

Medical Education Parallel Sessions

Session 1: Thursday 9 May 15.30 – 17.00

1. Education to Support Realistic Medicine

Contributors: Helen Mackie, National Clinical Advisor, Realistic Medicine, Scottish Government

Description: The shared vision for Scotland is that all healthcare staff in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine by 2025. Many staff already work in this way, and several excellent teaching and training resources are already in use across Scotland. This session will provide an update of ongoing work from the Scottish Government Realistic Medicine Policy team and colleagues from NES, with specific reference to how to embed Realistic Medicine within lifelong learning. Participants will learn about work to develop clinical leadership, value-based healthcare training, insights from Scottish Government staff surveys and patient engagement events. Participants will also learn about plans to develop an Educational framework to support the implementation of Realistic Medicine and how to contribute to this. The group work will enable participants to share examples of good practice and areas of excellence, identify areas for improvement, highlight gaps and barriers and explore potential solutions to address these. We hope to use the feedback and insights from this session to strengthen and inform the development of an Educational Framework for Realistic Medicine.

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

1. Understand the principles of realistic medicine and component domains.
2. Reflect on existing educational programs and resources within the context of Realistic Medicine.
3. Develop a deeper understanding of an Educational framework for Realistic Medicine.
4. Provide feedback and suggestions on how to strengthen and support the implementation of realistic medicine.

2. Increasing Undergraduate Education in Primary Care - Where From Here?

Contributors: Scottish GP Heads of Teaching Group – Lindsey Pope, University of Glasgow, Maggie Bartlett, University of Dundee, Ken Lawton, University of Aberdeen, Karen Fairhurst, University of Edinburgh, Rebecca Walmsley, University of St Andrews and John Dowell, ScotGEM, John Gillies, Scottish School of Primary Care and Chair of Increasing Undergraduate Education in Primary Care Group and Kirsten Woolley, Scottish Clinical Leadership Fellow, NHS Education for Scotland

Description: Following the publication of the Scottish Government report 'Increasing undergraduate education in primary care', all Scottish medical schools have been tasked with increasing their percentage of curriculum time devoted to teaching in primary care. But how do medical schools start to put this into practice? And what impact will this have on primary care service and teaching capacity going forward?

This session will present innovations across the Scottish medical schools and also use small group work to identify how we can facilitate a collaborative Scotland-wide approach to meeting curriculum expectations and building the future Scottish GP workforce.

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

1. Gain insight into the range of innovative approaches to increasing primary care education across Scotland.
2. Consider how they can shape the future of primary care education.
3. Inform a collective response to the challenge of delivering the GP workforce of the future.

3. Taking a Break – and How to Plan Your Return

Contributors: Dr Greg Jones, Associate Dean for Performance Improvement, Dr Liz Murphy, Associate Postgraduate Dean, Career Development, Dr Mustafa Osman, Associate Postgraduate Dean, Career Development, NHS Education for Scotland and Dr Victoria Dobie, SAS Advisor, NHS Borders

Description:

Introduction: Why do doctors take a break from training or work (travel, illness, pregnancy, research)?

There will be some narratives then breakout into small groups to explore the challenges and the strategies that make for a successful return.

What are the benefits of “time out”?

What are the challenges facing returners?

What makes for a successful return?

The session will conclude with a discussion of any recommendations or actions

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

1. To raise awareness of the heterogeneity of reasons for breaks in training.
2. To explore the positive aspects of time out of training.
3. To facilitate discussion around the changing workforce – nonlinear training is becoming more common – and how we can adapt to meet the challenges that that brings.
4. To explore strategies that facilitate a successful return to training or work.
5. To explore the particular needs of those who return to training after a prolonged break, and the different needs of trainees versus consultants and SAS doctors.
6. To explore how trainers and other (e.g. occupational health) can work together when there are health related reasons for a break in training.

4. The RAH Improvement Den - A Microsystem Initiative to Improve Capacity and Capability of Hospital Staff

Contributors: Dr Gautamananda Ray, Consultant Physician in Acute Medicine & Stroke Medicine, Andrew Crawford, Head of Clinical Governance, Dr Iain Keith, Consultant Physician in Acute Medicine, Dr Hannah Simpson, Consultant Physician in Acute Medicine, Colette Byrnes, Lead Pharmacist, Medicines Governance. Part of the PPSU Clinical Governance Team, Dr Lucy McCracken, Consultant Physician in Care of Elderly Medicine, Dr Mathis Heydtmann, Consultant Gastroenterologist, NHS Greater Glasgow & Clyde and Professor Kevin Rooney, Consultant Intensivist, NHS Greater Glasgow & Clyde and SISCC Lead for Training and Development and Professor of Care Improvement at the University of the West of Scotland.

