

BTBC news

Better Training Better Care

From Patrick Mitchell, Director of National Programmes

BTBC, as a brand, has been growing stronger over the last 12 months. People are associating us with improved training and education, improved patient care, and in some areas, cost savings. We're finding that trainees want to be part of BTBC because of the reputation of delivering projects that make a difference, and trainers want to get involved because they're seeing the impact being made.



I am pleased that, last month, two of our pilot projects, presented their work on the world stage in Prague, at the Association for Medical Education in Europe conference – read more on page 2. I also presented at the Faculty of Medical Leadership and Management Conference in Edinburgh around Role of the Trainer - we had a very engaged audience and were delighted with the response, both on the day and on Twitter!

Last month, I received a fantastic response and a lot of positive feedback at Health Education South West, where I presented our impressive sets of data, which show that our financial investment and output in many pilot projects really has led to larger financial savings and improved patient care. At the end of September, I presented at the Royal College of Psychiatry Annual Postgraduate Medical Education and Training Conference. It was great to see that our three mental health pilots were well received with interest from trainers to implement the work in their own trusts.

Another great piece of news comes from our LETBs, Health Education East Midlands and Thames Valley, whose emergency medicine taskforces are showing interest in the emergency medicine pilots.

In addition to our pilots, another of our workstreams, Role of the Trainer, has taken centre stage this past month – read more on page 3. In this issue, also find out about our Technology Enhanced Learning programme on page 5, Leeds and York Partnership NHS Foundation Trust's pilot (page 4), and read about one of our trainee projects - Oliver Long's Training Professionals (page 6). Enjoy, and if there's anything you'd like to see in here, please get in touch at hee.btbc@nhs.net.

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BTBC Pilots on the world stage!

Two BTBC pilots sites, East Kent Hospitals University NHS Foundation Trust and Mid Cheshire Hospitals NHS Foundation Trust, recently presented their projects at the Association for Medical Education in Europe (AMEE) conference in Prague.

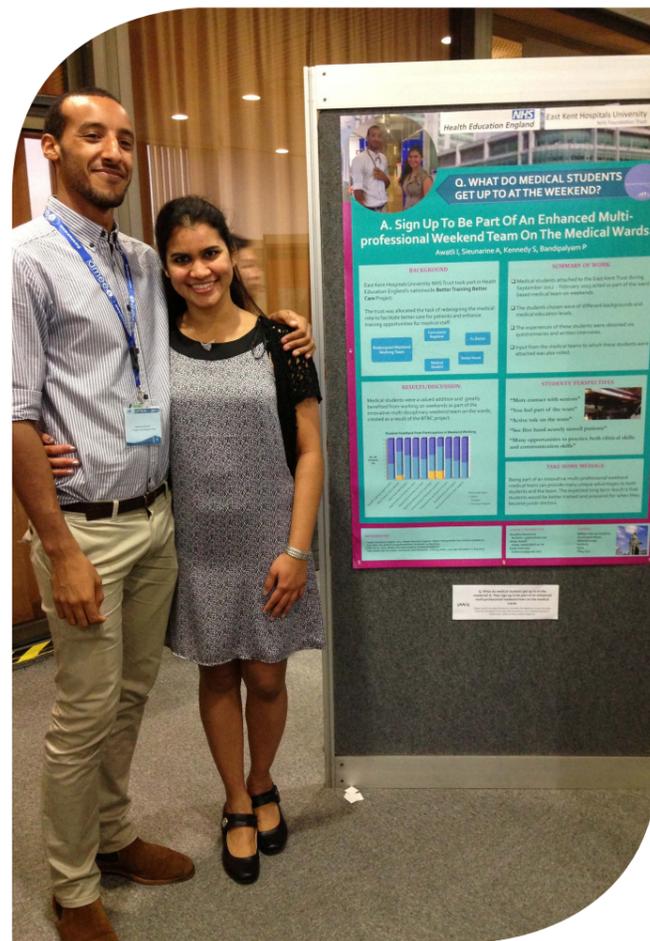
East Kent presented the impact of their 'hot' emergency-based and 'cold' ward-based service redesign and Mid Cheshire presented about the success of their clinical handover project in the acute medical unit.

