of professionalism may mainly come from the hidden curriculum. Qualitative work undertaken in our hospital, which hosts medical students from three Scottish medical schools, offered insight into students awareness of professionalism issues, the training they had received regarding professionalism and allowed us to hypothesise that differences between groups may reflect differences between the medical schools hidden curricula. These hypotheses have been reaffirmed through further small group work with experienced educators as part of this ongoing project.

Most students had been formally taught about consent and information governance, but most other aspects of their professionalism knowledge were acquired through observation during clinical placements. There was surprisingly limited understanding of issues relating to probity, clinical documentation and patient safety; some struggled to identify these issues. Students who reported spending more time in clinical areas tended to recognise professionalism problems more readily, and were more confident managing them.

The majority of medical student teaching about professionalism occurs through the hidden curriculum. We wish to explore other educators experiences of teaching professionalism and share our experiences and suggestions as to how we can formally intergrate professionalism teaching into the undergraduate curriculum and beyond.

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

1. To consider how students learn professionalism behaviours
2. To discuss the ways in which professionalism could be taught
3. To explore the potential to assess professionalism in clinical practice

**3. 'Realistic' Interprofessional Education (IPE): Seeing Challenges as Opportunities**

**Contributors:** Dr Amy Arnold, Post-Doctoral Researcher, School of Pharmacy & Life Sciences, Robert Gordon University, Dr Kathryn Steven, Academic Fellow, School of Medicine, University of Dundee, Professor Alison Strath, Professor of Community Pharmacy Practice, School of Pharmacy & Life Sciences, Robert Gordon University, Dr Iain Rowe, Lecturer, School of Pharmacy & Life Sciences, Robert Gordon University, Professor Gary Mires, Dean of Medicine, School of Medicine, University of Dundee, Mrs Natalie Lafferty, Assistant Director LLC and Head of Centre for Technology & Innovation in Learning, University of Dundee, Dr Stella Howden, Senior Lecturer in Medical Education & Associate Dean, Quality and Academic Standards, Centre for Medical Education, University of Dundee and Dr Veronica O'Carroll, Lecturer in Clinical Skills, School of Medicine, University of St Andrews

**Description:** The annual report from the Chief Medical Officer for Scotland 'Realising Realistic Medicine' (February 2017) and the pharmacy strategy for Scotland 'Achieving Excellence in Pharmaceutical Care' (August 2017) highlight the need to provide healthcare students with opportunities to 'Connect', 'Communicate' and 'Collaborate'. These opportunities can be provided via 'Realistic' IPE activities which prepare them for multidisciplinary team working, with improved person-centred care being the ultimate goal.

Over the past three years, with the help of funding from NHS Education for Scotland (NES), the School of Medicine at University of Dundee and the School of Pharmacy & Life Sciences at Robert Gordon University have worked collaboratively on a project to design, deliver and evaluate 'Realistic' IPE between medical and pharmacy students.

This workshop uses some of the insights from that work to inform an exploration of participants' perspectives of IPE from their experiences as students, teachers and healthcare professionals. We will also consider issues relating to student feedback, workforce development and the general challenges associated with delivering IPE. Attention will then focus on reframing these challenges as opportunities to help inform, design and make 'Realistic IPE' work for us in Scotland.

The workshop will be of interest to individuals from undergraduate and postgraduate education backgrounds (including past and current students), and those with workforce planning backgrounds. We will be using a 'flipped workshop' approach: pre-workshop resources will be shared via a blog to help participants reflect and prepare for the session. Outputs of the workshop will also be published and the blog will continue to be available as an open learning resource.

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

1. To be able to utilise shared experiences of IPE to identify core values and key challenges.
2. To be able to explore how the challenges of IPE can be reframed as opportunities.
3. To use the workshop as a stepping stone to engage participants in informing, designing and making 'Realistic IPE' work for us in Scotland.

