

Teaching in the time of pandemic

Dr Claire Langridge

Consultant Physician Med for Elderly

Joint DME Floor Lead

Hospital Subdean QEUH

What's happening

- 6 students – 51,53,54,55,57 and 1C
- All students have an Educational Supervisor
 - Dr Lorna Christie (cons)
 - Dr Claire Langridge (cons)
 - Dr Cara Hammond (StR)
 - Dr Mo Ibraheem (StR)
 - Dr Eilidh Ferguson (Sept onwards) (StR)
- 2 weeks in DME (out of 12 weeks).
- All students should get a Near Peer Coach
 - Contact person
 - Help with finding learning opportunities on the ward



On the ward every morning
Email Dr Christie or myself if not



Immersed in the ward
Not standing doing nothing!



Part of the team
Use all team members

Operation Colleague

| Team Professional ACTIVITY | Level Required | Supervisor Name/Designation | Date |
|---|-------------------|-----------------------------|------|
| 1. Write a ward round 'jobs list' and then prioritise tasks | Close supervision | | |
| 2. Carry out a review of a Drug Kardex during rounds | Close supervision | | |
| 3. Carry out a review of an observation chart during rounds | Close supervision | | |
| 4. Carry out a review of a fluid prescription chart during rounds | Close supervision | | |
| 5. Handover a patient to a colleague | Close supervision | | |
| 6. Refer a patient to a colleague | Close supervision | | |
| 7. Consent a patient for an investigation | OBSERVE | | |
| 8. Present a patient review during rounds | Close supervision | | |
| 9. Write a structured entry in the case notes | Close supervision | | |
| 10. Review a patient for a nursing colleague | Close supervision | | |
| 11. Prescribe in parallel with a colleague on your 'Student kardex' | Unsupervised | | |
| 12. Write a structured immediate discharge letter | Close supervision | | |

Assessments

Team Professional Activities

| Clinical and Procedural Skills | Level Required | Supervisor Name/Designation | Date |
|--|----------------------|-----------------------------|------|
| 1. Take baseline physiological observations and record appropriately | Indirect supervision | | |
| 2. Carry out peak flow respiratory function test | Indirect supervision | | |
| 3. Take blood cultures | Indirect supervision | | |
| 4. Carry out arterial blood gas and acid base sampling | Direct supervision | | |
| 5. Carry out venepuncture | indirect supervision | | |
| 6. Measure capillary blood glucose | Indirect supervision | | |
| 7. Carry out a urine multi dipstick test | Direct supervision | | |
| 8. Carry out a 3- and 12-lead electrocardiogram | Direct supervision | | |
| 9. Take and/or instruct patients how to take a swab | Direct supervision | | |
| 10. Set up an infusion | Direct supervision | | |
| 11. Use correct techniques for moving and handling | Direct supervision | | |
| 12. Instruct patients in the use of devices for inhaled medication | Indirect supervision | | |
| 13. Prescribe and administer oxygen | Direct supervision | | |
| 14. Prepare and administer injectable (SC, IM, IV) drugs | Direct supervision | | |
| 15. Carry out intravenous cannulation | Indirect supervision | | |
| 16. Carry out safe and appropriate blood transfusion | Observation | | |
| 17. Carry out male and female urinary catheterisation | Direct supervision | | |
| 18. Carry out nasogastric tube placement | Observation | | |

| Level of Supervision | Explanatory notes |
|---|---|
| Observation of the activity – no execution | Student observing procedure being performed on the patient. |
| Safe to practise under direct supervision | The newly qualified doctor is ready to perform the procedure on a patient under direct supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision. By direct supervision, we mean that the medical student or newly qualified doctor will have a supervisor with them observing their practice as they perform the procedure. As the newly qualified doctor's experience and skill becomes sufficient to allow them to perform the procedure safely they will move to performing the procedure under indirect supervision. |
| Safe to practise under indirect supervision | The newly qualified doctor is ready to perform the procedure on a patient under indirect supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision at first and, as their experience and skill became sufficient to allow them to perform the procedure safely, with indirect supervision. By indirect supervision, we mean that the newly qualified doctor is able to access support to perform the procedure if they need to – for example by locating a colleague and asking for help. |