Description: There are several courses, resources and learning opportunities in NHS Scotland as part of the Scottish Patient Safety Programme. However there is a perceived need for a local microsystem initiative to complement the task of large scale improvement capability and capacity of all staff and especially reach those who lack the confidence in doing Quality Improvement (QI) projects. About 70 percent of the recurring NHS provider costs are staffing related and it is important that there is best use of this staffing resources by improving their capacity and capability to improve and innovate. Given work pressures and lack of ring-fenced time and funding all hospital staff are unable to attend courses on quality and safety despite the willingness to learn. The RAH Improvement Den was a strategy of change that ran over eight months from November 2017 to July 2018. It took some aspects of the popular BBC2 programme, Dragons Den, to get a group of QI coaches help and mentor selected RAH staff across all staff groups and disciplines. The staff were trained to use the QI tools to solve the challenges they face at their work and at the same time align these challenges to the key objectives of the NHS Scotland through lectures, small open space workshops and one to one mentoring. The confidence and capacity of the staff participating in the Improvement Den progressively increased as reflected in the posters they presented at the end. The projected savings from the combined projects that were completed were close to £500,000 if extrapolated to all the wards of the hospital. Motivated and energised Den participants got the confidence of making changes by developing the profound knowledge and deeper understanding of workplace problems. The coaches also consolidated their own QI knowledge and skills that they have acquired from the Scottish Quality and Safety fellowship and similar QI Leadership Training.

The Improvement Den was a proof of the concept that focussing our attention to the frontline multidisciplinary workforce in a microsystem and supporting them to do QI projects is essential in transforming small “q” into a big “Q” in healthcare. The projected final savings from this small Improvement Den project unleashed the potential of untapped resources existing in the NHS where ward secretaries and AHPs along with doctors and nurses can be engaged together locally to look at their own systems and do improvement using QI tools.

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

1. Participants would have an overview of the Improvement Den. They would understand intrinsically local efforts used by the Improvement Den projects and aligned to the national quality strategies to allow more targeted solutions to be developed. Local context and ownership of the solution to help enhance the sustainability of any change project.
2. Take part in the sharing and learning from the RAH Improvement Den coaches as well as the participants in the Den about the gains and challenges of this project that was completed and delivered free of cost.
3. Understand that small projects like this can change the world if the gains can be extrapolated widely. To be brave to do something new and focus beyond just clinical problems.
4. Will learn the tools and processes used by the RAH Improvement Den Team in case the participants would like to set up a similar project in their own clinical or nonclinical areas.

5. High Impact Interventions to Improve Junior Doctor Wellbeing, Engagement and Joy-in-Work: What Worked Well, and Ideas for Even Better If.....

Contributors: Dr Simon Edgar, DME, Dr Hannah Monaghan, Deputy DME, Dr Sonia Joseph, ADME, Dr Imogen Smith, Chief Registrar, Dr James Woods, Chief Registrar, Dr Cath Stretton, Chief Registrar, Dr Carlyn Davie, Chief Registrar, Dr Alex Peterson, CMT 1, NHS Lothian

Description: The causal chain from psychological safety through intrinsic motivation to staff engagement and ultimately finding joy in work is well recognised. This session will describe one Board's programme of interventions focusing on junior doctor's morale and wellbeing, aligned to the 8 areas of high impact described by NHS Improvement. Our practical lessons learnt are applicable in all care settings.

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

By the end of the session, participants will:

1. Appreciate the association between staff well-being, system performance and patient safety and be able to quote the literature that supports this assertion.
2. Be able to describe a number of change ideas aligned to staff well-being that have been impactful in the context of Doctors in training alongside the measures used to assess impact.
3. Have an opportunity to discuss and share with colleagues and the Board team other potential ideas for change that could be tested and spread across the Scotland Deanery.
4. Have a plan for engaging their local system and testing at least one new idea aligned to well-being and joy-in-work.

6. Medical Leadership for Doctors in Training

Contributors: Dr Kate Arrow, Scottish Clinical Leadership Fellow, RCoA & Scottish Government, Dr Alexandra Rice, Scottish Clinical Leadership Fellow, NHS Education for Scotland & RCoA, Dr Darragh Hamilton, Scottish Clinical Leadership Fellow, NHS Education for Scotland & Scottish Government, Dr Kirsty Woolley, Scottish Clinical Leadership Fellow, NHS Education for Scotland & Scottish Government, Dr Chris Sheridan, Scottish Clinical Leadership Fellow, Scottish Government & Deans Group, Dr John Colvin, SMO and Consultant Intensivist, NHS Tayside, Dr John Nicol, Assistant Director for GP Training, NHS Education for Scotland

Description: Leadership development is now a curricular expectation for all doctors in training. The GMC has promoted leadership across grades, and the Scottish Government Leadership division has advocated a more systematic approach to developing trainees' leadership competencies. However, many junior doctors believe their leadership and management training is inadequate in providing the skills needed to deliver sustainable quality improvements in healthcare. Clearly, we need a better understanding of how to facilitate leadership development among doctors at Foundation level and in specialist and GP training.