#### **4. Making the most of multidisciplinary-team training - how to organise an excellent workshop**

**Contributors:** Dr Katie JH Stewart, ST6 Anaesthesia, Ninewells, Dr Elizabeth Broadbent, ST5 Anaesthesia & Teaching Fellow, Dr Pauline Austin, Consultant in Anaesthesia and Intensive Care, Dr Ben Ulyatt, Associate Director of Medical Education & Consultant in Anaesthesia, Ninewells Hospital and Medical School, NHS Tayside

**Description:** This session will prepare participants to organise and implement a successful multidisciplinary training workshop.

We will equip you to plan an interesting and engaging programme and share our expertise in engaging all participants regardless of background. There will be an opportunity to discuss the benefits of team training for the individual, the team and the organisation. During the workshop, we will demonstrate how to generate constructive feedback which can facilitate improvements in future training and quality of care for our patients.

There will be opportunities to share your knowledge and explore the challenges you have encountered in running multi-disciplinary training.

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

##### Knowledge

1. Understand the importance of learning as a team
2. Know how to maximise the benefits to the individual, the team and the organisation
3. Be able to utilise different training modalities to increase depth of knowledge and understanding
4. Understand the challenge of negotiating the agendas of learners and facilitators.

##### Skills

1. Engaging all staff regardless of background and seniority
2. Planning an interesting and informative programme for all participants
3. Analysing and addressing the learning needs of all team members
4. Evaluating your training workshop and generate constructive feedback

#### **5. Now and Next Generation Physicians in 21<sup>st</sup> century careers: Longevity and work-life balance**

**Contributors:** Dr Mustafa Osman, Consultant Paediatrician and Medical Careers Lead, NHS Education for Scotland, Dr Lynne Meekison, Associate Postgraduate Dean (SAS), NHS Education for Scotland / NHS Lothian, Susan Bird Careers Consultant, University of Edinburgh Careers Service, Professor Ronald McVicar Postgraduate Dean, NHS Education for Scotland, Professor Claire McKenzie Postgraduate Deant, NHS Education for Scotland

**Description:** Changes to work structures and shifting employee preferences require increased flexibility in job design, career development to accommodate latticed rather than ladder career paths. As lifespans increase, retirement is deferred resulting in careers and a workforce that span generations. There is an influence of work on each generation and they in turn shape work: from the baby boomers, Generation X, Y, I and Z (1946 - to date). This workshop will explore the evidence for emerging trends in the workplace that affect career choice, and will introduce current thinking on the themes of: meaningful work, work-life balance, and how to create a workplace environment that facilitates a diverse workforce to flourish. We will examine and explore what programmes and resources are already in place, or are emerging, in the medical healthcare industry to promote and sustain careers that are fulfilling and productive over several decades. Are healthcare practitioners and policy makers and educators sufficiently cognisant of these challenges and prepared for this changing demand? How well are this and the next generations' demands understood and addressed and how well are they being prepared for a different pace and style of working - and for an aging society that they will both work in and care for?

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

1. To examine the emerging trends in human capital and the work place within healthcare and the corporate world
2. To identify the specific characteristics of the 21<sup>st</sup> century career challenges in medicine
3. To focus on the changing demands and opportunities by successive generations of doctors
4. To examine the readiness of the medical workplace to address these emerging trends
5. To inform and provide ideas for educators, trainers and policy makers in the future of work shaped by the generational divides and demands

**6. Quality in Simulation based Education – Why it matters?**

**Contributors:** Jean Ker, Clinical Lead, CSMEN, Dr Michael Money Penny, SCSCHE Lead, Larbert, Dr Colville Laird, Lead, BASICS, Andrea Baker, Project Manager, CSMEN

**Description:** Whoever you are in NHS Scotland, whatever your professional background and where ever you are using simulation to learn healthcare practice you need to know that you are learning your technical and non technical skills in the most safe, effective and efficient way possible. This workshop enables you to explore why the Scottish Quality Assurance System for Simulation Based Education matters: whether its on the mobile skills unit, using the Scottish BASICS Tele-education skills programmes or accessing the CSMEN e-learning resources.