Assessments

CAPS Clinical and Procedural Skills

Assessments



Top 20 presentations

Top 20 presentations (building on top 10 in junior Medicine)



| | | | |
|------------------------------|-------------------------------|--------------------|-----------------------------------|
| Acute kidney pain | headache | Fits/seizure | rash |
| Abdominal Pain | Joint swelling | jaundice | poisoning |
| Collapse/blackout | Acute back pain | Limb pain/swelling | Palliative care/the dying patient |
| cough | Bruising/spontaneous bleeding | palpitations | Diarrhoea |
| Falls/deteriorating mobility | Confusion/delirium | Weight loss | Nausea/vomiting |

Week 1: Presenting Complaint: ▼ Confusion/Delerium



Restricted Available from 31 August 2020

 Tutorial: confusion history and examination - Dr Nicola Waddell 

! Not attempted



 Case 1: A Confused Patient - Dr Nicola Waddell, Dr Kayleigh Magee and Dr Jack Newell. Edited by Dr Kerra Templeton 

! Not attempted

 Case 1 Part 2: Mrs Shah's Diagnosis - Dr Nicola Waddell, Dr Kayleigh Magee and Dr Jack Newell. Edited by Dr Kerra Templeton 

Restricted Not available unless: The activity **Case 1: A Confused Patient - Dr Nicola Waddell, Dr Kayleigh Magee and Dr Jack Newell. Edited by Dr Kerra Templeton** is marked complete

! Not attempted

 Case 2: An Embarrassed Patient - Dr Nicola Waddell, Dr Kayleigh Magee and Dr Jack Newell. Edited by Dr Kerra Templeton 

! Not attempted

 Tutorial: Dementia - Dr Nicola Waddell 

! Not attempted

 Tutorial: Delerium - Dr Nicola Waddell 

! Not attempted

Assessments

Virtual ward round covers all ILOs

E-

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Data

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- 4 Portfolio cases – written up and handed to ES
- 10 'case of the week.' Clinical Encounter form <48 hours or ward review form if >48 hours
- 1 minicex and 1 CBD
- 1 long case

Assessments

Ideas about learning on the ward

- 08.45 meet in Doctors room – ‘check in’
 - 09.00 ward huddle/handover
 - 09.15 onwards ward round
 - 12 ish MDT
 - 12.30 – plans for the afternoon...
-
- What to do between 9 and 12..

Ideas about learning on the ward

Before the ward round starts:

“Learning: Not being taught”

- <https://improvement.nhs.uk/resources/safer-patient-flow-bundle-ward-rounds/>
- <https://www.rcplondon.ac.uk/projects/outputs/ward-rounds-medicine-principles-best-practice>
- Talk about the purpose of the ward round eg time for all team to see patients, sharing information, etc
- Students need list of patients too.
- Divvy up roles on the ward round. Think about Team Professional Activities
- Eg 'you look at the drug Kardex,' you tell us the NEWS,' 'You look at TRAK, 'You make a list of IDLS needed/jobs.'

