PROFESSIONALISM IN HEALTHCARE 2023: ACHIEVING BALANCE

FRIDAY 6TH OCTOBER 2023

GRAND CENTRAL HOTEL, GLASGOW

ABSTRACT BOOKLET

WORKSHOPS

SESSION 6

13.50 – 14.50

Workshop A - Victoria Suite

'It's not my fault guv' - Attribution theory in healthcare professionalism assessment

Dr Dominic Johnson
University of Liverpool

Aims

To highlight attribution theory and how it can be applied to operationalising assessment of healthcare professionalism assessment.

Method

The session draws on a literature review that was performed as part of my doctoral thesis that examined attribution theory in the context of high stakes academic failure as well as my experience in medical professionalism and Fitness to Practice.

Results

Attribution theory refers to the systemic errors humans make when attributing the reasons behind their or other people's behaviour and sits within the field of social psychology. Four keys aspects will be explored in the workshop.

Weiner's model's three categories:

- Stability (stable and unstable)
- locus of control (internal and external)
- controllability (controllable or uncontrollable)

These provides a framework to consider attributions.

Correspondence bias, formerly known as fundamental attribution error, is a type of attribution bias. In explaining others' behaviour, individuals tend to blame (that is, correspond to) the individual's internal characteristics rather than the external situational factors. This contrasts with explaining their own behaviour which tends to be the opposite, i.e. more related to situations rather than internal factors.

Self-serving bias is a cognitive or perpetual distortion to protect or to boost self-esteem, i.e. the belief that one tends to view success as due to one's own qualities (self-enhancing bias) whilst failure is externalised (self-protecting bias)

Self–handicapping suggests that one exaggerates any handicaps that reduce personal responsibility for failure whilst enhancing personal responsibility for success. When anticipating failure, people will often intentionally and publicly make external attributional statements.

Discussion

The session will be an interactive workshop using short didactic presentation of core aspects of attribution theory which will then support table top discussions and utilise case examples to work through and highlight strategies on how to manage such issues.

Workshop B - Wellington Suite

Mindful Medicine; Strategies for increasing resilience and reducing burnout

Dr Patrycja Hebda
NHS Ayrshire & Arran

Aims

The demanding and high-stress environment of healthcare can lead to burnout and a negative impact on the wellbeing of healthcare providers. This workshop aims to provide attendees with practical strategies for enhancing resilience and reducing burnout through mindfulness and self-care. The workshop will be led by a junior doctor and will include guided meditations, journaling prompts, and small group discussions on topics such as self-care, work-life balance, and managing stress. The workshop will also provide evidence-based practices for building resilience and preventing burnout, as well as practical tips for incorporating mindfulness and self-care into daily routines.

Methods

The primary goal of this workshop is to provide attendees with an increased awareness of the importance of resilience and self-care in healthcare, and to provide them with actionable strategies for improving their own wellbeing. By participating in this workshop, attendees will be able to identify the warning signs of burnout, understand the benefits of mindfulness and self-care in promoting resilience, and develop a personalized self-care plan that can be implemented in their daily routines.

Results

The workshop will be interactive and will encourage attendees to actively participate in group activities and discussions. The presenter will use a combination of didactic instruction and experiential learning to engage attendees and provide a comprehensive learning experience. Attendees will leave the workshop with an understanding of the importance of self-care and mindfulness in healthcare, as well as a set of practical strategies that they can use to promote their own wellbeing and prevent burnout.

Discussion

Overall, this workshop provides an opportunity for attendees to learn how to balance the demands of a high-stress healthcare environment with their own personal wellbeing, and to develop the skills and knowledge necessary to promote resilience and prevent burnout.

Workshop C - Great Western Suite

The role of simulation based education in fostering professionalism

Dr Prashant Kumar[1] & Dr Kathleen Collins[2]

NHS Greater Glasgow & Clyde[1], NHS Lanarkshire[2] & NHS Education Scotland[2]

Introduction & aims

Professionalism in medicine refers to the behaviours, attitudes, and values expected of, and espoused by, healthcare providers in their daily interactions with patients, colleagues, and the healthcare system at large. Its recognition as a cornerstone of clinical practice has been established with widespread integration into both undergraduate and postgraduate curricula across healthcare disciplines. Conversely, the role of simulation-based education (SBE) in fostering professionalism is relatively unexplored, with evidence informing best practice in this field currently lacking. The aim of this workshop is to establish and highlight the current evidence-base and explore the role of SBE in fostering professionalism across a range of differing contexts.

Session description

The session will begin by gauging attendees' understanding of professionalism and their experiences of using SBE, both within and outwith this context. Facilitated by faculty, attendees will then be divided into small groups to brainstorm and discuss the potential role of SBE in fostering professionalism and will be tasked with producing specific examples of how this may be achieved. Groups will then present these findings to the rest of the attendees. A facilitated discussion between groups is expected at this stage, specifically looking to combine personal experiences with current evidence. This discussion will facilitate an exploration of the benefits and challenges of using SBE to help foster professionalism. Key topics that may ensue include reflective practice, ethical conduct, modelling professional behaviours, interprofessional collaboration and relationships, cultural considerations, and integrity. Small groups will formulate practical strategies to overcome such challenges, and present back to the wider group. Using examples from both the literature and attendees, the future role of SBE in fostering professionalism will be discussed. The session will close rounding-up the main points of discussion and take-home messages.

Workshop D - Great Western Suite

Sexual harassment
Dr John Frain
University of Nottingham

Background

Sexual harassment is unlawful under the Equality Act 2010. Reporting rates in the UK are low. The majority of incidents go unreported. Impacts include those on mental health, and effects on exams and career choices. One-third of medical students and trainees experience it. The BMA Medical Students' Committee have called for training to address it. The 5Ds model of active bystanding enables individuals and teams to challenge incidents of harassment and discrimination.

Aims

We will define sexual harassment, who it impacts, cues to identifying sexual harassment, thresholds for intervention, and how healthcare staff can support victims.

Methods

After defining the topic and what is known, the authors will describe, or role-play several scenarios of sexual harassment. We will establish an environment of psychological safety. Using time-out and audience comment, participation, and feedback, we will identify cues and thresholds to intervention. We will explore the 5D strategies (the "5Ds") – Direct, Delegate, Distract, Delay and Document – and define suitable approaches to differing forms of harassment. With the assistance of participants, we will explore the utility and appropriate deployment of each 'D' both within and across different incidents of sexual harassment and discrimination. We will also explore perceived immediate and long-term barriers to being an active bystander and the role of the group, and healthcare organisations in facilitating a culture of 'mutual surveillance'. Finally, we will reflect together, with participants, and identify further areas for development of training and support resources for preventing sexual harassment in healthcare environments. Active participation in the scenarios will be on a completely voluntary basis. No recordings will be made of any material arising from the workshop.

Results

We may seek ethical approval to use anonymised data from the workshop in future presentations and development of resources.

WORKSHOPS

SESSION 8

15.50 – 16.50

Workshop E – Victoria Suite

Staff care underpins patient care
Patricia Johnston
NHS Lanarkshire

'It is the hands and hearts of health and social care staff that hold our communities together.'
So says Michael West (Compassionate Leadership).
We need to have a health and social care workforce that is physically, emotionally, psychologically and spiritually well. That is achieved when staff work in a culture where they are valued, treated with dignity and heard. An essential part of creating this culture is having a dedicated staff care service.
The aim of this workshop is to evidence that staff care can no longer be seen as a luxury and needs to be a central service available to all health and social care staff.
We will look at key Scottish Government policies and research evidence from sources such as the King's Fund, Birkbeck Institute and the Royal College of Nursing (RCN). These detail some of the issues the service is facing in terms of recruitment and retention, absenteeism, low staff morale, and disengagement with organisational goals. Evidence will be presented that points to the positive impact upon these issues when there are co-ordinated, confidential, non-judgemental staff care services available to all staff.

Following the presentation workshop delegates will be invited to participate in small group discussions and a wider question & answer session.

At the end of the workshop, it is hoped that new insights will have been offered and delegates leave with a different or deeper understanding of the importance of designated staff care services.