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

1. developed a shared mental model of the Scottish Quality Assurance system in the context of simulation
2. explored why it matters to have a national QA system for simulation based education
3. evaluated the simulation based educator framework with your own faculty development experience

**7. Changing the narrative – positive undergraduate general practice experiences matters for all students**

**Contributors:** Dr Linzi Lumsden, General Practitioner & Senior Clinical Lecturer, University of Aberdeen / NHS Grampian, Dr Graeme Taylor, Career Start GP in Undergraduate Medical Education, NHS Grampian / University of Aberdeen

**Description:** An interactive workshop facilitated by the undergraduate general practice teaching team from the University of Aberdeen encouraging participants to explore current cultures and unconscious biases in relation to general practice. Potential options and opportunities to change the narrative in their organisation; following on from By Choice, not by chance report and understand a mixed methods approach that is currently being adopted by the facilitators.

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

1. Refresh awareness and understanding of By Choice, not by chance report
2. Consider the importance of general practice undergraduate teaching for the NHS In Scotland and the population as a whole
3. Reflect on the culture and unconscious biases in own organisation
4. Identify one positive action that could be trialled in their own organisation in the next 12 months

## **Session 2: Friday 27 April 09.00 – 10.30**

### **8. How to integrate Human Factors & Ergonomics principles in healthcare education and training**

**Contributors:** Dr Helen Vosper, Senior Teaching Fellow, Robert Gordon University and Dr Paul Bowie, Programme Director (Safety and Improvement), NHS Education for Scotland

**Description:** Safety and improvement efforts in healthcare education and practice are often hampered by inadequate attention to Human Factors/Ergonomics (HFE) principles and methods, largely because of limited understanding and available expertise. Integration of HFE theory and approaches within undergraduate curricula, postgraduate training and healthcare improvement programmes will enhance both the performance of care systems (productivity, safety, efficiency, quality) and the wellbeing (experiences, joy, satisfaction, health and safety) of all the people (patients, staff, visitors) interacting with these systems. Patient safety and quality improvement education/training are embedded to some extent in most curricula, providing a potential conduit to integrate HFE concepts. To support evolving curricula, professional development and regulatory requirements to develop safety competencies (and challenge prevailing “human factors myths and misunderstandings”), this interactive session will offer professional guidance as ‘tips’ for educators on fundamental HFE systems and design approaches. The goal is to further enhance the effectiveness of safety and improvement education and work in frontline healthcare practice in NHS Scotland.

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

1. A fundamental understanding of core HFE principles and approaches as applied in healthcare education and practice
2. Raise awareness of the current limitations of Patient Safety Science/HFE content and approaches in healthcare curricula
3. Raise awareness of the synergies between HFE and quality improvement sciences and the significant potential for a joint approach
4. Provide knowledge on how to practically integrate HFE theory and practice in existing curricula to further enhance patient safety and quality improvement efforts
5. Provide practical case study examples of HFE integration that participants can ‘take back’, contextualise and embed in their setting

### **9. Doctors or super humans? Health and disability in medicine**

**Contributors:** Ioanna Maraki, Education Policy Manager and Adrian Barrowdale, Equality and Diversity Manager, General Medical Council

**Description:** The session will give participants the opportunity to hear the GMC’s latest thinking on how to best support disabled medical students and trainees, as part of their health and disability work programme. The aim of the work programme is to provide advice and guidance on supporting medical students and doctors with long-term health conditions and disabilities. This includes the revision of the GMC’s guidance *Gateways to the professions*, and participants will be able to contribute to the consultation on the revised guide.

You can read more at [www.gmc-uk.org/gatewaysupdate](http://www.gmc-uk.org/gatewaysupdate)

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

By the end of the session, participants should have a good understanding of the history of the GMC’s work in this area; the challenges that have been communicated to us by external stakeholders, and how these have evolved over the years; and our proposals through the revised guidance. The session will build on the expectations for supporting learners from our standards for medical education and training, and outline how these apply to the *Gateways to the professions* review, in both the undergraduate and postgraduate settings.

## 10. Differential Attainment – How do we ensure fairness in training?

**Contributors:** Professor Alastair McLellan, Postgraduate Dean, Professor Bill Reid - Postgraduate Dean, Professor Ronald MacVicar, Postgraduate Dean, Professor David Bruce, Director of Postgraduate GP Education, Duncan Pollock, General Manager – Quality, Dr Amjad Khan, Assistant Director of Postgraduate GP Education, NHS Education for Scotland

**Description:** There is increasing concern about differential attainment (DA) in postgraduate medical education, particularly affecting BME and IMG doctors. The GMC has asked all those involved in medical education to look at potential causative factors and any actions that can help us as individuals or organisations to reduce this attainment gap. The Scottish Deanery is part of this wider GMC project. This workshop will explore some of the issues around this topic.