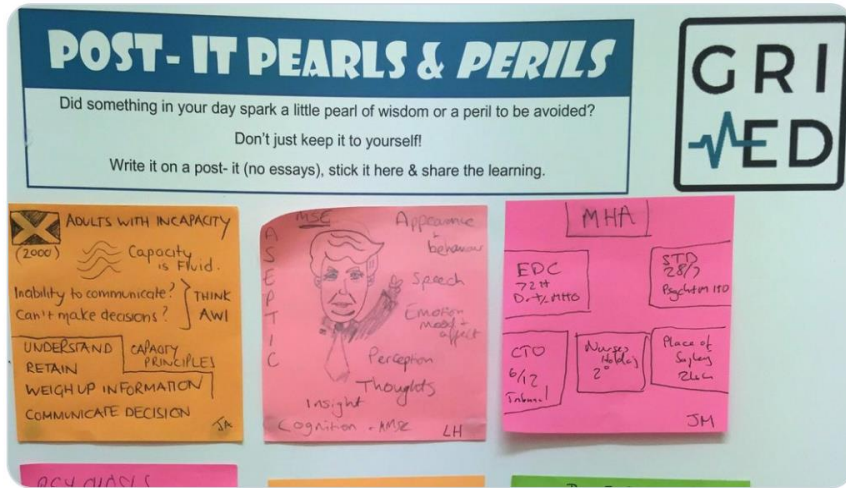


Tweet



GRI-ED @GRI_ED · Oct 1, 2018

Handover "Post-it Pearls and Perils" - for the weekly teaching theme: Mental Health (zoom & pan the notes!)



20

36



Ideas about learning on the ward Before the ward round starts:

Post it Pearls – hand post it notes to students and get them to write down any pearls of wisdom or clinical uncertainty and at end o ward round stick on notice board discuss. Review at the end of their 2 week block

Ideas about
learning on the
ward

On the ward
round

- **'Scouting'** –
 - send the student ahead to see a patient
 - One task eg take a Resp history, examination the CVS
 - Could try **SNAPPS**

