

# BTBC news

## Better Training Better Care

### *From Patrick Mitchell, Director of National Programmes*

Welcome to a new year and new prospects for HEE and the BTBC team! Having reflected on the successes of the programme over the last year, it is clear to see that a huge amount has been achieved against the 66 Temple and Collins recommendations and there is still more to look forward to with our ongoing work.



In this edition we have some exciting updates from our pilot projects (pages 3 & 4) which have all formally come to a close. We are now gearing up to work out how we can spread and adopt some of these initiatives nationally. We are in the process of planning how we can implement this and are testing out ideas with a number of key stakeholder groups. I hope to be able to give you more information about these plans very soon. The initial findings from the pilots are showing fantastic and innovative results and we are delighted that already a small number of trusts have expressed an interest to be early adopters for some of the projects.

Likewise, our trainee led Inspire Improvement projects are continuing really well and this edition includes a chat with Mohsan Malik, one of the winners, who gives some great insights into his work (page 5). It is fantastic to see trainees acting as change agents and taking forward service improvement projects – we hope the social movement these projects are creating will keep growing! NHS Change Day is also coming up and we encourage you to show your support by taking part (more on page 3).

Over the last few weeks, the team and I have been presenting at various events and have been delighted with the support for BTBC and the input into how we can spread the innovation it has created across the NHS. It's really encouraging to see how people are wanting to take the principles of BTBC forward within their own organisations.

This is our second to last edition of BTBC News. This edition gives you a brief update on our plans to close the programme and transition the work into HEE as 'business as usual'. Stay up to date with HEE's newsletter #HEElife, the @NHS\_HealthEdEng twitter feed and our HEE facebook page at [www.facebook.com/nhshee](http://www.facebook.com/nhshee).

## Inside this issue

*BTBC comes to a close*

PAGE 2

*A catch up with Mohsan Malik, 'Inspire Improvement'*

PAGE 5

*Encouraging results found in our trainee project, 'Avoiding grey Wednesday's'*

PAGE 6

*Broadening the Foundation Programme report release*

PAGE 8

## BTBC comes to a close

*The BTBC team are now preparing for programme close down at the end of March which includes formally closing the projects that have been completed and transitioning the work that will be continuing over to HEE as 'business as usual'.*

Despite the programme closing, this is by no means the end! BTBC leaves a legacy of fantastic work that has been achieved since the programme was set up in 2011 and we will continue to deliver our aim, to improve education and training for the benefit of patient care.

The exciting work to spread and adopt the pilots will be one of the key focuses of the next 12 months following the final evaluation report of the pilots due in the spring, as will sharing the successes of our Inspire Improvement projects. We will still be very busy and look forward to continuing to share our progress!

More information will be announced on these plans in the next edition. Moving forward, stay up to-date by registering to receive our newsletter #HEElife, follow us at [www.facebook.com/nhshee](http://www.facebook.com/nhshee) and on twitter at @NHS\_HealthEdEng.



## NHS Change Day

*Look out for NHS Change Day on 3 March 2014! The purpose of NHS Change Day is to improve health and care from the frontline. The mission is to inspire NHS staff, patients and the public to do something better together to improve care for people all over the UK.*

Last year saw the first ever NHS Change Day. It was wonderful to see the idea come to life and have so many people from different walks of life making pledges and getting involved. Everyone can make a difference – no matter how big or small. A pledge could be part of your everyday routine or something extra ordinary. It's simple, think of something important to you and make or join a pledge at [www.changeday.nhs.uk](http://www.changeday.nhs.uk). Everyone counts and every pledge matters.

Check out the Change Day website to make, join or like a pledge and view the 4000+ pledges already made this year. Here you can also see the Change Day Countdown and news updates.

Change Day has the power to unite staff and patients in making thousands of small but positive changes. The momentum this will create will drive the major improvements we all want to see.