East Kent's aim was to improve training by enhancing supervision out of hours and at weekends. They've had a huge amount of cross-professional support and they have had some positive early findings.

Susan Kennedy, Education Consultant/ Advisor at East Kent said: "Our BTBC project team presented on a range of themes, that highlighted ways in which the pilot has supported improved learning and training. A key aspect of the pilot has been the wide engagement from undergraduates to trainee doctors of all levels to nursing colleagues to administrative staff. Redesigning the medical rota has produced measurable benefits for both patients and for trainees. The presentations were very well received, with a lot of interest from both UK and international colleagues and the poster presented by the EKHUFT medical students involved in the pilot was awarded an AMEE poster prize."

Mid Cheshire's project is aimed at improving clinical handover, so that patients benefit from better continuity of care and improved safety. Early evaluation has shown that the changes made to clinical handover has caused an increase in the number of tasks being completed within a day.

Dr Richard Ellis, Pilot Lead and ST3 Neurology trainee from Mid Cheshire, said: "AMEE 2013 was a brilliant opportunity to talk to key contacts and explore opportunities to further expand and build on our project. It was good to see what other organisations across Europe are doing to improve and enhance handover. I was pleased that the presentation on our project was so well received. The feedback was very positive and I hope it will help support the wider roll-out and adoption."



EKHUFT medical students with their prize winning poster.

New guidance issued to improve the value of the medical trainer

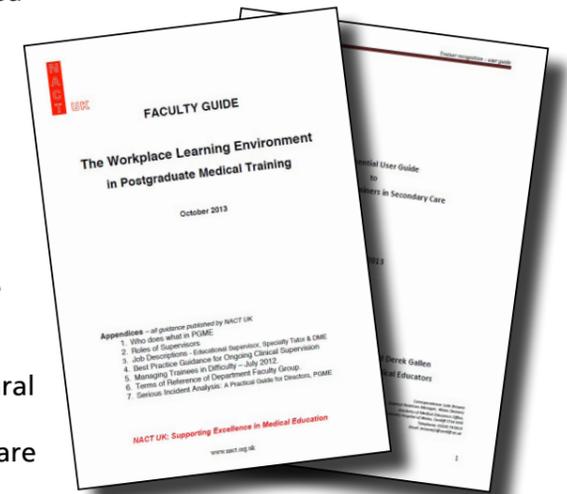
We've been working with the General Medical Council to deliver a number of projects around the value of the trainer in the NHS.

We know that high quality training is essential for safe, high quality patient care. Even during times of resource constraint, service reconfiguration and organisational change, working together, we must ensure that education and training is valued, protected and improved.

The GMC has provided a regulatory structure for safe, effective medical education, which includes standards for medical trainers, called *Recognising and Approving Trainers: The Implementation Plan*. Postgraduate deans and medical schools are setting up arrangements to develop and validate their trainers.

We have commissioned guidance on how best to recognise and develop trainers and training environments. With the support of the GMC, we have implemented the following initiatives, which have a UK wide focus.

- The Academy of Medical Educators has developed *The Essential User Guide to Recognition of Training in Secondary Care*, which is ultimately the 'how-to' guide for implementing the GMC's 'Recognising and Approving Trainers: The Implementation Plan' framework.
- NACT UK has developed their Faculty Guide, which looks at the impact of the workplace environment and the role of the faculty on the success of training and education, and therefore patient care, within the NHS.
- The Faculty of Medical Leadership and Management has emphasised the need for cultural commitment so that training is properly valued throughout the organisations providing healthcare and training, starting with the Boards and Chief Executives. FMLM also believes that leadership and management development is integral to the training of good doctors and thereby the delivery of high quality healthcare.



FMLM, through its strong regional networks and on-line resources e.g. webinars will support HEE in the delivery of this important initiative.

HEE and the GMC are committed to ensuring patient safety through effective education by supporting trainees, trainers, healthcare organisations, postgraduate deans and medical schools as they work in partnership to embed the value of training throughout the service.