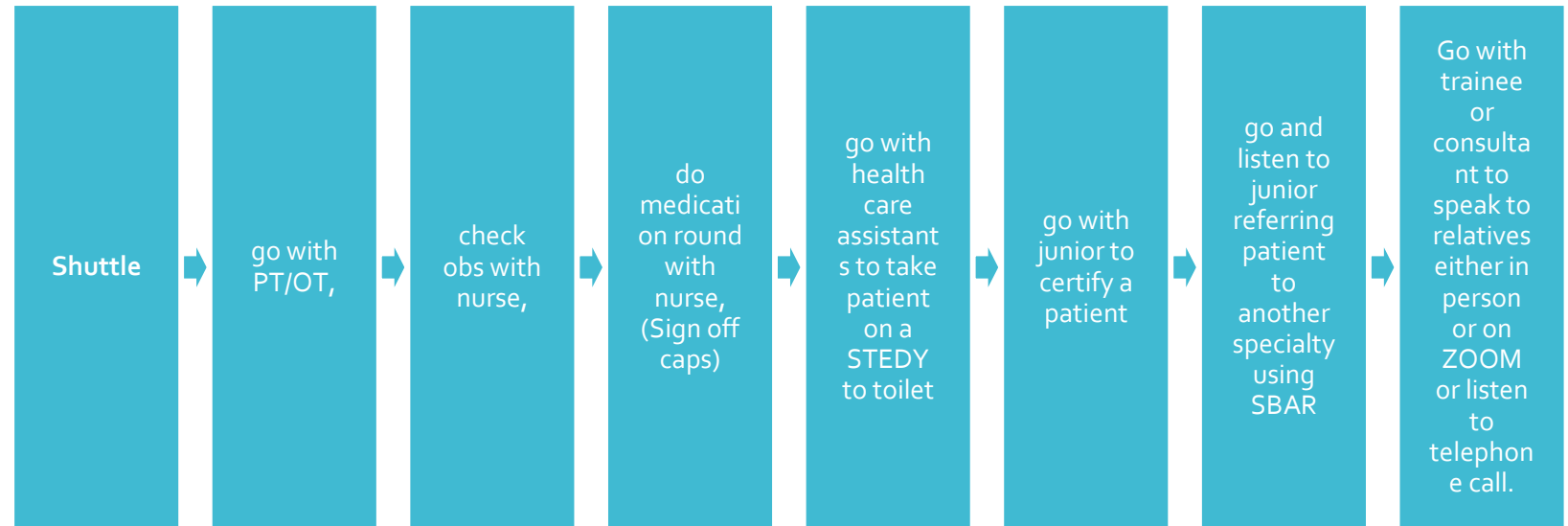
Ideas about learning on the ward

On the ward round

- **S**ummarise the history and physical finding
- **N**arrow the differential diagnosis to 1 or 2 possibilities
- **A**nalyse the differential by comparing and contrasting the possibilities
- **P**robe the preceptor with questions about areas of uncertainty
- **P**lan diagnostic or management strategies
- **S**elect an issue related to the case for self –directed learning