In this session we will explore the concept of medical leadership for Junior Doctors and how leadership and management competencies can be met across programmes. We will also consider how to encourage junior doctors to contribute to the management and strategic objectives of their hospitals and primary care practices.

There will be a presentation of the findings of a qualitative exploration of how GP trainees learn about leadership through participation in and involvement with the workplace community.

Considering the implications of these findings beyond Primary Care, we will aim to facilitate a discussion around how

best to integrate leadership training into day-to-day training throughout Foundation rotations. We will welcome the views of participants who have had experience of leadership teaching in their own foundation programmes.

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

1. Outline FMLM recommendations to increase the potential of junior doctors to make meaningful improvements to patient care.
2. Outline the GMC GPC Framework and map this into a framework for leadership training.
3. Develop strategies to deliver leadership training within The Foundation Programme.
4. Understand the benefits of leadership training in early career.
5. Identify practical ways in which to help junior doctors develop leadership competence.

7. The BMJ or Instructional Science: How To Get Your Papers Published in Different Types of Journals?

Contributors: Professor Erik Driessen, Chairman of the Department of Educational Development and Research, Maastricht University and Professor Jennifer Cleland, John Simpson Chair of Medical Education Research, Director, Centre for Healthcare Education Research and Innovation (CHERI), Director, Scottish Medical Education Research Consortium (SMERC)

Description: As a researcher it is wise to think about your publication strategy: in which journals do you choose to present your work? The one with the highest impact factor? Or the journal that is read most by teachers and policy makers? Or the journal in which the theory you strive to advance is often discussed? The decisions made in this regard will have an effect on your scientific career. In this workshop we will explore what reasons researchers have to choose for a target journal. Subsequently, we focus on how to get published in your target journal. Four articles on the same topic published in four different types of journals are discussed. We will look at writing style, structure, the composition of the introduction and discussion sections of the papers. Next to the technical aspects, we also discuss the ethical side of publishing in different types of journals: how far are you prepared to go to get your paper published in that high impact journal? For example: to what extent will you follow up requirements of the editors for modification of your paper?

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

1. More insight in to how to plan a personal publication strategy. Awareness of the differences between journals and the impact this has on the reviewing of your paper

Session 2: Friday 10 May 09.00 – 10.30

8. Recognising, Valuing and Supporting Clinicians Who Teach: Can We Do It Better?

Contributors: Claire MacRae, PhD Candidate and Dr Derek Jones, Fellow in Clinical Education, University of Edinburgh

Description: Following the introduction of mandatory trainer recognition (GMC, 2012), we designed a research project to explore why clinical teachers and teaching are perceived to be undervalued. The findings of this research, presented at SMEC last year under the same title, emphasise the complexity of this issue, suggesting that it is the cumulative result of many linked factors interacting over time. These factors exist at many levels in the system, ranging from socio-cultural attitudes to teachers and teaching, through regulation and policy decisions at national level to organisational discourses and individual beliefs and experiences.

Education organisations often invest significant time and effort on attempts to recognise their teachers and trainers; however, the results of these interventions are often disappointing, as tensions arise when attempting to balance individual preferences with organisational constraints, including time, money and regulatory frameworks. This workshop will provide a forum for participants to discuss their own experiences as teachers/trainers or managers of medical education in the light of these findings, with a view to identifying changes that could be made to policy and practice at personal, local and national levels.

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

1. Reflected on their own experiences of being recognised and valued within medical education.
2. Discussed some of the complex and deep-rooted factors contributing to the systemic undervaluing of clinical teaching and teachers.
3. Identified some concrete actions to support change in their own settings.
4. Contributed to a list of suggestions for systems-level change which will be developed into a report and passed to the Scottish Deans Medical Education Group and the NES Faculty Development Alliance.

9. Supporting Doctors Through Better Training in Discrete Areas of Practice (Credentialing) – A Case Study for Interventional Neuroradiology in the Treatment of Acute Stroke

Contributors: Phil Martin, Assistant Director, Education and Standards, Paula Robblee, Policy Manager, Education and Standards, Tracey Melbourne, Project Manager, Education and Standards, Rose Ward, Policy Officer, Education and Standards, General Medical Council and William Hugh Ramsden, Medical Director, Education and Training, The Royal College of Radiologists

Description: The GMC proposes to launch a framework for the approval and quality assurance of credentials in April 2019. Our new process will support ongoing reforms in postgraduate training to make it more flexible and responsive to patient and service needs in areas that are not part of postgraduate training. To develop the framework, we worked with a number of organisations to test the feasibility of our processes to prioritise, evaluate and approve potential areas for credentials.

The session will explore our approach to developing the framework including the lessons learned from the pilots and our engagement exercise. We will discuss the practical implementation of the framework, the priority areas for 2019/2020 and how we will continuously improve the framework. We will also explore the role of credentials in supporting doctors to develop their career and lifelong learning, including opportunities for SAS doctors.