We hope these initiatives help raise the importance of the role of the trainer in your organisation, and indeed the impact that properly organised learning and training has on patient care. All these documents can be found at www.hee.nhs.uk. For more information, please contact

hee.btbc@nhs.net.

Better Training Better Care in Leeds and York

Trainee psychiatrists in Leeds and York Partnership NHS Foundation Trust are benefiting from better integration with their multidisciplinary teams and an improved package of training and learning thanks to a change in working patterns.

On Thursday 1 August, HEE Chairman, Sir Keith Pearson, visited the Trust to meet with the BTBC multidisciplinary pilot project team. Sir Keith was impressed with the progress of the project and how the team have worked together to embed it into their everyday working lives.

Sir Keith said: "I am grateful for the opportunity to have been able to visit Leeds and York. It was very encouraging to see so many people motivated and engaged in the project and the sheer energy in the room was fantastic.

"I was very impressed by the depth of commitment from everyone involved in implementing such a successful project. The project team have worked very hard to ensure that by changing patterns of working, they are able to maximise the training opportunities available in daytime hours to deliver better quality training packages, with the aim to provide better patient care. I am looking forward to seeing what will undoubtedly be positive results from the evaluation, and hope to see it rolled out in appropriate trusts across the country."

Leading the project team is Dr Sharon



Nightingale, Associate Medical Director for Doctors in Training. Sharon said: "Our project is about delivering a range of improvements to enhance training and should, in time, greatly improve patient care. By changing patterns of working, we're able to maximise training opportunities in daytime hours and deliver better quality training packages."

Colleagues across the multidisciplinary team have been included in the development and delivery of this training as providing high-quality care is only achievable with a co-ordinated team-based approach.

The Project:

- Changing working patterns to maximise the day time hours available for training where more time can be spent with patients and where they can benefit from greater supervision at a time when most patients prefer their assessments and therapies
- Encouraging a greater integration with multidisciplinary teams, allowing more opportunities for joint-working and workplace based assessments
- Introducing a SBAR system (situation, background, assessment, recommendation) to create greater communication between doctors in training and the multidisciplinary team This improves the handover of clinical information and consultation styles
- Creating a "who's who guide to the medical workforce" describing the competencies expected of doctors in training in psychiatry
- Improving communication skills through clinical simulation training and protected teaching time, with feedback, of undergraduates.

The TEL hub: simulation, e-learning and mobile apps

This month, our work around Technology Enhanced Learning (TEL) is gaining momentum as we have brought together more than 60 colleagues nationally to begin to develop our national TEL hub.

The hub, which is aimed at healthcare educators and learners across the UK, is designed to provide a 'one stop shop' for TEL information and resources. Currently, the focus is on simulation, eLearning and mobile applications, and we have a number of sub-groups who are working together to scope, review and quality assure resources and content in these areas.

The beginning of the month saw the announcement of the HEE national TEL programme, which has been established to oversee the launch and development of the hub, being set up in partnership with the Higher Education Academy (HEA).

Alan Ryan, TEL Programme Manager, explains: "We know that the majority of students, trainees and learners across all our healthcare professional groups have all had extensive experiences of technology supported learning and they expect this to continue in their ongoing training, education and continuing professional development.



"What we're aiming to do is to get a national picture of where TEL is happening and effectively promote and share it across the

NHS. There is no shortage of excellent examples of where TEL has delivered major benefits in health education and training and we ultimately want our hub to be the central platform to showcase these examples. We're working on bringing together, or signposting to as many examples, case studies and resources as possible, so that we can effectively share and spread good practice and innovation. Importantly we want to reduce duplication and ensure there is equity of access across the UK.

"By working with the HEA, we can ensure that sharing this learning and resources is spread across undergraduate and postgraduate health education and training."

Are you overseeing work in your area that aligns or links in with TEL? We want to know about it! Please email alan.ryan2@nhs.net or emma.scales@nhs.net.

By 21, the average person will have spent:

- 10,000 hours playing video games
- 20,000 hours on emails
- 20,000 hours watching TV
- 10,000 hours on a mobile phone
- Under 5,000 hours reading.