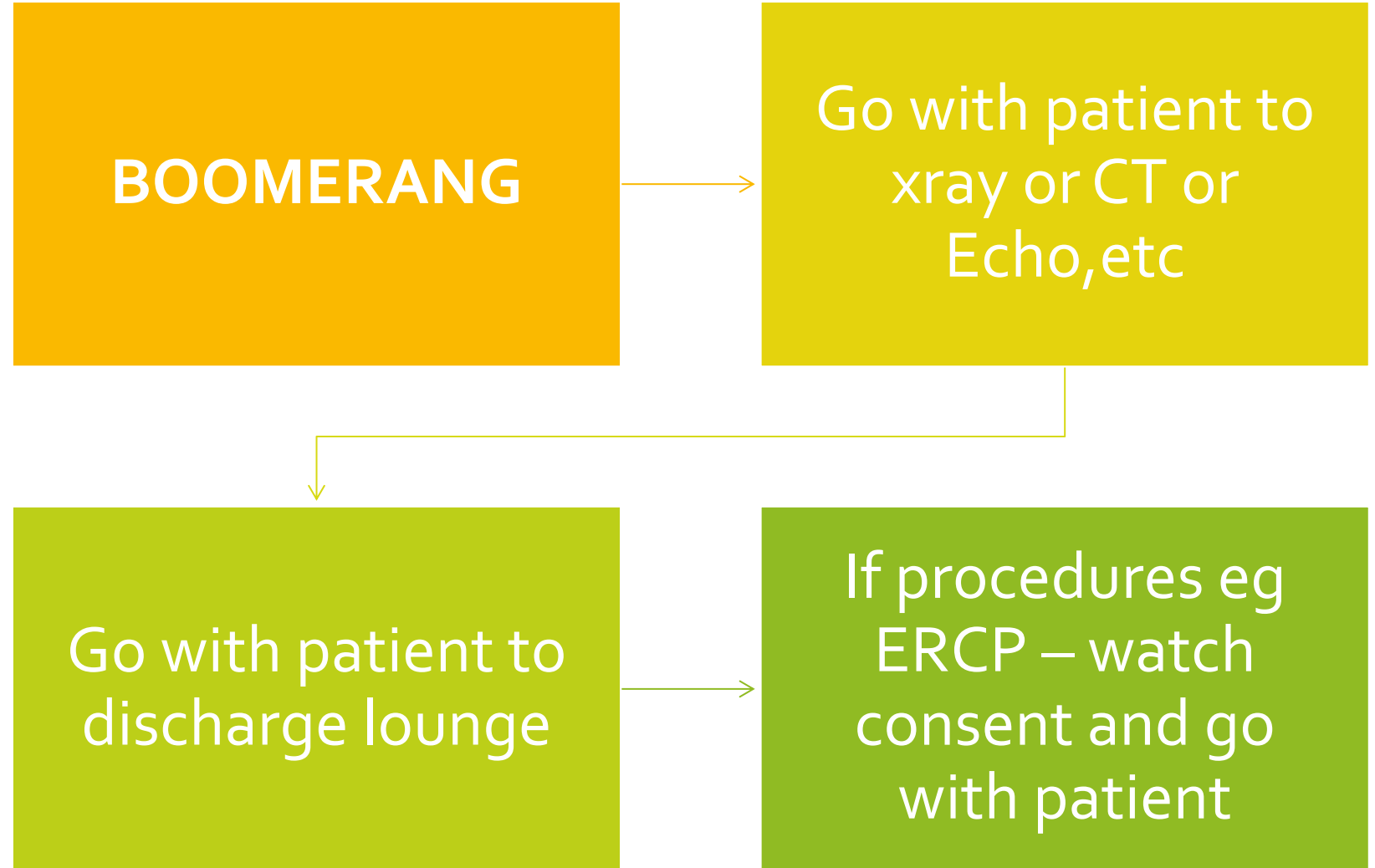
Ideas about
learning on the
ward

On the ward
round



Ideas about learning on the ward

On the ward round



Ideas about
learning on the
ward

On the ward
round

- **Modelling**

- Teacher to talk a lot what they are doing eg looking at swollen ankles
- Talk about what they are looking for and speak out loud their clinical reasoning – pros/cons eg why you think it is mild dependent oedema from sitting versus heart failure
- Ask juniors or students to do the same. Could then be used as a MiniCex for both

Ideas about
learning on the
ward

On the ward
round

Contrastive examples

Right sided frontal/temporal headache with mild visual disturbance on the right

Working diagnosis is Temporal Arteritis

'Who gets this illness – epidemiology/risk factors'

What is alternative diagnosis – why/why not

Time scale

Can you commit to diagnosis

Worst case scenario for wrong diagnosis

Afternoon teaching



How do we
know what to
teach?



Good medical practice

UNDER GRADUATE



- Educational outcomes for graduates
- Achieving good medical practice

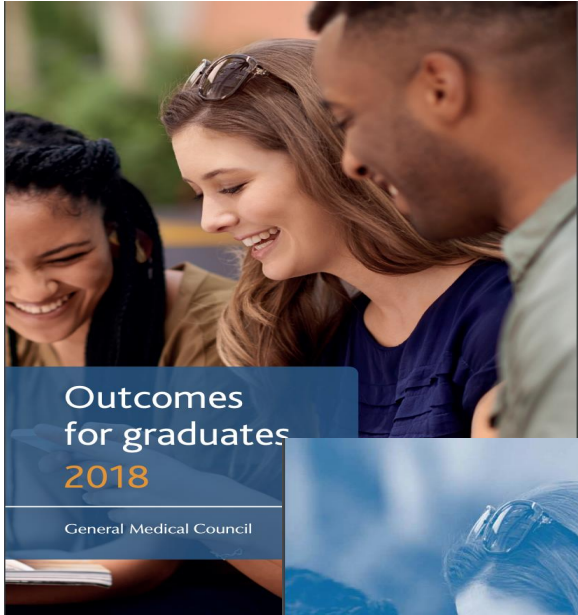


POST GRADUATE



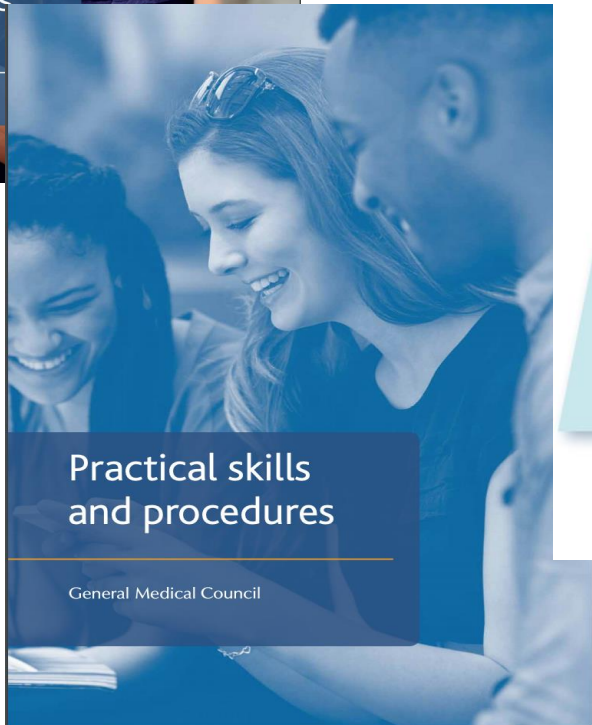
- Excellence by design
- Standards for post graduate curricula
- Generic professional capabilities