The session will look in detail at the development of a credential in Interventional Neuroradiology (Acute Stroke) by the Royal College of Radiologists, enabling doctors to build competencies in mechanical thrombectomy and the coiling of intracranial aneurysms. This work was instrumental in helping the GMC review its approach to credentialing. We will also consider other potential areas where credentials may add value such as a recognised training standard for breast clinicians.

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

1. Learn about the new GMC approach to credentials and the lessons learned from the pilots.
2. Discuss the the priorities, opportunities and challenges for the new approach.
3. Explore the next steps in introducing credentials and how it will support a more flexible approach to doctors' training and development.
4. Discuss the practical issues to developing a credential based on the experience of the Royal College of Radiologists. Many of these issues are generic in nature, and the discussion will focus upon how the pilot can help with the development of credentials in other specialties.

10. Widening Access to Medicine. Where Are We Now? Where Do We Want to Be? How Will We Get There?

Contributors: Dr Andy Capek, Consultant Anaesthetist, Dr Morven McElroy, Consultant Physician (Medicine for the Elderly), Dr Angela Wright, Consultant Physician (Respiratory), NHS Greater Glasgow & Clyde

Description: Medical students used to be white, wealthy and Y-chromosome carrying. While there has been some welcome change to this state of affairs and Glasgow has a proud tradition of notable "firsts" in the area - the current intake to medical school in general is still a long way from being representative of society at large. How can we make the application process fair for all-comers from all walks of life?

NHS Greater Glasgow and Clyde has recently appointed three consultants to the role of Widening Access to Medicine Lead. In this session we will discuss the scale of the widening access problem, the current processes in place in Glasgow and elsewhere in Scotland to tackle it, and the proposals being made to further promote medical school application in demographic groups which have not traditionally sent large numbers to medical school.

We will aim for an open discussion about the way forward, drawing on the experiences of Glasgow and beyond, in the hope that all delegates will leave better armed to tackle the widening access problem in the future.

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

a) Where are we now? Focus on:

- Medical School Entry Requirements in Scotland.
- Medical School Entry Demographics.
- Current ways in which students can meet these entry requirements (Work Experience, Volunteering etc.).
- Current support structures for students applying to medicine (Mentoring schemes, Medic Insight etc.).
- Current barriers to certain demographic groups making successful applications to medical school.

b) Where do we want to be? Focus on:

- What is a realistic goal for Widening Access?
- How do we measure when we have been successful?

c) How will we get there? Focus on:

- Plans for developing the widening access programme in Glasgow.
 - "Get inspired" - workshop days for younger pupils.
 - "Get ready" - Lecture days for middle stage pupils.
 - "Get a place" - Work experience and application advice lectures for older pupils nearing applications.
- Collaborations which can enhance this process. e.g. - volunteering sectors, medical students, using what is already up and running.
- Social Media. How to spread the word.

d) By the end of the session delegates will take away ideas and resources which can be used within their own health boards in order to tackle the widening access problem closer to home.

11. Celebrating Trainers Through Recognition – The Why, Who, How and What

Contributors: Members of the Recognition of Trainers Steering Group – DME team, NES and University

Description: Recognition of trainers – an update of what it means for trainers, how the process works, who does what (DME teams, NES and the Universities) and what trainers need to do for initial recognition, ongoing CPD and revalidation.

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

1. Who needs to be recognised.
2. Initial recognition – what is needed and who does what in terms of Turas and SOAR.
3. CPD for RoT – meeting the framework requirements.
4. RoT, SOAR and appraisal – who does what and how it all fits together.
5. Revalidation and RoT.

12. Developing Internal Motivation in Trainees; Moving Beyond a Transactional Curriculum. Lessons from the Scottish IST (Improving Surgical Training) Programme

Contributors: Mr Alistair Geraghty, Surgical Trainee, NHS Lothian, Professor Kenneth Walker, Colorectal Surgeon & Associate Dean, NHS Highland & NHS Education for Scotland, Miss Vivienne Blackhall, Simulation Research Fellow NHS Highland, Professor Angus Watson, Professor of Colorectal Surgery & Director of RD&I, NHS Highland

Description: As modern curriculae seek to ensure parity and safeguard standards there have been unintended consequences for motivation in trainees. They may be swayed towards 'scoring points' tied to career progression rather than recognising the intrinsic value of activities. Similarly trainers can fall foul of the same transactional approach and many are tired of a 'tick box' culture.

In this session we will use three elements of the Scottish IST pilot as worked examples - Surgical bootcamp, “Skills Clubs”, and “Incentivised Laparoscopy Practice” - and draw on experience in the room. We will discuss internal motivation in trainees and how to promote and harness it, use of the environment, incidental learning and hidden curriculum. Participants will reflect on their own curriculae and consider the interplay between a transactional and transformational approach.

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

1. Describe a transactional curriculum and understand its potential impact on culture.
2. Describe measures within a training programme, to develop transformational values and internal motivation in trainees.
3. Identify hidden curriculum and powerful incidental learning outcomes.