Workshop F – Wellington Suite

Use of applied improvisation training to develop professionalism
Dr Esther Waterhouse & Jon Trevor
Nottingham

We use Applied Improvisation as an educational tool for healthcare professionals. Applied Improv takes the skillset employed to improvise on stage and applies them to the workplace. These skills – listening, supporting, being present in the moment, accepting others where they are, losing ego and accepting, and learning from, failure, sharing leadership and followership – are key to excellent relationships with patients and colleagues.

As experienced trainers, with both clinical and improvisational skills, we deliver a thought provoking, insightful and useful workshop. We will discuss the concept of improvisation and give examples of the skills that are needed. We will then demonstrate how we impart these skills for healthcare in general, and professionalism in particular. We develop skills in Applied Improv using active and experiential exercises followed by facilitated reflective discussion, and we will demonstrate this with some or all of the workshop attendees (depending on numbers).

We have accrued experience of delivering training to a variety of HCPs including doctors, nurses and paramedics, and have received excellent feedback including 'the best interactive training I have ever received', 'thought provoking and fun', 'expert facilitation' and 'simply the best study day I have ever been on'. All our training attendees say that the training has been useful for their clinical work.

Workshop G – Great Western suite

Group reflection in professionalism education: how can we best use it?

Dr Sarah Ross
University of Dundee

Reflection is often a tool used in Professionalism teaching and is fundamental in professional identity formation. Evidence of reflection is often sought and tends to be framed as individual written portfolio entries. Many students (and staff) find written reflection challenging and often describe gaining more from group discussion. There are many ways of undertaking group reflection, but it can be difficult to then evidence that reflection in individual portfolios. We will describe our experience of trying to do this in the context of undergraduate medical education and postgraduate education in teaching. The workshop will be focussed on producing examples of how group reflection can be structured and documented as part of learning.

Workshop H – Grand Room

Sexual harassment
Dr John Frain
University of Nottingham

Background

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Results

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Workshop I – Buchanan Suite

The role of simulation based education in fostering professionalism

Dr Prashant Kumar[1] & Dr Kathleen Collins[2]

NHS Greater Glasgow & Clyde[1], NHS Lanarkshire[2] & NHS Education Scotland[2]

Introduction & aims

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ORAL SCIENTIFIC PRESENTATIONS

SESSION 2

Grand Room

10.05 – 11.10

‘Undermined and gaslit': what can the experiences of shielding junior doctors teach us about the value of a diverse medical workforce?

Dr Amy Martin

Specialty Registrar in Public Health, Yorkshire and Humber School of Public Health; University of Leeds

Aims

The aim was to understand the impacts of shielding on junior doctors (JDs) in Scotland during the COVID-19 pandemic.

Methods

Eleven JDs and two consultants took part in qualitative individual semi-structured interviews between September and November 2022. Reflexive thematic analysis was used to analyse the data. The local Research Ethics Committee was consulted and confirmed ethical approval was not required.

Results

‘Negativity and stigmatisation’ were discussed by 82% of the JDs interviewed. For example, one JD was told that the provision of reasonable adjustments would set a ‘bad precedent’, and several were threatened with punitive action such as dismissal. Other themes included being ‘overlooked and undervalued’ as 73% of the sample described their potential for contribution dismissed or unrecognised. Many felt they had to ‘pester’ their supervisors for work, at a time of immense pressure on the NHS. All JDs reported receiving inadequate support at workplace, occupational health, and deanery levels. Consultant interviews are consistent with these themes, and additionally provide insight into the challenges faced at a supervisory level including not receiving guidance or resources, and ongoing issues supporting disabled and pregnant JDs.

Discussion

These findings offer novel insight into the experiences of shielding from a junior doctor and supervisor perspective in a Scottish context. This ‘natural experiment’ revealed that the support infrastructure available to JDs in Scotland with disabilities, health issues, and during maternity did not withstand the pressures upon it or was absent entirely. These findings are in line with the minimal existing literature in this area and reflect a concerning paucity of support for this group of JDs, as well as indications of a wider culture of stigmatisation and workplace maternity and disability discrimination.

Professional empowerment – using scripted simulated scenarios

Dr Leeanne Bodkin

Senior Clinical Lecturer (Medical Education) and Lead for Professionalism in MBChB, University of Aberdeen

Aim

To introduce a session to develop senior medical students' professional empowerment, to provide a safe space to learn about and discuss students' own experiences and to simulate a range of exemplars of discrimination.

Method

Formation of diverse development group drawing on range of expertise; education and curriculum development; patient safety and human factors; interprofessional clinical practice and also personal experiences as patient, practitioner and academic.

The 2.5-hour small group teaching session using peer scripted simulations and facilitated learning conversations on unconscious biases, recognizing and responding to discriminatory behaviors. The use of scripts enabled discriminatory behaviours, both blatant and nuanced, to be demonstrated without requiring participants to devise inappropriate language or behaviour themselves.

There was co-facilitation from NHS clinicians and academics. Facilitator prompts suggested interventions using the 4 D's of Active Bystander intervention; *Distract, Delegate, Direct and Delay.* We included two more D's *Document* and *Debrief* to highlight reporting mechanisms in both NHS and University and importance of wellbeing of all following an incident.

Results

The session was delivered to 240 Year 4 medical students in Aberdeen and Inverness in small groups of 4-5 students. After a brief introduction these small groups rotating around 4 scenarios.

Students agreed this was an important session and the scripts a valuable means to simulate discriminatory behaviour, agreeing (95%) that the learning conversations helped them to recognise and respond to discriminatory behaviour.

Facilitators felt that the session met the learning outcomes and commended the realistic scenarios, agreeing the scripts were an effective mechanism to present examples. The students were engaged with the discussion but facilitators reported some student discomfort and distress, requiring signposting to support.

Discussion

The session met the intended aim and the use of scripted simulated scenarios was effective to support development of senior medical students' professional empowerment in the face of discrimination.

Further developments include; a scenario in Primary care setting; ffurther facilitator training to enrich this session; an eearlier session focusing in developing self-awareness of own bias

A healthcare professionalism programme across a hospital group: Children's Health Ireland (CHI)

Prof Dubhfeasa Slattery

Lead CHI Professionalism Programme; Consultant Respiratory and General Paediatrician, Children's Health Ireland

Aim

To improve patient-centred care, staff support and wellbeing through establishment of a hospital group wide evidence-based Professionalism Programme, for all healthcare staff (clinical and non-clinical).

Methods

The Professionalism programme team comprises a consultant Paediatrician (0.5WTE) and data manager (1.0 WTE). The chief medical officer is the programme sponsor. This innovative programme was co-designed with healthcare staff to address issues raised. Programme pillars include: Professionalism Peer Support; staff education and training; development of an organisational pathway to address unprofessional behaviour; and a junior consultant mentorship programme.

Results

Establishment of a Peer Support programme providing evidence-based, free, confidential, one-to-one psychological first aid to staff under stress, by trained, volunteer, Peer Supporters who are clinical and non-clinical staff.

Staff education and training:

Development of annual CPD-approved webinars, courses and Professionalism Conferences delivering evidence-based interventions on topics chosen by staff. Nominated finalist in the Irish Healthcare Awards 2022 for Educational Meeting of the Year.

Development of organisational pathways to address unprofessional behaviour:

a) CHI Professionalism Pledges are 10 statements about expected workplace behaviour to which staff voluntarily hold themselves accountable. Developed by frontline staff, modelled on international centres of excellence, two thirds of CHI staff have already signed them and wear the Professionalism badge.

b) An organisation-wide evidence-based framework to address unprofessional behaviour was developed by a team of senior stakeholders after engagement with international centres of excellence and a literature search. Seven key components were identified: all staff training, a stepwise escalation pathway addressing unprofessional behaviour, promoting accountability, speaking up champion, an anonymous reporting system, Peer Support and Mentoring programme

Mentorship programme:

Establishment of an evidence-based, structured consultant mentoring programme providing

career and personal support, by trained senior peers. Dedicated mentor training developed by national experts.

Discussion

This unique, multifaceted, programme co-designed with frontline staff is strengthening a culture of healthcare professionalism.