Promoting excellence



Outcomes for graduates 2018

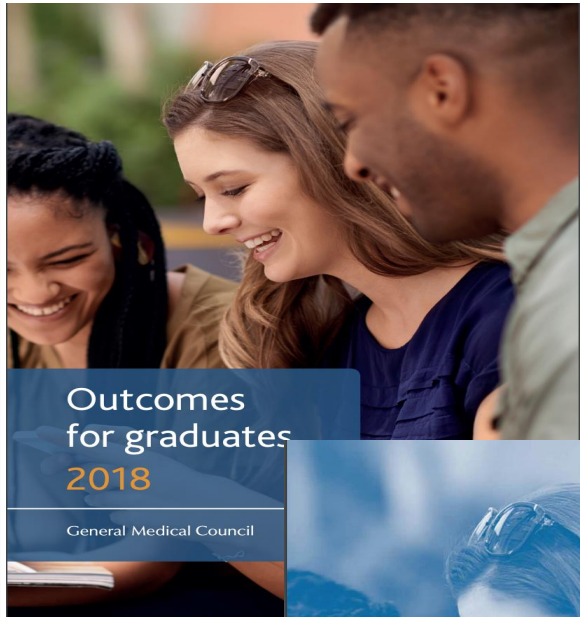
General Medical Council



Practical skills and procedures

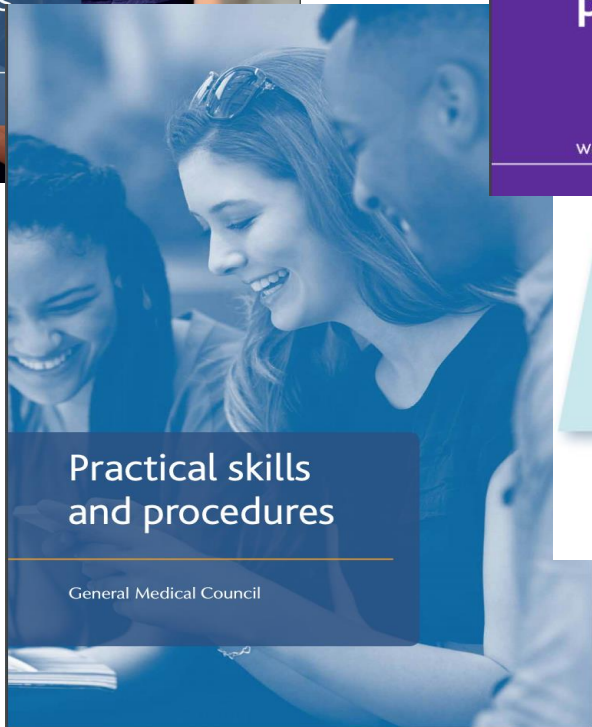
General Medical Council





Outcomes for graduates 2018

General Medical Council



Practical skills and procedures

General Medical Council

The cover features a circular portrait of a smiling woman with dark hair tied back, wearing a grey scrub top and a blue lanyard. Below the portrait is a purple section with white text. At the bottom, a light blue section contains a list of bullet points and the General Medical Council logo. The background is white with a faint image of the 'Outcomes for graduates 2018' cover.