13. Developing Skills to Thrive Within NHS Scotland

Contributors: Dr Fiona Cameron, Foundation Programme Director and Associate Postgraduate Dean, Dr Elizabeth Murphy, Associate Postgraduate Dean, NHS Education for Scotland, Dr Achyut Valluri, Consultant, NHS Tayside and Dr Vicky Tallentire, Consultant NHS Lothian

Description: There is an increasing focus on the development of personal skills and strategies to work in the modern NHS in Scotland. There are many demands on our time, and there is change and challenge ahead within the health service. Being self-aware and using personal development tools can help to provide skills with which to thrive with these challenges. This workshop will explore some of these tools and how to use them for yourself and others. We will also discuss interventions we have experience of using.

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

1. To understand key concepts and research around resilience.
2. To learn about personal development tools and techniques for yourself and others.
3. To learn about further opportunities to help develop skills for trainee supervision.

14. A Showcase of Realist Synthesis, Realist Evaluation and Critical Realism Research in Health and Social Care and Medical Education in Scotland: What, Why, and How?

Contributors: Dr Mari Synnøve Berge, Associate Professor Western Norway University of Applied Sciences and PhD Graduate, Stirling University, Dr David Blane, Academic Fellow in General Practice, Glasgow University, Dr Jean Hannah, PhD Graduate, Stirling University & General Practitioner Glasgow, Mr Robyn Hyde, Lecturer and PhD Student, Napier University, Mrs Lucy Johnston, Research Fellow, Napier University, Dr Avril Nicoll, Research Fellow, Glasgow Caledonian University, Dr Sara Sholl, Lecturer, Napier University, Mrs Susan Somerville, Lecturer, University of Dundee

Description: This session will host a number of short presentations of the research activity from a growing community of healthcare professionals and educators based in Scotland, who have recently undertaken and published realist research.

Realist research is defined as a theory driven approach which is increasingly advocated for the exploration of policies and interventions which are implemented in health and social care education and practice (Greenhalgh et al., 2015).

The intended aims and outcomes of interventions in health and social care are impacted upon by known and often unknown influences (*mechanisms*) within the contexts they are implemented. Realist research questions sounds like - *What works, for whom, how and why?* (Pawson and Tilley, 1997), because “*Nothing works unconditionally in all circumstances*” (Tilley, 2009, p.126).

The subject matter of research to be presented includes: Telecare in dementia services; Primary care interventions for obesity; Speech and Language therapy in children; Holistic care planning in cancer services; Mobile simulation based education; Salvation Army community based addiction program; Balancing junior doctors education and patient care; the Advanced Nurse Practitioner role within children and young people’s health care services.

Realist research promotes a deeper understanding of the causative factors which support or hinder the implementation and/or success of complex interventions, in heterogeneous real world settings, and seeks to inform practitioners, stakeholders and policy makers.

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

Participants attending this session will hear from colleagues working in healthcare and education in Scotland. Participants will take away key messages and knowledge to encourage and support their potential interest in:

1. The utility and diversity of realist research in health and social care and education.
2. The approaches to undertaking realist research.
3. The seminal publications, authors and resources to support novice 'realists'.
4. A Scottish network of experienced realist researchers.
5. The opportunity to develop research ideas within a supportive and growing community of practice in realist research in Scotland.

15. Engaging and Leading Culture Change in Educational and Training Environments: An Evidence-based Approach to Understanding and Mitigating the Risk of Unprofessional Behaviours Undermining Education, Training and Patient Safety in the NHS

Contributors: Ian McNeil, Head of Regional Liaison Service, Nicola Cotter, Head of Scotland Office, Salma Eltoun Elamin, Clinical Fellow and Medical Advisor, Louise Robinson, Regional Liaison Advisor, Emily Phillips, Policy Manager, Standards and Ethics, General Medical Council

Description: There is a growing body of evidence demonstrating the harmful impact of unprofessional behaviours, including bullying and undermining on patient safety and the quality of education and training environments.

The GMC has been working with other stakeholders (including Royal College of Surgeons Edinburgh, Royal College of Physicians, and Royal College of Obstetrics and Gynaecology) to develop and deliver a programme of work aimed at helping doctors to identify unprofessional behaviours, and develop individual skills to deal with behaviours that have the potential to cause harm. The ultimate aim is to create the right environment for a safe professional practice and a supportive training environment.

Unprofessional behaviours are expressions of deeper rooted cultural problems, and in this session we will share learning and practical strategies from this emerging work program. This will be supplemented with insights from our recently completed research exploring how senior doctors in leadership positions build, sustain positive cultures, and recognise and repair negative ones.

The session will be of interest to all doctors and educationalists, but particularly to educational and clinical supervisors who have a responsibility for creating positive environments for learning.