Embedding professionalism education as part of a spiral model of curriculum design for post-graduate nurse workforce development

Darren Middleton

Principal Educator – National Perioperative Training Programmes, NHS Education for Scotland

Aim

With a commission from Scottish Government for accelerated workforce development our aim is to embed professionalism in all programmes at design level as part of a spiral curriculum model.

Method

Review of the literature identifies the following as essential professional attributes, and these have been used for the basis of a professionalism framework based on the elements summarised below:

- Human Factors
- Evidence Based Practice
- Interprofessional/ Multidisciplinary working
- Critical Reflective Practice
- Law and Ethics
- Cultural Competence

This framework forms the basis of design principles for a portfolio of accelerated, hybrid delivery programmes, incorporating both online, self-directed and workshop/simulation-based learning. The online content introduces the concepts of professionalism and how they relate to professional roles. These concepts are then applied through workshop and simulation activities which revisit them at increasing levels of complexity and reflection as part of a spiral model of curriculum design. Use of an andragogical, constructivist approach allows acceleration of learning content including these essential aspects of professionalism without compromising educational or competency outcomes. Post workshop activity includes critical reflection and demonstration of professional attributes through case-based discussion and peer-review. A range of assessment modalities then prioritise these attributes as essential competencies through the completion of bespoke professional portfolios of evidence.

Results/Discussion

Feedback from learners reveals increased levels of confidence and competence in the workplace. Feedback from stakeholders, including learners, supervisors and service providers, reveals high levels of observed professional behaviours in clinical settings following work-place assessment. Outcomes to date are sufficiently convincing to promote continued use of this model as a framework for future programme design.

Burnout scores in one emergency department, the extent of the problem and workforce solutions offered

Dr Natalia Barry & Dr Alex Macaulay

Emergency Medicine Consultant, North Middlesex Hospital & Medical Trainee, Brighton and Sussex University Hospital

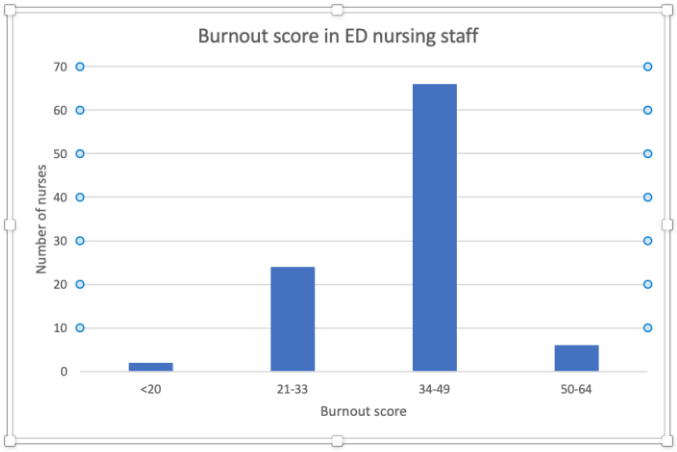
Aims Introduction

Burnout is a psychological syndrome that can be seen in employees who work in high stress environments with inadequate resources and when demands on them are high (Bakker and Demerouti 2007).
Burnout is increasingly common amongst health care professionals. This study assessed the degree of burnout amongst one team of emergency department nurses and allied health care professionals in a busy London Hospital.

Methods

Nursing staff were invited to join a focus group and fill in an anonymous online survey using a QR code. The survey was adapted from Oldenberg Burnout Inventory (Demerouti et al 2001) and is part of a wider study into burnout amongst health care professionals.
Results were then shared anonymously, and staff discussed them. Staff also discussed strategies that they employed to manage their own wellbeing and made suggestions as to how NHS trusts and governments could improve wellbeing for its staff.

Results



Discussion

Burnout levels are high

There are strategies that individuals and trusts can take to minimise burnout.

On a personal level we discuss mindfulness, intrinsic motivators and framing. On a team level we explore the use of therapy dogs, the benefit of seemingly small gestures and the importance/impact of team culture. At a trust level we look at the use of away days and the

availability of support networks for struggling staff. At a national level, we look at NHS culture and what else could be done to retain staff.

Negotiating professionalism in the presence of competing discourses

Prof Joanne Harris

Dean of Faculty of Medicine & Health Sciences, University of Buckingham

Medical education is subject to competing discourses; the discourse of standardisation which promotes competencies and the discourse of diversity which celebrates inclusivity. Recently the diversity discourse has encouraged widening participation to ensure the gender, social class and ethnicity of medical students reflects the composition of the population. However, this initiative is subject to the standardisation discourse often delivered by the hidden curriculum. Culturally diverse students experience dissonance from negative experiences and challenges to their underlying identity. This study sought to explore the culture-related experiences of medical students and how they managed the discourses to develop a professional identity.

Student data was collected at two contrasting medical schools in the UK via an online survey (n=79) and semi-structured interviews (n=12). Students described how cultural factors affected their experience at medical school and development of professionalism. Responses were analysed using Bourdieusian concepts of habitus, capital and field. The students' use of social constructivism to manage professionalism was explored through the lens of Goffman's performance theories.

Students reported negative experiences that challenged their habitus and were asked how they had dealt with these. They demonstrated options including (i) maintaining their original habitus (ii) changing their habitus to match that expected by the opposing discourse or (iii) using social constructivism to manage their responses through impression management. Students who follow the first two options are in danger of not progressing either due to conflict with the discourse of standardisation or to experience of moral injury and mental health difficulties. Some students were aware of the competing discourses and used impression management to form emerging professional identities. These students gained from being active participants able to effect change. As educators we can enable students to maintain this critical reflexivity and develop confidence to recognise the gaps in the system and adapt in appropriate ways.

How a change in culture moved a neonatal service from surviving to thriving.

Kate Boyle

Senior Midwife, Neonatal Service, University Hospital Wishaw

The Neonatal service at University Hospital Wishaw had very stable, strong leadership for many years then a period of uncertainty, particularly in nursing leadership. There was a blame, fearful culture, where staff felt unable to speak up, unsupported and ultimately this has an impact on patient safety.

We worked to flip this culture using compassionate leadership styles, focussing on staff wellbeing, visible leadership and a collective approach. We introduced staff appreciation and celebrating success initiatives and listened to staff, their views, and acted on their concerns. We invested heavily in new staff coming into the service, introducing a new Staff Induction programme which listened to staffs needs and acknowledge their previous experience and transferrable skills which led to an improvement in new staff retention rate from 29% to 86%. Most importantly it led to happier and more content staff, staff who were supported to upskill quicker, who felt appreciated and part of a team, and were shown that we can learn from mistakes, completely flipping the culture within the service in just a 2-year period, leading us to be the employer of choice for Neonatal Nursing services and being awarded UK Neonatal Team of the Year 2023.

ORAL SCIENTIFIC PRESENTATIONS

SESSION 4

Victoria Room

12.10 – 13.09

Evaluation of an NMAHP programme: Less Certain; More Sure about Professionalism

Ruth Paterson

AHP Practice Education Lead, NHS Lanarkshire

Aim

The aim is to stimulate critical enquiry of professionalism in practice.

Methods

The study day methods are influenced by:
Social and Cognitive Constructivism where participants engage in facilitated conversation and debate (Keating 2010; Schiro 2013) which creates the environment for a new way of understanding or interpreting professionalism (Meyer and Land 2003); thus enabling transformative learning as defined by Mezirow (1997). All of which operate on the premise that understanding automatically leads to change (Socrates 470; 399 BC).

The method for measuring the learning is:

A thematic analysis of rich, narrative pre and post evaluations, comparing thoughts gathered at the start of the day with thoughts gathered at the end of the day.
Findings reflect that participants arrive with a schema/frame of reference/habit of the mind/point of view and largely leave with a distinguishable shift in understanding. A most frequently occurring (MODE) of 70% change in thinking was evident when comparing pre and post questionnaires.

An independent review was carried out in 2018, which interviewed participants 6 months after the study day. This review evidenced a sustained change of perspective as perceived by participants.