@NHSChangeday  
NHS Change Day 2014. Do something better together.  
[www.changeday.nhs.uk](http://www.changeday.nhs.uk)



## South Manchester pilot well received

*As we finalise our plans for the wider adoption and roll-out of our BTBC pilots, we're continuing to get out and about to speak to as many people as possible and promote the projects and their outcomes.*

Last month, we presented to the Joint Committee for Surgical Training (JCST) on the South Manchester surgical pilot, which has seen dedicated surgical lists for core surgical trainees put in place, complemented by simulated surgical sessions using cadavers.

General surgery found a significant increase of 12.7% in the proportion of operations with a training component and as a result, trainees have reported feeling more confident and competent in surgery. 76% of trainees believe the theatre sessions were enough to gain the appropriate experience and a further 84% felt that the theatre lists had the correct mix to suit training needs. Many also reported that they benefitted from the opportunity to manage a patient's full operative journey in order to gain a better insight into care pathways.

Overall, feedback from the JCST meeting was broadly positive. It was felt that a project such as this one was a strong contender for national roll-out, particularly as a recent local education and training board (LETB) survey highlighted that core surgical trainees were not being exposed to enough operating experience.

Ian Eardley, Chair of the JCST, said: "Members of the group would be keen to hear more on the results of this project when available. Clearly, any initiative that is improving the experience for trainee surgeons and exposing them to an improved learning environment, with clear evidence to support it, would appeal on a national level."

## 'TEL' us about your work

*As part of our wider work around technology enhanced learning (TEL), we are currently undertaking a mapping exercise to identify other TEL-related programmes and work that currently exist, so we can make sure that we effectively link in with them and learn from them. Both Temple and Collins recommend that TEL becomes part of an everyday means for evaluation and training for doctors.*

### What is TEL?

Technology enhanced learning is the use of technology as part of a learning process. There is clear evidence that innovative educational technologies, such as e-Learning, simulation and m-Learning (mobile learning) provide unprecedented opportunities for health and social care students, trainees and staff to acquire, develop and maintain the essential knowledge, skills, values and behaviours needed for safe and effective patient care.

### What is the TEL programme?

October 2013 saw the announcement of the Health Education England and Higher Education Academy (HEA) Technology Enhanced Learning programme, which has been established to oversee the launch and development of a TEL hub.

This exercise is expected to be completed by the end of February 2014. If you would like to get involved and contribute to this work, or tell us about what you're doing in the field of TEL, please get in touch at [hee.tel@nhs.net](mailto:hee.tel@nhs.net) or read more on our website: [www.hee.nhs.uk/work-programmes/tel](http://www.hee.nhs.uk/work-programmes/tel).

# East London simulation success

*The pilot run by East London NHS Foundation Trust (ELFT), is an embedded simulation training programme to replicate real and potential serious incidents (SIs) in a safe and supervised setting. It aimed to enable members of multidisciplinary teams to learn from simulated SIs, therefore reducing the severity, frequency and impact of serious incidents in genuine medical emergencies.*

Twenty four, three hour pilot training sessions were delivered, each session was designed to accommodate six delegates, three doctors in postgraduate training and three nurses. A professional actor was employed to play the part of the patient in the role play scenarios.

The pilot has demonstrated completion of eight objectives:

- introduce simulation training for mental health staff
- embed simulation training in the Trust's training programme for clinicians
- engage all levels of clinical staff in the promotion of learning from serious incidents via simulation training
- use in-house expertise to deliver and facilitate training sessions
- provide a detailed schedule of training
- access the benefits of simulation training in relation to the prevention of serious incidents and/or the management of serious incidents
- promote learning in multi-professional teams and highlight the importance of team working and communication in the clinical arena
- analyse pre, contemporary, and post incident data for correlation of learning outcomes and incident trends.



The students demonstrated a great deal of enthusiasm for the project with 100% of all training places filled and 98% agreeing that the course would change their practice for the better. 96% of trainees reported feeling more confident and able to contribute to discussions. A further 88% experienced improvement in communications with seniors and other medical professionals.