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

1. Reflect on the evidence supporting the effect of unprofessional behaviour on performance, training and its outcomes and patient safety.
2. Consider a range of behaviours and share experiences from their own environment and its effect on education and training.
3. Utilise models to tackle such behaviours at an early stage using an evidence based approach.
4. Consider the effect of educational leadership and culture change and how their interaction can help or hinder addressing such an issue.

16. Reducing Those Red Flags – How an Active Education Programme Can Help with Departmental Engagement and Morale

Contributors: Dr Scott Taylor, Consultant in Emergency Medicine, Dr Kim Kilmurray, Specialty Doctor and Senior Clinical Teaching Fellow, Dr Hannah Bell, Consultant in Emergency Medicine, Dr Eoghan Colgan, Specialty Doctor, Dr Sile Macglone, Consultant in Emergency Medicine, Dr Emma Brown, Clinical Teaching Fellow, NHS Greater Glasgow & Clyde

Description: We will detail how the implementation of a departmental focus on education and its evolution over the past 4 years has improved staff experience in a high stress and acuity clinical environment. We will cover the initial steps in its development through devising multiple multidisciplinary education activities (such as shopfloor resources, quizzes, nudges, sim, skills & drills, handovers, website and podcasts) that has improved the rating of a department across multiple undergraduate and postgraduate descriptors and won the the 2018 William Cullen Prize for Excellence in Teaching.

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

1. Identifying the challenge and setting a goal.
2. The small but quick baby steps.
3. How much time and people does it all take?
4. Using multiple educational platforms to target different staff groups or different learner styles.
5. Improving the learner environment.
6. Setting up resources... website, podcasts (St Mungo's ED), skills and drills.
7. Using FOAM and online resources.
8. Getting and maintaining buy-in - overcoming negativity and barriers.

17. Ten Heads are Better Than One: Practical Ideas for Using Structured Group Reflection in Medical Training to Learn from Complex and Challenging Cases

Contributors: Dr Imogen Smith, Chief Registrar and ST6 in Geriatrics and GIM, Dr Jennie Higgs, Clinical Teaching Fellow, Dr David Hill, ST4 Medical Psychotherapy and Dr James Woods, Chief Registrar, NHS Lothian

Description: Reflective practice remains an important topic in the current landscape of medical training but it does not have to be limited to written accounts in a training portfolio. Balint groups, widely used in general practice and psychiatry, are case-based discussion groups which afford group members an opportunity to reflect on challenging and complex clinical interactions. Sessions can improve individuals' understanding of the impact that these interactions may have, allow for discussion of different perspectives on the case, and provide peer support.

Delegates attending this workshop should expect an interactive and informative session which will explain how we have trialled Balint-informed structured group reflection in a variety of medical specialties. We will outline what we have learnt so far and provide practical ideas which you can take back to your own clinical and training areas.

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

1. Define what is meant by Balint-informed structured group reflection.
2. Describe the evaluation data obtained from trials of these groups in NHS Lothian.
3. Appreciate the benefits and limitations of using these groups in medical training.
4. Demonstrate their understanding of the practical aspects of setting up similar groups in their own clinical areas.
5. Gain insight into the experience of being a part of a Balint-informed reflective practice group.

18. The Educational Experience of Students and Junior Medical Trainees in the Hospital Setting – How We Can Do It Better

Contributors: Dr Fiona Drimmie, Associate Postgraduate Dean, Dr Fiona Cameron, Foundation School Director, Dr Geraldine Brennan, Associate Postgraduate Dean, NHS Education for Scotland

Description: This session will be jointly led by the NES Quality workstream (foundation) and the Scottish Foundation school.

It will use examples of good practice identified during visits across Scotland to challenge the audience to plan training improvements in their area. It will particularly look at the similarities and differences of needs of senior medical students, Foundation doctors and Year 1 ST trainees in General Practice and speciality.

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

1. Better understanding of workplace practices that enhance the training environment.
2. Better understanding of the barriers for trainees taking up training opportunities.
3. Knowledge of where to find and how to access curricula relevant to trainee groups.
4. Practical approaches will be explored that could enhance learning.

Session 3: Friday 10 May 13.30 – 15.00

19. 'LOST' – Using Tactical Decision Games to Explore Non-technical Skills

Contributors: Janet Skinner, Head of Clinical Teaching, Scott Clarke, Simulation Fellow, Jenni Tocher, School of Nursing, University of Edinburgh, Iain Drummond, Renal Consultant, Glasgow and Morwenna Wood, DME, NHS Fife

Description: Clinical decision-making, situation awareness, task management, and teamwork are key non-technical skills (NTS) required by healthcare practitioners. Tactical decision games (TDGs) are low-fidelity classroom-based activities designed to develop proficiency in NTS. They have been used in other safety-critical industries to develop NTS but their use in clinical education has been very limited.

In Edinburgh University we have successfully used non-clinical TDGs in the form of a 'plane crash' and a 'lost at sea' to introduce early clinical medical and nursing students to NTS and have built on these activities through progressively more complex 'handover' games through the later clinical years. These games have been shown to be feasible and effective in helping students develop their understanding of NTS, especially clinical-decision making, dynamic prioritisation and managing uncertainty. There are particular benefits of exploring these in an inter-professional format where students learn about each others roles.