“Integrated teaching” of professional values and behaviours in Year 4 MBChB hospital placements

Dr Sarah Ross

Clinical Lecturer, University of Dundee

Aim

Integrated teaching (IT) sessions are a novel concept in the University of Dundee medical curriculum, aiming to help medical students make connections between different aspects of teaching (e.g. primary v secondary care, non-clinical v clinical subjects). These were designed following a recent curriculum review where the need for this was highlighted along with deficiencies within the professionalism teaching. The IT programme has been implemented across the course to teach professionalism, but with different focuses in different years. MBChB Year 4 student feedback showed that students felt isolated and struggled with a lack of continuity over the long year of rotating clinical placements. The Year 4 sessions were designed to meet a range of objectives including continuity during an 8-week clinical placement, a safe space to share experiential learning, reflect on learning and build professional values and behaviours whilst considering the primary care perspective of the hospital specialty placements.

Methods

Data has been collected during academic year 2022/23. An online questionnaire aimed to explore student understanding of the purpose of the sessions, skills learnt, and what has gone well/not gone well. The qualitative data was categorised into themes.

Results

109 responses were analysed (55% response rate). The respondent’s perception of the purpose of the IT included peer support/discussion (34%), experiential learning (21%), reflection (17%), and case-based learning (15%) with a primary care focus (13%). Reported skills learnt included presenting cases (21%), reflection (18%) and clinical reasoning (18%).

Discussion

The integrated teaching sessions have fulfilled their aim of providing continuity for the students in year 4 MBChB and have provided an opportunity to integrate primary and secondary care within the undergraduate curriculum, as well as providing time within a busy curriculum to focus on professional values and behaviours.

Supporting Practice Educators and Students to deliver high quality, modernised and flexible Practice Education experiences

Linda Allan

Practice Education Lead, NHS Lanarkshire

Introduction

Physiotherapy Practice Education Leads (PEL) were appointed in NHS Lanarkshire in September 2022 for a 2-year secondment; following a pilot that provided evidence to support the role. To attract our future workforce, it is valuable to develop innovative approaches and provide experiences that ensure new graduates develop into 'safe, competent, and reflective practitioners, equipped to work in a range of settings and eligible for registration with the Health and Care Professions Council' (NES).

Aim

By March 2023, Practice Educators (P.E.s) in NHS Lanarkshire will be supported and developed to deliver high quality, modernised and flexible Practice Education that meets students' needs.

Methodology

Feedback from students and clinicians on what improved the quality of PrBL shaped our objectives. Key drivers were formed with actions on a driver diagram. A Gantt chart assisted in prioritising tasks.

Objectives

1. Optimised support is provided for the delivery of PrBL
2. Recognition of the P.Es value in delivering quality PrBL..
3. Innovative and accessible resources and technology for P.Es and students

Actions

Implementation of placement mapping; Establishing Physiotherapy Practice Education Group and P.E Development Day; Promotion of MS Team channel; Weekly student workshops; Clinical educator cafes.

Results.

Placement mapping now highlights potential for increasing provision and areas that require tailored support to sustain/increase capacity.
Weekly statistics for MS Teams, illustrate an average of double the users accessing resources Jan-March 2023 compared to Sept-Dec 2022.
Student workshops feedback is very positive.
Online Clinical Educator Cafés provide peer learning and support, feedback found 20%found it extremely useful, 60%useful and 20% felt neutral.
PEL's have completed training on Peer Assisted Learning and Facilitating Adult Learning that can now be delivered locally.

Conclusion

Our objectives have been developed by March 2023. We continue building on our aim and maintain focus on quality in a climate of increasing complexity and heightened pressure.

To cheat or not to cheat? An exploration of medical students' conceptions, perceptions, and behaviours around academic integrity in online exams.

Dr Rebecca D'Silva

Senior Teaching Fellow in Medical Education, University of Southampton

The use of online assessments in medical training has increased in recent years, largely due to the COVID-19 pandemic. This shift has been reported to be accompanied by an increase in academic misconduct. Some evidence suggests that academic misconduct can be associated with future unprofessional workplace behaviour in doctors; understanding why students may cheat will allow training providers to take steps to ameliorate this.

Our aim was to explore medical students' conceptions, perceptions, and behaviours around academic integrity, particularly in the context of online exams. We used the following questions to guide analysis: Firstly, to what extent, and in what ways, might the use of online assessments in pre-clinical medical training influence a 'cheating culture' amongst students? Secondly, do students perceive a difference between professional behaviour in clinical practice and academic integrity in academically focused early years of the medical degree?

Medical students (n=24) at a UK medical school who had experience of both in-person and online pre-clinical summative assessments were recruited and took part in semi-structured peer-led focus groups (n=5), with an initial anonymous ice-breaker online quiz. Transcripts were qualitatively analysed using reflexive thematic analysis and results further illuminated using Azjen's theory of planned behaviour.

Themes generated include: 1) Peers affect cheating behaviours; 2) Not all cheating is equally serious and; 3) We deserved to be allowed to cheat. Participants believed cheating rates had increased when online assessments were used, and some felt that not engaging with cheating disadvantaged them. Participants discussed a range of factors which affected their behaviour including morality, security of academic knowledge, fear of failing, fear of getting caught, finances and family.

This work indicates areas of potential intervention to support students in maintaining academic integrity. Academic misconduct may be reduced by addressing the social pressures encouraging cheating experienced by students.

“Stop, that’s inappropriate”: lessons learned from designing a peer-led resource for tackling discrimination: the Clinical Active Bystander

Dr Nicholas Miller

Foundation Doctor, Sherwood Forest Hospitals Foundation Trust

Background and aims

Annually, there is a 0.1% chance of an in-hospital cardiac arrest compared to a 13% incidence of discrimination in the NHS in 2020. However, while students receive Basic Life Support training to deal with the former, training on practical ways to handle the latter doesn’t exist in the UK, nor many other countries, at present.

Method

At the University of Nottingham, we have developed the first UK-based training package designed to teach healthcare students and professionals practical systems on how to tackle discrimination in the healthcare environment. This package teaches the 5Ds of being an active bystander: Direct, Distract, Delay, Document and Delegate

Results

We have now piloted this resource with undergraduate medical students and further developed the resource to include in-person workshops, additional materials, and additional areas of discrimination.

We therefore wish to present to the conference what we have learned in developing this resource that can help delegates reflect on their own teaching and learning in this area, and to demonstrate what has worked well and where there is still a need for improvement.
We will present our resource, explaining how we developed and piloted it. We will discuss our development of additional materials utilizing feedback and published research in this field. We hope this will provide an opportunity for delegates to not only learn but also to provide feedback from their own fields and institutions on this novel resource pack.

Improvement Team. Improved team. By improving wellbeing. Shifting culture to one focused on good psychological safety, leading to a happier, safer, more stable and sustainable workforce

Jennifer Baillie & Elise Palmer

Improvement Advisors, NHS Lanarkshire

As we reset as part of the COVID-19 recovery plan, greater importance needs to be placed on staff wellbeing. NHS Lanarkshire's (NHSL) aim is to ensure that all staff, wherever they are based, have access to tailored, evidence-driven resources to promote and sustain their health and wellbeing.

NHS Lanarkshire's Quality Improvement Team attended multiple away days following the pandemic. During the pandemic, changes were made to ways of working and team processes, which likely had a detrimental impact on team wellbeing and prompted the need to improve this.

Appreciative enquiry was used to understand the problem further. Psychological Safety (PS) was highlighted as a priority area for improvement, thus a Quality Improvement Project was commissioned.

The aim of the project was to improve team wellbeing with a focus on PS, to a team satisfaction score consistently greater than 8/10 by March 2023.

In order to improve PS, one area identified as requiring attention was the team meeting. Process measures therefore focused on; meeting purpose, focus, productivity and pace. Wellbeing, including PS was measured on a monthly basis using a wellbeing assessment wheel. The project was discussed at weekly team meetings and tests of change and data were reviewed regularly.

Team PS initially scored an average of 5/10 and has increased to 9/10 currently. Various tests of change had a positive impact on this, e.g. 'meeting roles', 'polite pause carpark', 'agreed meeting purpose', 'protected team time', 'team breakfast', 'celebrating success' and 'meeting frequency'. Other aspects of wellbeing have also increased in line with improved PS.

Team PS has shown significant improvement, with many new ways of working now embedded into practice. With optimum team wellbeing, the team will be more resilient to change and in a better position to support the organisation with on-going priority improvement work.

