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Context:

The Medical Education department at QEQM Hospital Margate (a District General Hospital) has students on placement from GKT King's College London School of Medical Education, and St George's London. As GKT alumni, our insight into the medical school curriculum allowed us to highlight areas that we felt would help students feel more prepared to start life as a junior doctor in the NHS, with a particular emphasis on oncall preparation.

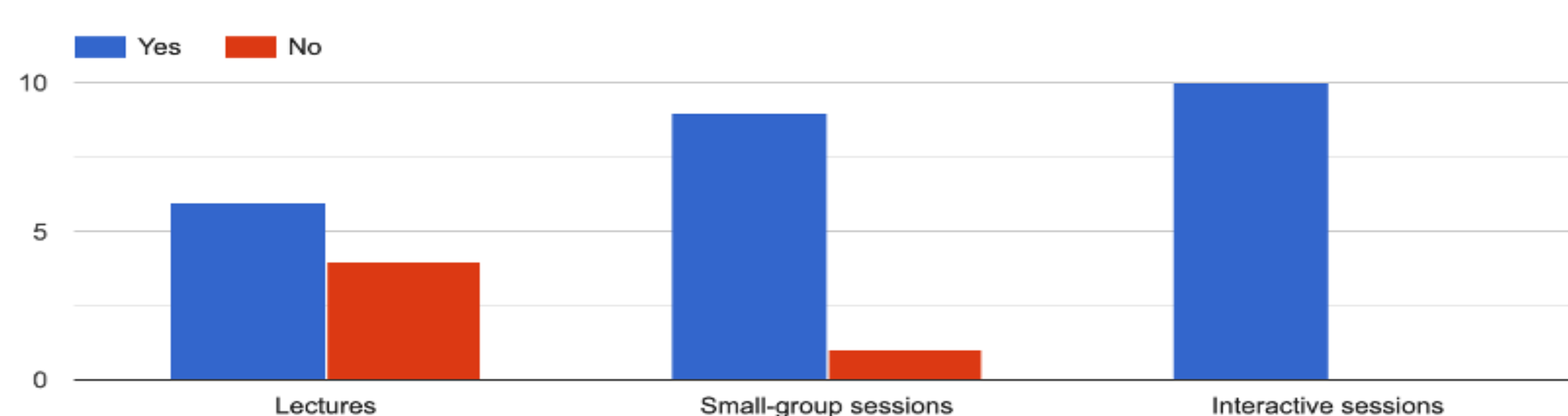
Issue:

One aspect of medical education which was identified early was the lack of oncall preparation. An initial survey was conducted which showed medical student preparedness was lacking for oncall shifts. A teaching schedule was created for specific oncall teaching including preparation from packing pens, to identifying seniors, handing over and reflecting on encounters. This ran alongside a separate virtual oncall teaching programme which put into practice themes and scenarios discussed.

Assessment of issue and analysis of its causes:

A teaching session was conducted at the start of the final year medical student's *Transition to FY1 (TTF1)* rotation. Web-based surveys highlighted that **delegation, prioritisation, escalation and handing over** were key aspects that were not taught well at medical school. This gave an idea to create a teaching programme centred around the oncall shift. The table illustrates small group and interactive sessions were the most desired.

How would you like to be taught?



Other aspects of a preliminary survey noted 50% of students deemed their confidence to deal with an out of hours oncall shift to be a 1/5. No student rated their confidence to 'approach an oncall shift', 'manage a medical emergency' or 'answer a bleep' over a 3/5. Those areas that fared better in the pre-course survey were elements of the curriculum that reflected to be taught better including 'managing a deteriorating patient' and 'approaching end of life care'.

Intervention:

A weekly teaching programme was created, split into aspects of the oncall expectations of a junior doctor in the NHS. This occurred weekly for the duration of the TTF1 rotation, largely small-group based lectures which took the form of interactive scenarios, as guided by what the students wanted to see in the course. This course design was praised by the undergraduate/medical/surgical consultant leads for TTF1 at QEQM; the schedule and framework can be applied by future trainees wishing to continue the programme, or easily be taken to other Trusts across the country. The scenarios themselves took the form of a gentle introduction into oncall expectations; answering bleeps; medical emergencies; surgical emergencies; ward tasks and a number of other miscellaneous tasks that would be expected of them as junior doctors in the NHS.

Strategy for improvement:

TTF1 ran in two blocks, the first was from January-March 2020, and the second would have been from April-June 2020. The first teaching programme ran successfully. We received excellent feedback from students which would have led onto further improvements to the schedule, however due to the covid-19 pandemic, the second TTF1 block was cancelled.

Measurement of improvement:

Feedback was collected at the end of each weekly session, this was reviewed and improvements were made before the next teaching session. 50% of students rated their confidence for 'tackling an oncall shift' below a 2/5 prior to their sessions. This went up to 100% confidence rating of 3 or above afterwards. The **structure, framework, approach, relevance, quality and preparedness of speaker** was rated a 5/5 by 100% of students, as well as 5/5 for **overall feedback**. Specific feedback for sessions involving 'deteriorating patients' went from pre-session ratings of 3/5 or below at 75%, to post-session feedback standing at 75% a 4/5 or above. More specific surveys looking at confidence to deal with 'medical emergencies' sessions found 80% of students to rate their confidence at 2/5 or below, which went to 100% rating their confidence to tackle such scenarios as a 4.5 or above. 'surgical emergencies' sessions found 100% of students to rate their confidence 3/5 or below prior, showing a marked improvement to 100% rating their confidence a 4/5 or above afterwards. End of TTF1 feedback was also collected by the Medical Education department, with comments including 'well communicated', 'very relevant to F1', and 'very engaging'.

Impact:

With the exception of COVID-19 affecting a second cohort of students, the impact of leadership in health education was deemed to be a great success—from students, medical education administrators, Leads for TTF1 and Undergraduate Education at the Trust. What we showed was that although these final year medical students were notably qualified and passed all their assessments, they had not received adequate preparation to work the job in the context of oncall shifts; this initiative benefited our cohort of students, and the framework including teaching material can be easily applied in a sustainable way to future trainees at any Trust in the NHS.

Lessons learnt:

Creating a new teaching programme is a lengthy and important job that should not be taken lightly. The insight we had as alumni made this particular task somewhat easier, in identifying gaps in the curriculum, however to replicate such a teaching programme in a Trust outside of the region would taken even more time and research to get right. Medical students are keen to learn what they need to know, so pre and post questionnaires proved to be very effective at guiding teaching, but an important lesson is drawing and reflecting on own lessons learnt as trainees.

Message for others:

Creating a teaching programme is something many aspire to do, however brainstorming and planning to organise one that is both required and effective is a difficult feat. Working with others who have been through the process recently is something that proved to be very useful, and surveying your audience is the most important tool.