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

1. Introduce participants to the concept of TDGs in exploring NTS.
2. Allow participants to try several non-clinical TDGs in small teams.
3. Develop an understanding of the benefits of TDGs particularly in terms of feasibility, flexibility, cost-effectiveness and resources.
4. Explore ways that TDGs could be used within participants own clinical or non-clinical working environments to build NTS and help team working.

20. Designing and Developing A National Coaching Program for Team Based Safety Reviews

Contributors: Manoj Kumar, National Clinical Lead SMMP, Healthcare Improvement Scotland / Consultant Surgeon, Aberdeen Royal Infirmary, NHS Grampian and Paul Bowie, Programme Director (Safety & Improvement), NHS Education for Scotland.

Description: The Scottish Mortality and Morbidity Programme (SMMP) aims to change the culture of team based safety reviews and processes (often know as M&M) in health and social care through co-production; where safe care, shared learning, quality improvement and a 'just culture' is at the forefront.

Whilst there are examples of good practice of team based reviews (M&Ms) across NHSScotland, there also exists significant variation in governance, structure, practice and presentation of outputs. This is supported by the published evidence, which highlights variations in the process and conduct of meetings, and the impact on learning and improvement.

The evidence suggests that learning and improvement outputs from the mortality and morbidity review process are underutilised and that gaps exist in linking mortality and morbidity review outputs to other reflective practice and wider organisational governance and quality assurance framework. This type of educational approach can 'improve accountability and support quality improvement without compromising professional learning', particularly when a standardised review and facilitation process are employed.

We will be highlighting why structured team-based reviews or M&M is more than just discussing mortality and morbidity. It is an opportunity to work as an effective team across professions or speciality in understanding complexity, addressing weaknesses in systems, learning from strengths and function as an essential process for teaching, training and learning.

This parallel session will present the ongoing work in designing and developing a national standard on structured team based safety reviews or M&M processes and offer a summary of the SMMP workshops. Delegates will have the opportunity to develop core skills in designing a safety review process, utilise frameworks and tools to carry out robust analysis, learn effective chairing skills for such meetings and design a learning and improvement model from the output of this process.

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

Knowledge:

1. Understand how and why things go wrong and right in complex systems.
2. Understand methods and limitations of systems analysis.

Skills:

1. Design an effective team-based safety review (M&M) process (including using relevant frameworks).
2. Effective chair – engaging participants, setting objectives, managing discussion, supporting individuals/ teams.
3. Demonstrate how to generate and implement quality improvement initiatives and share learning from reviews to improve quality of care and working environment.

Attitudes

1. Understand and foster a 'just culture'.
2. Demonstrate effective team-working and shared learning for improvement.
3. Encourage systems thinking at all stages of the process.

21. From Reflective Student to Reflective Practitioner - Supporting Doctors Under Pressure

Contributors: Phil Martin, Assistant Director, Education and Standards, Paula Robblee, Policy Manager, Education and Standards, Tracey Melbourne, Project Manager, Education and Standards, Natalie Fine, Policy Officer, Education and Standards, General Medical Council

Description: Reflection empowers doctors to learn, develop and improve their practice throughout their careers. In September 2018, The GMC, AoMRC, COPMeD and MSC published joint guidance to support students and doctors to become reflective practitioners - [The reflective practitioner](#) We want to explore the impact of this guidance and what more we can do to support students and doctors to reflect and become life-long learners.

We have supplementary guidance, case studies and learning material to help tackle some of the practical issues with reflection from support for supervisors and appraisors to the role of reflection in improving wellbeing. New draft guidance on patient feedback also looks at the importance of reflection in using and responding to this feedback.

The session will particular hear from one of the finalists of the GMC/MSc annual student competition, which asked students to exploring ways to support reflection for their peers. The student will discuss how medical students apply reflective practice to their studies and clinical experiences.

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

1. Learn about The reflective practitioner guidance and its impact since it was launched.
2. Examine the case studies and other supporting materials.
3. Explore the importance of reflection for medical students and how it improves their interactions between patients, peers and professionals.
4. Discuss what more we can do to support reflective practice and lifelong learning.

22. SUCCEED: Supporting Successful Training Beyond Supervision and Assessment

Contributors: Dr Joanna Turner, Associate Dean for Recognised Trainers and Dr Camille Harron, Associate Dean for Careers and Professional Support, Northern Ireland Medical and Dental Training Agency

Description: This session will examine schemes which foster quality within postgraduate medical education. Factors which promote success for both individual trainees and training programmes will be explored. Elements of the SUCCEED strategy employed within Northern Ireland will be described. Approaches for engaging and supporting trainers will be emphasised. Attendees will be encouraged to reflect on how these might be adapted for use within their own educational settings.