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

1. Will have an increased awareness of DA
2. Will have knowledge of some of the factors impacting on DA
3. Will be able to take away some action points that can be used individually/organisationally to reduce DA

## 11. “Everything happens at once; it’s just very hard”: Improving medical student feedback through the development of a behavioural marker system for non-technical skills

**Contributors:** Dr Vicky Tallentire, Consultant Physician, NHS Lothian and Honorary Clinical Senior Lecturer, University of Edinburgh, Dr Ailsa Hamilton, Core Medical Trainee, NHS Lothian, Dr Katherine Leighton; Simulation Fellow; Scottish Centre for Simulation and Clinical Human Factors, Dr Jerry Morse, Manager of Clinical Skills and Lead for Simulation, University of Aberdeen, Dr Angus Cooper, Director of Clinical Skills, University of Aberdeen and Consultant in Emergency Medicine, NHS Grampian

**Description:** Good non-technical skills are critical to the delivery of high quality, safe patient care. It is increasingly recognised that training in such skills should be incorporated into undergraduate curricula. This interactive session will detail the development, piloting and validation of a behavioural marker system designed to facilitate the formative assessment of medical students’ non-technical skills, including their ability to escalate care effectively. Participants will have the opportunity to gain experience of using the behavioural marker system, compare their ratings with those given by others, and further their skills in the provision of meaningful, individualised feedback.

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

1. Be familiar with the concepts of non-technical skills (NTS) and behavioural marker systems (BMS)
2. Understand how BMS have been developed within medicine and other health professional groups
3. Have considered the benefits and limitations of a BMS to assist the development of medical students’ NTS and their ability to escalate care
4. Have experience of using the BMS to formatively assess medical students in the context of acute care simulation
5. Have had the opportunity to compare their ratings to those of other participants
6. Understand how the BMS can facilitate the provision of individualised, specific and meaningful feedback to assist in the development of NTS

## 12. Completed research from UKMED: lessons learnt for future studies

**Contributors:** Daniel Smith, Education Data Development Manager GMC, Benard Kumwenda, PhD Student University of Aberdeen

**Description:** We will present the findings from some completed UKMED studies including:

UKMEDP03 Do the Educational Performance Measure decile score and SJT predict successful completion of the foundation programme?

UKMEDP26 “Getting on” in medicine: a programme of study of careers trajectories and decisions of doctors.

Published at BMJ Open in September 2017 as "The relationship between school type and academic performance at medical school: a national, multi-cohort study"

UKMEDP38 How do the professional outcomes of medical graduates from gateway courses compare to graduates from standard entry medicine courses?

With particular emphasise on the following:

1. The opportunities provided by UKMED not previously available
2. The limitations of the studies and how these might be overcome in the future
3. Lessons learnt applicable to future projects

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

The session is aimed at those with an interest in making an application to UKMED, participants will gain detailed knowledge of the following:

1. Challenges of working with longitudinal data assembled from routine databases – for instance cases acquiring data points over a long spread of years resulting in different definitions.
2. Sequencing of data points and determining the best variables to use
3. Prospective design of studies – changing the data collected

**13. A new model of medical education in Scotland - the Longitudinal Integrated Clerkship**

**Contributors:** Professor Maggie Bartlett, Chair of Community Based Medical Education, Dundee School of Medicine, Dr Neil Merrylees, Tayside Centre for General Practice, Dundee University School of Medicine, Dr James McMillan, Clinical Teacher, TCGP, Dundee University School of Medicine

**Description:** This model of medical education originated in North America and spread to other countries, especially those with problems with recruitment to primary care in remote and rural areas, where it is known to have a positive impact. It is now also being employed in secondary and tertiary care settings. This session seeks to explore the educational benefits and the practicalities of implementing the model in a UK setting, with reference to Dundee's current Longitudinal Integrated Clerkship which is based in general practice