ORAL SCIENTIFIC PRESENTATIONS

SESSION 5

Grand Room

12.10 – 13.09

Benefits of a Professionalism Clinical Teaching Fellow role

Dr Alex Goodwin

Clinical Teaching Fellow, NHS Lanarkshire

Introduction

Professionalism is an evolving area of undergraduate medical education, with increasing efforts being made to formalise professionalism teaching that was previously consigned to the hidden curriculum. Our NHS board created a 'Professionalism Clinical Teaching Fellow' (CTF) role to complement its existing CTF programme.

Methods

Traditional CTFs in our NHS board routinely contribute to undergraduate medical education design, delivery and evaluation across a range of speciality areas and clinical settings. The professionalism CTF role has provided new opportunity to develop professionalism-specific teaching materials and to embed this across the formal curriculum. This has also provided a springboard for professionalism research activity.

Results

Educational resources created during this post include professionalism factsheets, a series of podcasts discussing pragmatic approaches to professionalism challenges in the real world, and teaching packages about specific topics including 'provision of driving advice' and 'working with an interpreter'. Other activities have included the development and co-delivery of interactive lectures and workshops, professionalism-specific high-fidelity simulation, and a student selected component themed around medical education and professionalism. Research to date has included basic literature review and sophisticated analyses of the standards being used to assess professionalism amongst undergraduate medical students.

Discussion

The professionalism CTF role has enabled a broad range of educational content to be developed and implemented across the undergraduate medical school curriculum. This complements existing CTF work and facilitates research activity around best practice in this exciting area of medical education. We strongly recommend that other centres replicate this role, thereby facilitate the passage of these important learning outcomes from the hidden curriculum into the formal curriculum experienced by undergraduate medical students.

Practice of Medicine Skills "POMS": Teaching medical students about professionalism through simulation

Dr Emma Lydon

Specialty Registrar in Diabetes & Endocrinology, NHS Lanarkshire

Introduction

Professionalism is a vital quality doctors must possess, but is challenging to teach and assess. Professionalism skills are principally learned from the informal and hidden curricula, including via role modelling. This approach proves suboptimal, as deficits in professional behaviours including team working and prioritisation are self-reported by newly qualified doctors. Formal and explicit professional skills teaching via immersive simulation is proposed as a method to enhance students' ability to display professional behaviours; this presentation aims to demonstrate simulation's role in teaching professionalism.

Methods

A voluntary pilot immersive simulation training session was designed for undergraduate medical students. Intended learning outcomes (ILOs) were created from themes identified from local professionalism workshops, and subsequently mapped to the General Medical Council's Good Medical Practice (GMC GMP). Following simulation scenarios, student-derived "take forward messages" were collected and thematically analysed to assess student learning and ILO alignment. Students who did not volunteer to attend the simulation session completed an optional "control" questionnaire about their confidence and experience related to the ILOs.

Results

Three students attended one pilot session. Six "take forward message" themes were identified. Five themes related directly to session ILOs; the sixth was "patient and staff safety".
Ten students completed the control questionnaire. ILOs most commonly selected as "somewhat" or "not confident" aligned with "take forward messages" themes. Data from further planned sessions will be included at presentation.

Discussion

The student learning themes linking directly to ILOs demonstrates that the session performed as intended. The theme not associated with an ILO aligned to a GMC GMP domain. Simulation provides a safe environment to shift teaching of complex professionalism topics into the formal curriculum. Student engagement was limited, suggesting professionalism may be an anxiety-inducing topic. This small pilot study will be expanded to investigate reproducibility. Further feedback-based scenario development is planned.

Trust in a Just Culture?

Dr David Watson

Chief of Nursing, University Hospital Wishaw

Following on from initial work generated from the NES Safety Culture Cards ad focused piece of work was undertaken to identify and measure the perception of a “Just Culture “within one NHS health board with the aim of understanding what the overall staff perception was. A just culture is defined as one in which staff are assured when an incident occurs it will be viewed as a learning opportunity and not to apportion blame.

Method

An anonymous questionnaire was utilised - converted to a QR code & weblink and distributed to all staff groups across NHS organisation (this included RGN/Midwives/AHP/Pharmacy/Radiology/Medical Staff, Leadership Team/Domestic Staff) Quantitative analysis was completed for the 308 staff members who completed the questionnaire. Qualitative analysis was achieved through Thematic Analysis, using Braun & Clarkes model for the open ended question.

Results

Themes identified were blame, disrespect, poor communication, bullying, lack of insight, positive communication, disconnect, shared learning, comfort, discomfort, transparency and feedback and positive change
64% of staff felt the leadership does a good job of sharing information about incidents.63% of staff felt they could approach senior staff with ideas or concerns, however 68 % of staff fear disciplinary action when an incident occurs.84% of staff felt encouraged to report incidents and 78% felt they were making the hospital a safer place by doing so.

Discussion

There was a mixed response across the organisation to the reporting of incidents and the perceived culture when involved in such incidents. There is a clear need to understand why this is and how this can possibly be improved. Staff who work under a cloud of fear if they doing something wrong fail to thrive, are inclined to leave and patient safety is ultimately compromised.

This work will now be progressed through focus groups with individual staff groups to gain greater understanding.

1. The need for much improved communication around both the organisation and when adverse events occur. Optimising the shared learning opportunity from these events.

2. The need to rebuild Trust in the workforce and their belief that when an adverse event occurs staff will be supported and the event will be addressed as an opportunity to learn and prevent further occurrence.

Navigating the transition to practice: A framework for supporting IMG doctors in their professional development

Dr Patrycja Hebda

Foundation Doctor, NHS Ayrshire & Arran

Aim

The transition to practice can be a challenging and stressful time for international medical graduate (IMG) doctors, who face unique challenges related to language barriers, cultural differences, and unfamiliar healthcare systems. This presentation aims to describe a framework for supporting IMG doctors in their professional development during this transition period, with a focus on achieving balance.

Methods

An online survey was distributed to IMG doctors who had completed their primary medical qualification with our without postgraduate training abroad. The survey was designed to gather information on the challenges faced by IMG doctors during their transition to practice in the UK, as well as the types of support that would be most helpful during this time. The survey was distributed via Google Forms and is still ongoing.

Results

Preliminary results from the survey suggest that IMG doctors face a range of challenges during the transition to practice, including navigating cultural differences in the workplace, managing language barriers, and adjusting to new healthcare systems. Respondents also reported that they would benefit from support in a variety of areas, including mentorship, professional development, and work-life balance.

Discussion

Based on the results of this ongoing survey, a framework for supporting IMG doctors in their professional development during the transition to practice has been developed. This framework includes strategies for addressing the challenges faced by IMG doctors, such as providing mentorship and networking opportunities, offering language and cultural training, and promoting work-life balance. By providing tailored support to IMG doctors during this challenging time, we can help them achieve a better balance between their personal and professional lives, ultimately improving patient care and outcomes.The ongoing survey and framework offer a valuable starting point for addressing the unique needs of IMG doctors during this transition period.

Mock on-call simulation based learning

Dr Benjamin Parkin

Core Surgical Trainee, NHS Ayrshire & Arran

Introduction

Simulation based learning (SBL) has a strong evidence base for improving clinical performance and non-technical skills (NTS) through experiential learning. It is recognised that deficiencies in NTS can lead to increased clinical errors, and there is evidence for early exposure to NTS training for medical students. However, students rarely get the opportunity to practice these skills before their first on-call shift. We explore the efficacy and feasibility of an undergraduate surgical 'out-of-hours' in-situ simulation.

Methods

A paper-based simulation, of surgical out-of-hours scenarios, was designed to address learning objectives focused on communication, prioritisation, escalation and information gathering. Students worked through tasks, handovers and bleeps, followed by a structured debrief. A pilot was undertaken with 8 senior medical students on surgical placement. Pre- and post-session questionnaires assessed self-reported knowledge of NTS and their confidence applying these.