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

1. Describe individual and training programme factors that influence trainee success.
2. Evaluate the role of different types of intervention to promote trainee success.
3. Explore methods for engagement and support of trainers.
4. Apply discussed approaches to their own educational environments.

23. A New Approach to Improving Induction, Structuring Supervision and Assessing Core Competencies for Trainees (FY1-2s, GPSTs, CTs) Entering a New Speciality

Contributors: Dr Nick Hughes, Training Programme Director, Core Psychiatry (Scotland Deanery East Region) and Dr Gordon Cowan, ST6 Forensic Psychiatry, NHS Tayside

Description: Commencing training in a new speciality can be daunting for new trainees and many will have limited experience and knowledge within this field. Trainees have in the past, struggled to have their training needs identified promptly which has affected their training progression as well as patient care and safety.

Our session will discuss a new competency checklist initiative. This is a formal assessment process introduced to ensure that all new trainees have the minimum knowledge, clinical skills and communication ability to work safely. All new trainees are given a handbook containing the expected basic knowledge and are informed they need to be assessed evidencing these basic skills by senior clinicians. These assessments mostly take place during the initial clinical supervision sessions and allow supervisors to quickly identify and better understand their trainee's potential deficits, in order to tailor training from the start.

We will discuss how we developed the competency handbook, the clinical governance processes that had to be undertaken and the challenges we have faced delivering this new initiative. We will discuss the feedback we have received from trainees and trainers and how we plan to continue to improve the initiative.

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

1. An understanding of new induction training initiative.
2. A novel way of standardising the content covered in supervision.
3. Approaches to get management / trainer support.
4. Ways of improving morale in a disenfranchised groups of trainees.

24. Systems Thinking in Medical Education: Seeing the Individual in the Bigger Picture

Contributors: Derek Jones, Programme Director, PhD Clinical Education and Gill Aitken, Programme Director, MSc Clinical Education, University of Edinburgh Medical School, Medical Education

Description: We have been using Bronfenbrenner's Ecological Systems Theory (EST) to provide an underpinning philosophy for the University of Edinburgh MSc in Clinical Education and develop our research programme. We have found EST to be a really helpful way of connecting up the individual experience of post graduate education with the wider institutional and professional context; ensuring a consistency and coherence in what we do. Following a presentation on the use of EST by the MSc Clinical Education Team this interactive workshop will give participants the opportunity to apply the theory to their own context. Whether you want to re-design the placement experience

offered to students or trainees, develop a curriculum, or undertake an educational quality improvement project, EST could help you see the connections between the individual and the bigger picture.

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

1. List the key elements of EST.
2. Apply the theory to their own context and interests.

25. Near-Peer Shadowing: Theory, Practice and Innovation

Contributors: Dr Linzi Lumsden, Senior Clinical Lecturer, University of Aberdeen, Dr Vikki Guthrie, GP Training Programme Director, NHS Education for Scotland, Dr Mary Duffy, Career Start GP (specialist interest in Undergraduate medical education), University of Aberdeen, Medical Student – name to be confirmed, GP Speciality Trainee – name to be confirmed

Description: A joint session co-hosted by medical educators from the University of Aberdeen undergraduate GP teaching team and postgraduate North of Scotland GP Speciality Training team, this interactive workshop looks at the background to near-peer shadowing and explores its untapped potential. Through the speakers experience in collaborating to set up an innovative and creative local shadowing scheme, time is given to discuss the highlights, lessons learnt and evaluation of this venture. Working in small groups, participants will have the chance to discuss application in their own educational setting.

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

1. Increase knowledge / awareness of current theory and research regarding near-peer shadowing.
2. Highlight the benefits and challenges of collaboration across undergraduate and postgraduate spheres.
3. Provide creative space to think and discuss how this can be adapted to the participants own educational setting.
4. Place near peer shadowing in a more global context of its ability to influence and address current issues with recruitment & retention.

26. Is the NHS in Scotland Ready for Greater Flexibility in Training? Results from NES National Less than Full Time (LTFT) Training Survey with Implications for Training and Service Provision

Contributors: Dr Joy Miller, Consultant Respiratory Physician, Dr Stephanie Stone, ST6 Haematology, Dr Miriam Brown, ST5 Learning Disabilities Psychiatry, NHS Grampian

Description: This workshop will begin by outlining key findings from the NES National LTFT Training Survey, which explored the perceptions and experience of LTFT training from the perspective of Full Time and LTFT trainees.

Delegates will then be encouraged to discuss and work through the opportunities and challenges raised in light of changes to policy within postgraduate medical training.

The workshop will aim to generate ideas from professionals within education and healthcare across Scotland to address the issues raised.

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

1. To gain a greater understanding of trainee perceptions and experience of Less Than Full Time Training within Scotland.
2. To gain a greater understanding of the current and future trajectory of flexibility in training within the UK.
3. To develop strategies / generate ideas to maximise the opportunities for all trainees whilst addressing potential threats and issues raised by increased flexibility in training.