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

1. To gain an overview of the current international literature on longitudinal integrated clerkships
2. To gain an understanding of the relevance to the Scottish context
3. To consider the practicalities of implementing and evaluating a longitudinal integrated clerkship in a UK medical school

**14. International Medical Graduates – providing comprehensive support for a successful transition in to the NHS**

**Contributors:** Dr Charlotte Ratcliff, Leadership and Management Fellow and Dr Garry Martin, Leadership and Management Fellow, Health Education England North East

**Description:** International medical graduates (IMGs) make up a significant proportion of our UK medical workforce, yet often they do not receive an adequate or comprehensive induction in to an entirely unique healthcare system. Research consistently identifies a lack of information and support provided to these doctors. This session shall focus on the main challenges faced by IMGs and how such challenges can be overcome through the application of simple changes and the provision of easily accessible, web-based resources.

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

1. To provide delegates/participants with an overview of the challenges faced by international medical graduates (IMGs)
2. To generate and implement ideas as to how these challenges can be lessened or ameliorated through appropriate and comprehensive amalgamation of IMGs in to the NHS system and culture
3. To provide a web-based portal for universal access to vital information and useful resources for IMGs prior to arriving in the UK

## 15. Development of the Trainee Associate Role in Quality Management & Quality Improvement of Medical Education & Training

**Contributors:** Dr Alan McKenzie, APGD for Quality, NHS Education for Scotland, Dr Fiona Ewing, APGD for Quality, NHS Education for Scotland, Trainee Associates for Quality, NHS Education Scotland – names to be confirmed

**Description:** Trainee Associates were appointed to the NES Quality Management Team from September 2016. The session will provide an over view on how Trainee Associates are providing new insights into the NES Quality Management / Quality Improvement (QM/QI) process. It will outline how Trainee Associates linking to regional Health Boards have been able to increase trainers & trainees understanding of the QM/QI process. The session will include presentations from Trainee Associates on their experience of the NES QM-QI processes and their interaction with trainees and trainers.

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

1. Understand the added value that Trainee Associates bring to NES QM/QI process
2. Explain how Trainee Associates are improving trainees & trainers understanding of QM/QI
3. Explore future involvement of Trainee Associates for QM/QI in other areas of NHS Education for Scotland

## 16. “An Inspector calls” – Whole Hospital response to transformation of the training environment and sustaining improvements in a busy DGH

**Contributors:** Dr Helen Mackie, Consultant Gastroenterologist, Dr Brigitte Yip, Training Quality Lead, Dr Ian Hunter, Director of Medical Education, Claire MacDougall, CMT Training Lead, Dr Babu Mukhopadhyay, Clinical Lead, General Medicine, , Mr James Saldanha, Consultant, General Surgery, Julie Cash, FPD, Gillian Mulholland, Consultant Physician, Dr Rosie Haddock, ST3 Gastroenterology, Chief Resident, Dr Ren Ping Lee, ST4 Geriatric Medicine, NHS Lanarkshire

**Description:** In this session, we will describe our experience of improving the training environment in a busy DGH following a critical Deanery visit in June 2015.

We will share our approach both in the initial months, when very rapid improvement was required, to longer term measures of developing a framework for improvement and monitoring and the challenges of sustainability.

We will include the developments to the Board wide governance structure and senior management engagement with Medical Education to facilitate and support the site.

We will describe the different strands in the framework we adopted to:

- improve engagement with trainees and trainers
- involve trainees in improvement work
- integrate improvement throughout Hospital specialties
- provide assurance to the Deanery, GMC and Board

Our Framework consists of

- Training Taskforce
- Training Committee
- Chief Residents Programme
- Training Champions
- Medical Education Governance

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

Improve your knowledge and skills of:

1. Different styles of leadership
2. How to motivate different departments to work together to improve Trainee experience
3. How to develop leadership in Senior Trainees
4. How to promote engagement of Trainees with quality improvement
5. How to encourage resilience in Trainees
6. How to deal with challenges to sustain continuous improvements
7. How to develop governance at a Local Education Provider