Results/Discussion

75% of students were aware of NTS pre-session, increasing to 100% post-session. 1-in-4 felt confident applying NTS prior to the session, which increased to 93.3%. 21% had awareness of coping strategies and guidance sources pre-simulation, increasing to 66.6%. No students stated they felt prepared to hold an on-call page before the session, improving to 58%. Feedback was strongly positive: students found it useful, at an appropriate level and relevant to their stage of training. Data collection is on-going.

Conclusions

This simulation facilitated experiential learning of on-call NTS for students in a COVID safe manner, utilising low risk clinical areas with no patient interaction. The vast majority of students were aware of NTS prior to the session, however 1-in-4 felt confident applying these skills. Post-session 93.3% of students felt confident applying these skills. This improved confidence is likely a result of providing SBL in a clinical setting. Overall, the simulation showed all students felt more prepared for on-call work.

Managing unprofessional online behaviour by re-connecting doctors in training with each other

Dr Kirsty Crowe

Scottish Clinical Leadership Fellow, NHS Lothian

Background/Aim

Doctors in training (DiT) in NHS Lothian have access to a secure online forum that fosters collaborative working for workplace improvement in a transparent manner. A team of Chief Registrars address concerns raised through posts.
To facilitate maximal user uptake, the platform has an anonymous posting function. This gives users the freedom to speak openly about concerns. Inevitably this risks frustrations being voiced in frank language and non-constructive discussion. The team have strategized improvements to target unprofessional posting as part of a wider quality improvement aim to improve engagement with the platform.

Method

The sense of a professional community was promoted though the use of face-to-face events and team introductions on the forum. Recurrent concerns raised were used to feed into wider wellbeing activity. This included linking into a real-time trainee forum and sharing improvement successes with monthly interactive newsletters. Anonymous posters were prompted to consider the organisational values prior to posting.
A key focus of the improvement work included supporting the Chief Registrars. Procedures were compiled to support the management of posts which were deemed offensive or indicative of a patient safety or DiT welfare concern and provide direction for responding.

Results

The number of DiTs posting and interacting on the platform has significantly improved over the past nine months. Despite this, anonymous posting remains elevated and comprise most of the interactions. Although occasional posts are unprofessional none have required locking/removal from the platform.

POSTER SCIENTIFIC PRESENTATIONS

GRAND ROOM

Staying Healthy during Medical School: Why is it important as part of Personal and Professional Development?

Dr Maria Regan

Senior Lecturer, Lead for Professionalism (Years 1-2) on MBChB, University of Manchester, Medical School

Background

The first year of a medical programme is widely recognised as a crucial stage at which to encourage student well-being and promote supportive measures for health concerns (Cohen, 2013; GMC, 2018; 2020). Creating an environment where medical students can openly discuss these issues amongst peers however can be challenging for many Medical Schools.

Aims

To explore medical student's perception and understanding of the importance of maintaining their health.

Methods

At Manchester, as part of student's personal and professional development a group session is delivered to first year medical students to highlight the significance of maintaining their own health. Students explore 'real life' scenarios based on challenges faced by previous students and record the key issues arising. Students reflect on the matters discussed and on their own experiences for feedback from their individual Academic Advisors.

Summary of Results

In 2020-21, twenty group sessions consisting of 24 students were delivered across the Year 1 cohort (#430). Feedback from group tutors revealed the sessions were highly successful in actively engaging students in dialogue surrounding their physical and mental health. With consent, recorded summaries from a randomly selected sample of sub-groups was analysed (#20). An outline of how the session was delivered and thematic analysis of summaries will be presented.

Discussion

Interim results indicate these group sessions, facilitated by a trained tutor, enable students to discuss sensitive health issues in a safe environment with peers. From the data we aim to examine how student well-being can be effectively enhanced across the medical curriculum and our wider Faculty programmes.

Cohen, D. & Rhydderch, M. (2013). Support for Tomorrow's Doctors: Getting it Right, Meeting Their Needs. Occupational Medicine, 63, pp.2-4.

General Medical Council, (2018). Achieving Good Medical Practice. GMC Publications, London.

How is professionalism in healthcare taught and assessed for Advanced Nurse Practitioners (ANP)?

Julie McQuade

ANP, NHS Lanarkshire

ANPs are required to practice with increased autonomy and independence, requiring the teaching of professionalism to be tailored to their needs, encouraging the development and progression of the ANP role.

This inspired an exploration of the influence PiH has on advanced practice, specifically to examine the perceptions and experiences of others working in this area.

This study's aim was to understand how PiH is conceptualised by ANPs and explore how it is taught and assessed by conducting a qualitative Systematic Literature Review (SLR).

The studies were synthesised using a 'best fit' framework approach using the Nursing and Midwifery Council publication 'Enabling Professionalism' as a priori framework.

Multiple overlapping themes emerged during synthesis with similarities to the four pillars of practice thus provoking an in depth exploration of the resultant themes with learning and development the most prominent finding.

None of the studies focussed on how PIH is currently taught or assessed specifically in advanced practice.

The Assistant Practitioner in Endoscopy

Catherine Boylan

Programme Lead, National Endoscopy Training Programme, The Golden Jubilee University National Hospital

Endoscopy staffing was greatly impacted by Covid as services stopped and staff were allocated to other areas. In Scotland it is estimated there is still a 15-20% gap in staffing.

There are currently no Assistant Practitioners (AP) in Endoscopy in Scotland. The AP role allows a career pathway for the Healthcare Support Worker from level 2 to level 4 thus developing and retaining valuable workforce and affording the registered practitioner to take on other roles.

The Centre for Sustainable Delivery commissioned the National Endoscopy Training Programme to develop and deliver a course to enable this pathway for up to 80 HCSW over 3 years.

As Cohort 1 completes, the session will reflect on the development of the programme, feedback from learners and refinements for Cohort 2, as well as the impact on service delivery and feedback from senior nurses.

Feedback to feed forward

Debbie Smith

Clinical Skills Specialist, Medical Education Training Centre, Kirklands Hospital

AIMS: the aim of this study was to ascertain simulation-based educators' experiences of peer feedback

BACKGROUND: A literature search identified a gap in how simulation-based educators are provided with feedback from their peers. Furthermore, there was limited information with regards to the recipients' perceptions of peer feedback. Raising questions such as did recipients feel engaged with their feedback, and what value did they put on the feedback received? What, if any, are the potential challenges of peer feedback, and how can we improve on them?

METHODS: A generic explorative qualitative research approach was used. Data collection was through semi-structured interviews conducted via Microsoft Teams online platform. The simulation-based educators interviewed came from a variety of professional backgrounds. Data analysis of the interviews was by thematic analysis.

RESULTS: As this was a small scale qualitative study it may be difficult to generalise the findings to the greater population. Changes could be implemented that would be acceptable, with the potential to be tailored based on faculty experience and to either be no cost or low cost. In todays' current climate where budgets are tight and services require best value for money we have to be creative with our time and solutions. However, many of the key themes identified and discussed by participants are currently being researched by others within the field of simulation-based education.

DISCUSSION: The themes identified and discussed by participants makes this study both relevant and timely.

Walking the tightrope: Achieving authentic assessment of professional development in undergraduate medical student education

Dr Alison Brown

Senior Clinical Lecturer, School of Medicine, Leeds Institute of Health Sciences, University of Leeds

Method

At the University of Leeds School of Medicine, we have embedded a Professional Development Review (PDR) within the IDEALS strand of the MBChB programme. The PDR aligns with the GMC's Achieving Good Medical Practice and Outcomes for Graduates. This involves regular one to one feedback conversations with a tutor to track professional development progress against a range of criteria and provide feedback for development. An innovative e-portfolio underpins this, enabling medical students to record development of professional attitudes, skills, and behaviours. This serves as a longitudinal record that students carry forward to future years of study, and a reference point to reflect on progression.

Aims

The aims of embedding the professional development review process are to:

- Instil the value of continued professional development (CPD) & feedback conversations from day one of their studies.
- Create a more authentic assessment than standard knowledge based summative methods. (The concept of professionalism doesn't lend itself well to multiple choice summative assessment.)
- Prepare students for their Foundation years, future professional practice, appraisal, and revalidation.