The project is now running as business as usual in the organisation and has already received interest from another trust to implement the model locally. The training session now continues as a monthly programme.

*"The pilot contains some extremely realistic scenarios, which bring out the key clinical and softer interpersonal skills. Supporting and debriefing trainee doctors and nurses through these scenarios gives the opportunity to accelerate learning in a way which just isn't available on the wards or offices."*

*- Amar Shah, Consultant Psychiatrist and Special Advisor to Medical Director*

# Trainee doctor, Mohsan Malik, inspires change

*This month we caught up with Mohsan Malik, final year medical student and Research Assistant from Guy's and St Thomas' Hospital NHS Trust to talk about his winning Inspire Improvement project, 'Home Based Microsurgery Training'. Mohsan's project looks at how having access to tablets allows trainees to practice operative microsurgical training almost anywhere.*



## **Why this idea, this project?**

We are very fortunate to live in an epoch of technological advancement, especially with mobile devices. I was lucky enough to get involved in a project with Professor Das Gupta and his team on surgical simulation at Guy's Hospital. I saw the impact simulation technologies have made and that they allowed urologists to practice complex skills in a controlled environment, as many times as they wished, without putting patients at risk. There are now several training models for each type of procedure in urology.

During my Easter break, I organised an observership in hand surgery at John Radcliffe Hospital in Oxford. I was simply amazed by the congenital hand microsurgery techniques at the unit – I wanted to have a go! This raised several points in my head – how does one develop such fine skills safely in microsurgery? Considering what I knew to be available for general surgery training, there was very little in comparison for developing basic microsurgery skills. Based on the tablet laparoscopic trainer, something a friend and I devised earlier that year, we thought of a plan to adapt it for microsurgery using a jeweler's loupe and tape.

## **What impact do you expect this project will have on trainees?**

Currently, trainees who want to develop basic skills have limited training options i.e. supervised operative time in the operating theatre or attend courses, both of which present their own advantages and disadvantages. The tablet model on its own is not perfect, however I hope it provides better access to trainees.

Furthermore, considering simulated vessel anastomosis is recognised as evidence of competency by the intercollegiate surgical curriculum in microsurgery, we hope that trainees will be able to develop some level of proficiency using the tablet trainer prior to attending a microsurgery lab for formal evaluation of skill.

## **How easily do you think other trusts can adopt this idea?**

Following the pilot, we aim to develop a website which will allow access to instructional videos, with the report of the economical evaluations of running different levels of microsurgery simulation. We hope that this will allow any training center access to the knowledge base to provide some facilities for basic microsurgery training.

## **What is the main benefit you have felt from running this project?**

The best part of winning the HEE Inspire Improvement competition and having the funding to run our project, was seeing the idea come to life. Additionally, I was able to work with people at all levels, trainees through to management; which is something you don't really get to experience in medical school.



Project team: Dr. Tim Robbins ,  
Dr. Petra Hanson & Dr. Shirish Dubey



# Encouraging results in our 'Avoiding Grey Wednesdays' Inspire Improvement project!

*The term 'Black Wednesdays' is used to describe the day when new Foundation Year 1 trainees (FY1s) begin working as doctors. The national F1 shadowing week limited the risks associated with 'Black Wednesdays' but the risks still remain during the thrice yearly rotation changes when junior doctors often move between specialities and hospital trusts without preparation – a problem these trainees have dubbed 'Grey Wednesdays'.*

The 'Avoiding Grey Wednesdays' project, designed by Dr. Tim Robbins (Academic FY2 Doctor), Dr. Petra Hanson (Academic FY2 Doctor) and Dr. Shirish Dubey (Rheumatology Consultant) was piloted by three NHS Trusts, with the aim to limit the risks of these 'Grey Wednesdays'.