**17. Professional Compliance Analysis Tool (PCAT) Implementation – leading local teams to deliver PCAT**

**Contributors:** Karen Lindsay - Scottish Clinical Leadership Fellow 2017-18, Scottish Government Health Workforce and Strategic Change Directorate and North of Scotland Collaboration. Plastic Surgery Specialty Trainee, Rob O'Donnell - Scottish Clinical Leadership Fellow 2017-18, Scottish Government Health Workforce and Strategic Change Directorate and Royal College of Anaesthetists. Anaesthetics Specialty Trainee, Andrew Pearson - Scottish Clinical Leadership Fellow 2016-17, Scottish Government Health Workforce and Strategic Change Directorate and Royal College of Anaesthetists. Obstetrics and Gynaecology Specialty Trainee, Emily Broadis - Scottish Clinical Leadership Fellow 2016-17, Scottish Government Health Workforce and Strategic Change Directorate. Public Health Specialty Trainee, Lesley Curry - Scottish Clinical Leadership Fellow 2016-17, Scottish Government Health Workforce and Strategic Change Directorate and NHS Education for Scotland. Obstetrics and Gynaecology Specialty Trainee, Katy Vlitos - Scottish Clinical Leadership Fellow 2017-18, Scottish Government Health Workforce and Strategic Change Directorate and NHS Education for Scotland. Child and Adolescent Mental Health Specialty Trainee, John Colvin - Senior Medical Advisor - Scottish Government Health Workforce and Strategic Change Directorate. Consultant Anaesthetist NHS Tayside.

**Description:** A workshop for those wishing to lead in Professional Compliance Analysis Tool (PCAT) Improvement at a Health Board or Departmental level.

Whether you are responsible for trainee education or service provision, either as consultant or trainee: this workshop will be relevant to you if you want to lead implementation of PCAT to improve trainee doctors' working patterns.

The majority of doctors in training within Scotland have working patterns that are compliant with the European Working Time Directive and the New Deal. Contractual compliance alone does not, however, guarantee that rotas will facilitate high quality training, acceptable work life balance and effective service delivery.

PCAT is a tool that engages trainees, departments and wider stakeholders in a quality improvement conversation around working patterns and factors affecting the working environment. This tool has already been successful implemented within a number of Health Boards and departments across NHS Scotland, resulting in improvements in the working patterns of many 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. 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 the delivery of training in the workplace, enhance person centred care and also enrich service provision.

**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 means to improve working patterns for doctors in training
2. Equip participants with the knowledge and skills required to facilitate delivery of 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. Show casing 'Rotapedia': the support and information website for those involved in rota design as well as a local implementation tool kit

### **Session 3: Friday 27 April 13.30 – 15.00**

#### **18. Introduction to Capabilities in Practice in Surgical training: *How the new surgical curriculum's assessment system will meet the GMC's new standards***

**Contributors:** Mr Jon Lund, ISCP Surgical Director, Joint Committee on Surgical Training (JCST), Mrs Maria Bussey, Head of ISCP, Joint Committee on Surgical Training (JCST)

**Description:** This session will provide an induction on how the Intercollegiate Surgical Curriculum Programme (ISCP) will be re-focused to meet the GMC's new standards for outcomes-based assessment from August 2018. New Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs) describe the key activities and achievements of surgeons in training, promote expert judgements of their performance by clinical supervisors and help to give clinical and professional behaviours equal weight.

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

Participants will gain:

1. an understanding of how the GMC's standards (May 2017) for outcomes-based assessment will be applied in surgical training
2. an understanding of the curriculum design for Capabilities in Practice (CiPs)
3. an understanding of how the GMC's Generic Professional Capabilities (GPCs) will be integrated with CiPs to give clinical and professional behaviours equal weight
4. an understanding of the new Multiple Consultant Report and what it will mean for trainees and trainers