Results

Over the last 3 academic years since this was implemented, we have seen the following impact:

- Increased student engagement.
- Positive student feedback.
- Improved feedback from tutors regarding their ability to support student development.
- Pebble pad e-portfolio can be used as a longitudinal tool for students.
- Opportunity to highlight students who would benefit from additional support.

Discussion

We recognise that the development of professional attitudes, skills and behaviours is key to equipping medical students for professional practice and inspiring them to engage in lifelong learning positively and proactively. The demonstration of professionalism does not align well with standard undergraduate summative assessment methods. Embedding an e-portfolio at undergraduate level is also a useful tool to model future skills such as recording CPD and guiding feedback conversations with clinical supervisors.

The professionalism crisis: Reflections on the hidden impact of COVID-19 on undergraduate medical student education

Dr Kathryn Twentyman

Clinical Teaching Fellow, NHS Lanarkshire

Background

The covid-19 pandemic has placed unprecedented pressure on NHS staff. This has led to reduced engagement in key areas outside of the clinical environment including teaching, quality improvement and research. Burnout can also have a negative impact on the professionalism of staff. Students may therefore be exposed to fewer examples of professional behaviour within the clinical environment. These factors combined with the drastic reduction in clinical placement time means undergraduate medical students' recognition, understanding and development of professional behaviour is impacted.

The Clinical Teaching Fellow (CTF) role is a key resource in instilling the practice of professionalism to medical graduates. They are required to work in multiple roles at once (e.g., educator, clinician, mentor, administrator etc.) and have links with both the university and local health boards. They oversea student placements and help students to navigate this new and uncharted landscape.

Aim

In this reflective poster we will discuss what we have learned from our year as CTFs tackling this unique issue.

Key points

CTFs can

- Set clear expectations of professionalism on placement and reenforce the importance of learning best practice.
- Help students to navigate this new clinical landscape, through the provision of personalised support and mentoring.
- Incorporate dedicated professionalism teaching time into small group learning and discuss these topics openly and regularly within teaching sessions.
- Address any misconceptions surrounding professional behaviours.
- Model professional behaviours when discussing, simulating, and working within the clinical environment.

Take forward messages.

The development of professionalism is integral to medical student education. Educators must adapt to the post pandemic landscape, engage students back into the clinical environment and ensure their continued professional development. Clinical teaching fellows are a key resource in achieving this given the current clinical pressures.

Improving undergraduate surgical education through simulation

Dr Hannah Sarafilovic

Clinical Teaching Fellow, University Hospital Ayr

Aim: The aim of this project was to improve student confidence in assessing an acutely unwell surgical patient through the use of simulation based learning.

Method: We designed a survey which was sent out to all participants pre and post simulation sessions. This focussed on 4th year medical students' confidence in assessing an acutely unwell surgical patient, ability to recognise their limitations and escalate to a senior colleague whilst working in a multidisciplinary team. Participating students then underwent two simulation sessions at a minimum of 1 week apart using SIMMan technology to assess and manage a surgically unwell patient. Responses to the survey pre and post simulation were then compared for 3 consecutive groups of medical students.

Results:

A total of 13 students returned pre simulation surveys and 16 post simulation surveys. 93.75% of students strongly agreed and 6.25% agreed that simulation is an effective learning tool post simulation compared with 38.5% strongly agreeing pre session. 100% of participants selected strongly agree or agree to feeling confident in assessing an acutely unwell surgical patient and confident in providing an effective handover to a senior colleague post simulation compared with 38.5% and 61.5% respectively pre simulation. No participants selected disagree or strongly disagree to feeling confident in assessing an acutely unwell surgical patient and confident in providing an effective handover to a senior colleague post simulation compared with almost one quarter (23%) for both statements pre simulation.

Discussion: Simulation is a valuable training tool providing practical experience for students in a safe environment where there is no risk to patients or students and clear psychological safety is evident. This allowed students to practice both clinical and non-technical skills whilst working in an MDT and improved students' confidence in clinical practice. All participants agreed that simulation is an effective learning tool.

Realistic Rehabilitation: Lanarkshire Rehabilitation Framework

Abi Campbell

Clinical Service Lead, NHS Lanarkshire

Purpose:

The way rehabilitation is defined and delivered needs to change. This is due to ageing populations, an increase in the number of people living with chronic disease and the impacts of the Covid-19 pandemic.

For this radical change, NHS Lanarkshire recognised the need to involve people more, transfer power and enable rather than provide. To achieve this requires the firm foundation of an agreed conceptual framework of rehabilitation.

Method

The Lanarkshire Rehabilitation Steering Group was established to develop a five-year strategy for rehabilitation. The group achieved wide stakeholder representation; including people with lived experience, carers, volunteer associations, universities, local councils, leisure, information services and rehabilitation professions.

An appreciative enquiry was completed across five themes: early intervention and prevention, prehabilitation, rehabilitation delivery, learning and research, and technology and innovation. Through a consultative process, a core working group developed the definition of three tiers within a circular model and an accompanying visual graphic.

Results

The Lanarkshire Rehabilitation Framework defines three rehabilitation tiers:

- Universal Rehabilitation promotes health and well-being and is accessible to all, regardless of need.
- Targeted rehabilitation is for people who have health and well-being needs that would benefit from additional supports.
- Specialist rehabilitation is for people who have specific or complex health and well-being needs.

The framework has further been conceptualised in a circular graphic enhancing accessibility and usability.

Conclusions

By improving definition of rehabilitation within the Universal and Targeted tiers, emphasis is shifted away from traditional rehabilitation delivered within specialist services. Moving towards an asset based approach that values the skills, strengths and successes of individuals and communities.

Impact

Organising rehabilitation in this framework supports Lanarkshire to make the necessary paradigm shift away from ‘service-led’ rehabilitation where rehabilitation is ‘done to’ a person towards rehabilitation being done ‘with’ and ‘by’ a person and their community.

Hospital Wide Trainee Morbidity and Mortality Meetings

Dr Laura Mulligan

ST4 Geriatric and General Internal Medicine, University Hospital Hairmyres

Background

Near peer teaching has been demonstrated to be effective for both teachers and students. A qualitative study from 2017 showed that near peer teaching can provide unintended learning opportunities within aspects of the hidden curriculum.

Mortality and morbidity (M&M) meetings support a systematic approach to the review of patient deaths/care complications to improve patient care and provide professional learning.

Aim

The aim of this project was to facilitate a morbidity and mortality meeting attended by only junior doctors from all specialties, providing a safe space to discuss cases demonstrating areas for improvement, near misses or cases of excellence, generate actionable learning and identify areas for potential quality improvement.

Methods

A trainee morbidity and mortality meeting was held every 4 months in University Hospital Hairmyres. This was led by a current trainee who held the role of Chief Resident within the hospital and had prior experience of participating in morbidity and mortality meetings.

Cases for discussion were identified by current trainees, and also feedback from SAERs was communicated. Feedback through electronic surveys was obtained following each meeting,

Results

To date, 2 trainee M&M meetings have been held.

1st meeting in December 2022 and 2nd meeting April 2023. 15-20 attendees from medical and surgical specialties.

Feedback obtained showed all respondents that had attended the meeting expressed that they found it useful.

Comments included ‘Clear summary of cases, very open atmosphere to discussion. Good highlighting of learning issues.’ ‘Audience thoughts and opinions for each case, room to see if there's anything we can do to improve/suggestions.’

The 3rd meeting scheduled for July 2023.

Conclusion

Trainee M&M meetings have allowed an opportunity to disseminate information and recommendations from significant adverse event reviews. Trainees that have attended have provided positive feedback.

Navigating Social Media

Hayley Macpherson

Medical student, University of Glasgow

Social media poses a challenge for doctors and medical students in terms of professionalism. There is limited guidance on how to navigate social media as a medical student or medical professional. The GMC published social media guidelines in 2013 which are now over 10 years old. In addition, there are several areas which the GMC guidance does not address such as giving medical advice online, employers' views on employees' social media use and raising concerns online. In addition, few UK medical schools have published social media guidelines. Given the potential for harm, it is important that medical students and medical professionals are formally educated on how to behave professionally online. In order to address this gap in the curriculum, I created a teaching package which is composed of a lecture, a workshop and 18 top tips for social media use. Further work aims to evaluate the impact and benefit of this teaching package.