(Prensky, 2003)

An interview with Oliver Long



This month we caught up with Oliver Long, Anaesthetic Consultant from Croydon University Hospital to talk about his winning Inspire Improvement project, 'Training professionals'. Oliver's project looks at taking non-clinical training time junior doctors receive and converting it into a learner-centred, goal-directed activity.

Why this idea, this project?

The project initially came about in an effort to improve upon the experience of the 'protected teaching' I had received throughout my trainee career. The way the GMC measures successful teaching programs means that much time is given to ensure trainees have adequate and protected teaching time but not much thought is given to the benefit of that experience.

Modern medical curriculums and appraisal processes place a large value on ensuring all trainees are of an adequate standard which means that capable trainees are often not encouraged to aim beyond the basic output required of them.

There are three main aspects of your project - trainee produced goals, resource and time ownership and trainer facilitation. Why is it so important to look at the three aspects of your project as an integrated approach?

We started by looking at the word 'success' and what that really means when describing what training programs should be offering. True success is defined by the achievement of previously agreed goals. This led us to create a tool that would help trainees develop goals that were relevant to them, and give them the skills and support to achieve those goals.

Trainees then produce one set of 'basic' goals which represent the requirements of their curriculum and a set of 'aspirational' goals which are beyond the minimum standards.

The trainees then agree an implementation plan with their educational supervisor –the timeline by which they will complete each step – which is recorded on a cloud based document. The trainee records their progress and the educational supervisor offers advice, support and encouragement. Educational supervisors are therefore enabled to perform their role as facilitators on a regular basis without the need to be physically in the same place as their trainee.

The end result will be that trainees are able to demonstrate effective continuous professional development and success in the goals that they have set and, therefore, should be enabled to have greater control over their allocated teaching time and the resources their hospital has to offer.

"True success is defined by the achievement of previously agreed goals."

Why is it so important for trainees to produce their own goals?

Trainees in today's NHS are used to 'ticking boxes' and jumping over the hurdles that are placed before them. It is important for their professional development that they consider goals that they need to meet and also the skills and abilities they would like to develop to help them achieve their career aspirations. The ability to define specific goals, develop a strategy to complete those goals and subsequently successfully meet them will provide invaluable experience for their responsibilities as innovative and effective Consultants.

What impact do you expect this project will have on the future of learning within your trust?

I hope that this will become the gold standard for the way that trainees and educational supervisors maintain their relationship. I think that trainees will feel challenged to excel beyond the minimum required of them and that educational supervisors will be given the tool to provide effective oversight of their trainee.

Trainees should begin to view their curriculum requirements as the minimum they should achieve and aim to perform highly in the areas they are passionate about.

Do you think this project is adoptable across other trusts? How can other trusts implement this idea?

The project is incredibly simple and does not require any expensive IT or extra training. The trainee and educational supervisor simply need access to a computer and be given the framework for goal development and implementation.

Is the project economically viable?

It was important to us when developing the project that it didn't involve any significant spending on start up or maintenance. We wanted to create a universally applicable tool that trusts and individuals can adapt to their own needs.

In this sense, rather than create a product, we have produced an ethos, by which trainees should take responsibility for their non-clinical career development and educational supervisors should regularly support and facilitate them.

Other than initial development, validation and marketing, the project does not require any ongoing finance.

Why is this idea original and why do you think it works better than other similar methods?

We are using the relationship that exists between trainee and educational supervisor to provide a platform for successfully meeting pre-determined goals and encouraging individuals to stretch themselves and approach their work from an aspirational perspective. The novel use of a cloud based document allows the support and oversight process to continue without the need for the trainee and educational supervisor to meet every week.

In addition to the benefits for the trainee, educational supervisors have started to realise that for the appraisal and revalidation process they need to demonstrate fulfillment of their responsibilities. Our project gives them a simple method of showing that they have supported their trainee on a regular basis.

"The end result will be that trainees are able to demonstrate effective continuous professional development and success in the goals that they have set and, therefore, should be enabled to have greater control over their allocated teaching time and the resources their hospital has to offer."