#### **19. Simulation-Based Mastery Skills Learning – The 'why' and the 'how'**

**Contributors:** Dr James Tiernan, Consultant in Respiratory and Acute Medicine, NHS Lothian, Dr Chris Schnieke-Kind, Clinical Teaching Fellow, NHS Lothian, Dr Paul Fettes, Consultant in Anaesthetics, NHS Tayside, Dr Achyut Valluri, Consultant in Acute Medicine, NHS Tayside, Dr Craig Urquhart, Consultant in Anaesthetics, NHS Greater Glasgow & Clyde, Dr Michael Moneypenney, Consultant in Anaesthetics, NHS Forth Valley

**Description:** Simulation-Based Mastery Learning facilitates clinicians' development of complex procedural skills via a safe, evidence-based methodology. Employed in a growing number of Scottish Health Boards and gaining national momentum via a series of conferences over the last 18 months, this approach has potential to massively impact on the skill attainment of clinicians and ultimately the safety and quality of our healthcare.

This session will be an introduction to the principles and application of Mastery Learning through a combination of large group presentations and facilitated small group exercises. All clinical backgrounds and skill sets are welcome, with no prior experience with Mastery Learning required.

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

1. An understanding of Simulation-Based Mastery Learning methodology
2. An appreciation of the current and potential uses for this methodology
3. Practical experience in creating and using Mastery checklists
4. Practical experience providing assessment and feedback in a Mastery setting

#### **20. The Use of In Situ Simulation training to improve quality of patient care within the workplace**

**Contributors:** Julie Mardon, Consultant Emergency Medicine, NHS Ayrshire & Arran and others to be announced from Simulation and Quality Improvement Team, NHS Ayrshire & Arran

**Description:** Have you ever wondered why improvement work never results in sustained change?  
Have you ever thought about how to train teams in a safe and yet realistic learning environment?  
Have you ever wanted to explore why human factors are at the core of sustainable team learning and effective in changing practice?

If any of these questions resonate with you then please sign up for the in situ simulation as a quality improvement tool parallel session.

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

1. Knowledge of how to set up an in situ simulation training program in the context of quality improvement work
2. A chance to experience some examples of in situ simulation work and as part of a quality improvement project with examples for sepsis, delirium, frailty, organisational change and person centred shadowing work.
3. A chance to discuss and reflect on how this approach could help within participants own practice.

**21. Stemming the exodus: can an understanding of F2 career choice and behaviour inform workforce interventions?**

**Contributors:** Professor Jennifer Cleland, John Simpson Chair of Medical Education Research and SMERC Director, University of Aberdeen, Dr John Colvin, Senior Medical Advisor, Scottish Government, Dr Lesley Curry, Dr Cat Harley, Professor Peter Johnston, Dr Kim Walker, Education Director / Foundation School Director, NHS Education for Scotland

**Description:** Accurately predicting medical workforce supply is increasingly challenging as early career-stage doctors no longer behave in time-recognised ways in terms of career decision making. For example, one in two of today's F2s leave the training pipeline at the first opportunity to do so while keeping their options open. They opt to take a break from training, often working overseas for a period of time. Although the latter has always been a popular option, the difference nowadays is that at least one in twenty F2s appear to leave the UK workforce for good. Given this "brain drain", more understanding of what is important to the careers decision making of FP doctors is crucial in order to identify how best to ensure sufficient doctors to deliver service now and in the future throughout Scotland.

The workshop will include short didactic sessions to provide an overview of the contemporary evidence relating to F2 career choice and behaviour, much of which is from the Scottish context. These sessions will be used as the basis for focused, interactive group discussions, and a whole-group plenary session.

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

1. to give the participants an understanding of the factors influencing F2 career decision making
2. to consider how this intelligence and wider lessons from "millennial" research can be used to attract trainees
3. to generate and discuss possible actions/goals for systems, group/unit/department and individual level interventions to meet the needs of future generations

**22. A student perspective on *Achieving good medical practice*: Why honesty and integrity are crucial in medicine** (Please note this session will only be 1hr 15 mins)

**Contributors:** The main presenter will be one of the six shortlisted student entries to the 2017 GMC/MSc professionalism competition. Staff from the GMC (Ioanna Maraki, Policy Manager) and the MSc (Clare Owen, Policy Adviser) will be introducing the session and handing over to the student(s).