The Art of Communication in a Virtual World

Janet Zanin

Medical student, Buckinghamshire Healthcare NHS Trust

Virtual medicine has risen to the stage in 2023 as a rival, or even dominant, form of providing medical care. The advantages for both patient and physician are easy to list - accessibility, lower cost, and overall convenience on all sides. But these advantages in efficiency come at a cost and can often result in transactional interactions in which no one truly feels understood. Physicians and patients can both do something to enhance the experience of virtual care and regain the art of building a rapport. Methods discussed will include the common problems of misunderstanding, misremembering, and missing information; preparation needs, including what you need and how to get it; virtual etiquette; and how to ensure that patient and provider leave with the same understanding of the conversation. This talk will introduce and develop specific evidence-based communication skills designed to enhance rapport and relationship building within medical consultations conducted in a virtual environment.

Patient satisfaction between emergency department (ED) and same day emergency care unit (SDEC) at Milton Keynes University Hospital (MKUH)

Pui Man Choy, Jinjaemin Yoon

Medical students, Milton Keynes University Hospital

Objectives: To investigate patient satisfaction in the SDEC compared to the ED and what improvements can be made, in the larger framework of clinical governance.

Participants: 50 patients were randomly selected in both SDEC and ED at MKUH respectively in April to May 2023.

Design: These patients were involved in the patient satisfaction survey. Surveys were handed out physically and QR code posters attached over a 1-month period in Milton Keynes University Hospital ED and SDEC department. The data was analysed using Excel Spreadsheet.

Main outcome measures: Satisfaction was measured across 3 domains: access and waiting time, environment and facilities, and healthcare service. A final domain called improvements was added to summarise the findings, with comments available at the end, but this was optional, to obtain both quantitative and qualitative understanding of patient satisfaction.

Results: The majority of patients (82%) were very satisfied with the overall experience in SDEC, while less than 50% were very satisfied with the overall experience in ED. The waiting time to see doctors/nurses were slightly longer (30-60 minutes) in ED compared to SDEC (1-30 minutes). Majority of patients found that the environment in the SDEC was clean, but this was not the case for ED. Nearly all of the patients were satisfied with the healthcare service in the SDEC and ED.

Conclusions: Overall, patients were more satisfied in the SDEC compared to ED. The patients were pleased with waiting time and environment in SDEC but improvements will be required in ED. The doctors and nurses in MKUH had demonstrated high level of professionalism as reflected on the comments section. However, extra effort can be made to make sure that the patients are more comfortable.

Enhancing Physiotherapist Respiratory Confidence post COVID pandemic in NHS Lanarkshire

Carolyn Bell

Physiotherapy Lead in Respiratory Medicine NHS Lanarkshire

It is acknowledged that Physiotherapy education was changed due to lack of traditional clinical placement opportunities during the COVID pandemic.

Physiotherapy staff employed within NHS Lanarkshire who trained after January 2020 articulated their lack of confidence in transition from student learning in respiratory medicine to workplace practice.

On investigation this was compounded by the experience of senior staff who commenced work after January 2020. There was reduced opportunity to consolidate core physiotherapy respiratory skills on employment due to a necessary focus on COVID rehabilitation and discharge facilitation.

It was recognised that there was an experience and confidence deficit in both of these Physiotherapy groups.

Aim of pilot

Increase staff confidence in Respiratory medicine

Method

Following consultation with Physiotherapy staff an education strategy was developed.

One to one mentoring sessions commenced with all staff working with this patient group. This highlighted difficulty with clinical reasoning and this became a focus of the mentoring sessions.

Mentoring taken into the ward situation to facilitate practical and clinically applicable scenarios.

Development of “bite sized” educational fact sheets for common respiratory conditions.

Competency documents developed to assist learning within less common Respiratory Medicine Physiotherapy practices.

Staff given open access to ongoing support.

Results

Confidence questionnaire carried out prior to mentoring and post mentoring sessions.

Considering 22 parameters, scoring 1 - Extremely not confident, -to 5 - Extremely confident. Overall average confidence improved from a total average score of 61.1 to 83.2

Results showed improvement in confidence index in all 22 clinical areas assessed.

Increased interest in Respiratory medicine.

Discussion – Learning

Staff induction amended. Mentoring format continuing.

Evolving staff and patient education material according to need.

Clinical Placement: An Educational Audit

Dr Rouchelle Magee

Paediatrics ST6, Royal Belfast Hospital for Sick Children

Clinical placements are a fundamental part of clinical education, however not all placements are created equal!

The medical student experience over the last two years has been significantly impacted by the COVID 19 pandemic, ranging from limited clinical exposure to cancelled electives.

Aims:

To identify

- the characteristics of a ‘good’ clinical placement
- the ‘preferred’ teaching method
- learning intentions

Methods:

Data was collected over a 6-month period (September 2021- February 2022), in the BHSCT, using an online questionnaire and focused on placement experiences throughout the student’s medical training.

Results:

- 88% of students preferred a face-to-face teaching style.
- Results indicated that informal bedside teaching (81%) and ‘feeling like part of the team’ (85%) were the biggest contributors to students enjoying their clinical placements.
- The most important aims for medical students during placement included assimilating clinical knowledge (92%), direct patient contact (88%), and university exam preparation (88%)

Discussion:

The preference for face-to-face teaching seems self-evident but it is in direct contrast to many reports which argued that online learning was just as effective.

Active engagement in a real environment was cited as a key component to effective learning. Morale and psychological safety, i.e. the belief that you won't be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, are key components that contribute to a person’s ability to learn, retain, and apply new information. These ‘conditions’ are subjective, hard to measure, and directly influenced by clinical workload and pressures. Feedback from students highlights that tutors should be afforded time to ensure minimal ‘distraction’ from the task and to facilitate dynamic engaging experiences for learners.

Assimilation of clinical knowledge, application in real scenarios, and the honing of practical skills are the essential elements of learning. The key deficit, during and immediately post the COVID, is the limited exposure to clinical scenarios.

Reflections on Resilience Teaching in Foundation Year 1s

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Background

3 x 1-hour lunch time teaching session covering content including resilience as a concept, personal and organisational factors and solutions. Sessions included lecture-based content, break-out groups and opportunity for personal reflection.

Method

Evaluative survey gathering feedback on sessions. Reflections from session facilitators.

Key points

- Near-peer facilitators led the sessions
- Sessions were compulsory as part of Foundation Teaching
- Sessions were longitudinal across the year
- Psychological safety of reflecting in this context
- Broad content covered
- Varied learning points

Reflective Practice Groups for final year medical students: Are they beneficial?

Dr Michael Cooper

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Aims/Introduction

Reflective practice is where an individual thinks analytically about their professional practice with the intention of gaining insight and using lessons learned to maintain good practice or make improvements.

Preparation for Practice is the final rotation of the MBChB at Glasgow University. It is an 'apprenticeship' where students are attached to a hospital ward and learn the role of FY1 doctor.

The aim of our reflective practice groups was to provide an optional safe space for students to discuss in a group non-clinical challenges or difficulties encountered during this rotation.

Methods

Two sessions were ran at each of the three general hospital sites in NHS Lanarkshire. Each session was led by 2-3 facilitators. Facilitators comprised a mix of those with medical backgrounds and those from the wellbeing service. Time was allocated in the student's timetables to allow attendance. Each session lasted 60 minutes. Facilitators led group discussion encouraging peer to peer advice and group reflection. Following the 2nd session participants were asked to complete a feedback questionnaire.

Results

24 participants attended. 22/24 reported these sessions both allowed them to better process challenges faced transitioning to FY1 and found them useful. 22/24 identified wellbeing as important to them with the majority, 17/24 finding that the sessions increased their awareness of wellbeing. Mixed results were noted regarding confidence in clinical ability with 10/24 finding these sessions did not help this aspect. 19/24 stated they would like such groups in future training.

Written feedback identified themes of an encouraging environment, a safe space to speak about concerns, hearing challenges faced by peers and their coping mechanisms.

Conclusion

Peer to peer reflective groups was a new concept for the majority of students. The results from this sample demonstrated a future role for these reflective practice groups around the time of transitioning from medical student to junior doctor.