96 FY1s within the Coventry and Warwickshire Foundation School spent a day during their first rotation shadowing the FY1 currently doing their next rotation. The shadowing days were organised by the FY1s themselves during the last two months of their first rotation, and formed a requirement of the FY1 programme within the Foundation School.

Data was collected from 2012 FY1s (who didn't experience shadowing) and 2013 FY1s who were part of the pilot and so did experience the shadowing. This follows the methodology used to investigate the national FY1 shadowing week. The project team report a 97% completion rate and excellent results demonstrating a statistically significant improvement between cohorts.

Of the trainees who took part in the pilot, 77% felt they understood the roles and responsibilities of their next post, which saw an 83% increase from 2013. For those who didn't complete the shadowing, 93% said they would have liked to, while for those doctors who did take part, 94% found it 'very useful' or 'useful'. 63% also believed that shadowing plays an active role in significantly improving patient safety.

The team also captured more results, which can be seen in the following table:

Without shadowing		After shadowing	
63%	Did not receive any handover of the patients they would be caring for on second rotation.	97%	FY1s organised a shadowing day.
58%	Did not understand the roles and responsibilities of their second post.	77% <i>(83% increase from 2013)</i>	Understood the roles and responsibilities of their second post.
51%	Did not feel prepared to start their second rotation.	76% <i>(55% increase from 2013)</i>	Felt prepared to start their second rotation.
93%	Would have liked the opportunity to spend time shadowing their next post.	94%	Found the shadowing day 'very useful' or 'useful'.

The project demonstrated a low cost, high impact patient safety intervention, successfully piloted at the regional level and representing an opportunity to improve patient care and doctor training throughout the country.

Benefits shown for:

- patient safety
- patient handover
- identification of learning opportunities
- trainee confidence
- hospital flow

### What they've said

*"Other F1s in other local education and training boards were jealous they had not had anything like this. They said it would have been really helpful."*

*"Serves as an ideal opportunity to ask questions and meet the team."*

*"Was amazing for building confidence and most importantly for patient safety."*

*"Friends in other foundation schools felt unprepared and were jealous we were able to shadow our next post which made us feel less apprehensive and nervous about starting a new job."*

The project team are now hoping to move the project nationally to benefit all FY1's.

# Broadening the Foundation Programme report released

*We have published our Broadening the Foundation Programme report, which recommends doctors in training undertake a minimum of one community or integrated placement during their two year Foundation Programme.*

This will ensure they receive a wider experience of working in community settings, such as general practice, community psychiatry or community paediatrics, palliative care and public health and obtain a broader understanding of community care and the whole patient journey.

The report was developed in response to the recommendations highlighted in the Secretary of State commissioned report Foundation for Excellence by Professor John Collins, which called for Foundation doctors to develop their capabilities across a range of settings, including the community and to training a flexible workforce that is capable of providing care across these settings over the course of their careers.

The two-year Foundation Programme is designed to give trainees broad general experience before choosing an area of medicine in which to specialise. HEE's report recommends that services are re-configured within the Foundation Programme to create more experience in community-based settings to ensure that Foundation doctors are trained in a wider variety of community settings so that they are better equipped to provide safe, effective, integrated care for the whole patient, now and in the future.

Chris Welsh, Director of Education and Quality for HEE, said:

“Changes are required in the current Foundation Programme to ensure that our newly qualified doctors can be trained so that they are better able to respond to future changes in the country's health and social care system. There are opportunities for both services and doctors to become more patient-centred, more integrated in approach and more effective in meeting the needs of patients, both now and in the future.”

“Implementing the recommendations in this report will be challenging, however we've worked closely with our local education and training boards, royal colleges, trusts and partners to deliver these recommendations. We all agree that education and training must keep pace with changes in health and social care provision.”

Our local education and training boards will now work to implement the recommendations within their areas. For more information please visit [www.hee.nhs.uk/broadening](http://www.hee.nhs.uk/broadening) or to view the report on [our website](#).