**Description:** The student(s) behind one of the shortlisted entries from the 2017 GMC/MSc student professionalism competition will present their session. The session will be interactive and present the student's perspective on the importance of demonstrating honesty and integrity as a medical student and a future doctor. This will be building on the principles from the joint GMC/MSc guidance on student professionalism, *Achieving good medical practice*.

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

1. To discuss the importance of honesty and integrity for medical students, in their studies, clinical placements, and interactions with patients, peers and professionals
2. To critically analyse scenarios with regards to honesty and integrity
3. To discuss the GMC/MSc guidance for medical students, *Achieving good medical practice*, as a tool for developing and enhancing professional values through undergraduate medical education

### **23. Building caring, person-centred and resilient healthcare professionals: using medical humanities in teaching**

**Contributors:** Professor Neil Turner, Dean of Undergraduate Learning and Teaching, University of Edinburgh, Dr Eleri Williams, Scottish Clinical Leadership Fellow, Scottish Deans Medical Education Group, Dr LeeAnne Bodkin, Clinical Lecturer (Scholarship) and Coordinator Medical Humanities SSC, University of Aberdeen

**Description:** Medical Humanities refers to a broad collection of arts and humanities disciplines that focus on Healthcare, Health and Illness. It is widely held that the use of Art, Literature, Poetry and Music in the education of healthcare professionals enables clinicians to see better the person rather than the disease. There is humanities content in the early years of most medical schools across the UK as well as embedded use in nursing programmes, but often little in later training.

In the context of 'Realistic Medicine' and the Chief Medical Officer's call for us to embrace personalised care and shared decision making, we see a wider role for humanities-based approaches in creating compassionate, caring and resilient healthcare professionals.

In this session, we'll consider what the humanities can bring to undergraduate and postgraduate teaching practice.

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

In this interactive 'taster-session' workshop, you will:

1. Find out more about using humanities in medical/clinical education
2. See examples of the use of humanities in healthcare education
3. Collaborate with others in the workshop to plan a teaching session using humanities resources

### **24. Quality Improvement in Core Medical Training: Learning to Make a Difference to Handover**

**Contributors:** Dr Ruth Cordiner, Chief Resident, Dr Louise McKenna, CMT, Dr Ruaridh Nicoll, CMT, Dr Mark White, CMT, Dr Joseph Timmons, CMT, Dr Brian Choo-Kang, E-health Lead, Dr Malcolm Daniel, QI Lead, Dr James Boyle, TPD for CMT, Glasgow Royal Infirmary, NHS Greater Glasgow & Clyde

**Description:** Learning to Make a Difference (LTMD) is a project initiated by the Royal College of Physicians of London (RCP) and the Joint Royal Colleges of Physicians Training Board (JRCPTB). LTMD is designed to empower junior doctors through the development of quality improvement skills, which can then be put into practice to make a real difference in patient care. This interactive workshop will describe the improvement work led by our Core Medical Trainees, in partnership with senior trainees and clinicians at Glasgow Royal Infirmary, in the area of handover. We will share an innovative approach (including the use of digital communication and e-health) to the planning, implementation, monitoring and evaluation of our quality improvement activities.

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

1. Describe the role of junior doctors in quality improvement
2. Describe the role of the Chief Resident in quality improvement
3. Identify areas for improvement in your learning environment (eg. handover)
4. Use real-life examples (eg. handover) to facilitate the planning, implementation, monitoring and evaluation of quality improvement projects in partnership with junior doctors

### **25. Training pathways – how doctors move through medical training**

**Contributors:** Louise O'Neill, Survey Design Manager, General Medical Council, Professor Stewart Irvine, Medical Director & Deputy Chief Executive, NHS Education for Scotland and Ms Jane Cannon, Head of Operations, Planning, Research and Development, **General Medical Council**

**Description:** A joint session between the GMC and NES. We will present new qualitative and quantitative data and analysis on how doctors move through the training pathway, including:

1. What they do when they take a break from/leave training programmes and why
2. How they move around geographically and why
3. The appetite for changing specialties and the barriers to this

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

Participants will gain an understanding of:

1. The career choices doctors make as they move through the training pathway from medical school to CCT
2. The emerging issues facing educational organisations and workforce planners as these behaviours change over time