**Good medical
practice**

Working with doctors Working for patients

General
Medical
Council

ADUATE

- Educational outcomes for graduates
- Achieving good medical practice
- Excellence by design
- Standards for post graduate curricula
- Generic professional capabilities

Promoting excellence



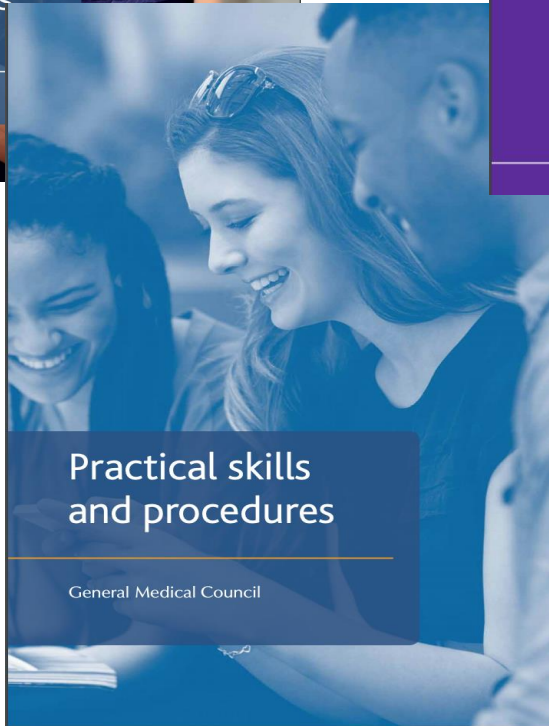
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General Medical Council



Good medical practice

Working



Practical skills and procedures

General Medical Council



Promoting excellence:

standards for medical education and training

Working with doctors Working for patients

General Medical Council

GRADUATE



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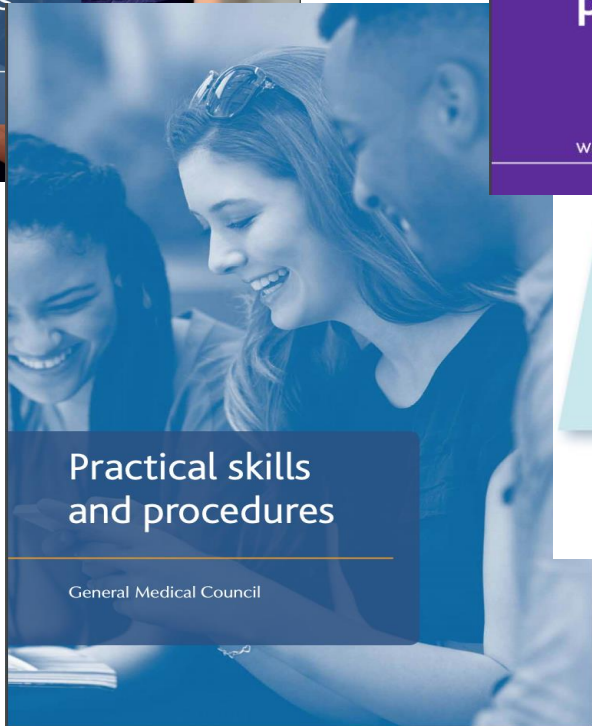
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Good medical practice

Working with doctors



Practical skills and procedures

General Medical Council

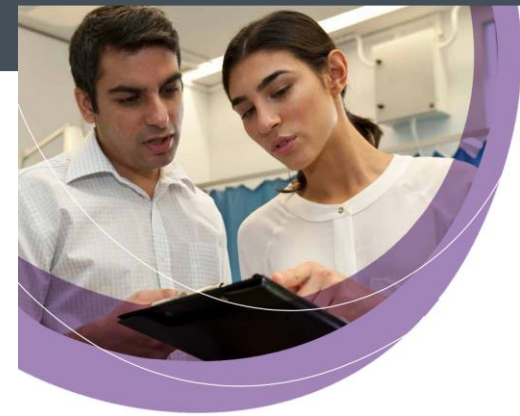


Promoting excellence:

standards for medical education and training

Working with doctors Working for patients

General Medical Council



Excellence by design:

standards for postgraduate curricula

Working with doctors Working for patients

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Outcomes for graduates 2018

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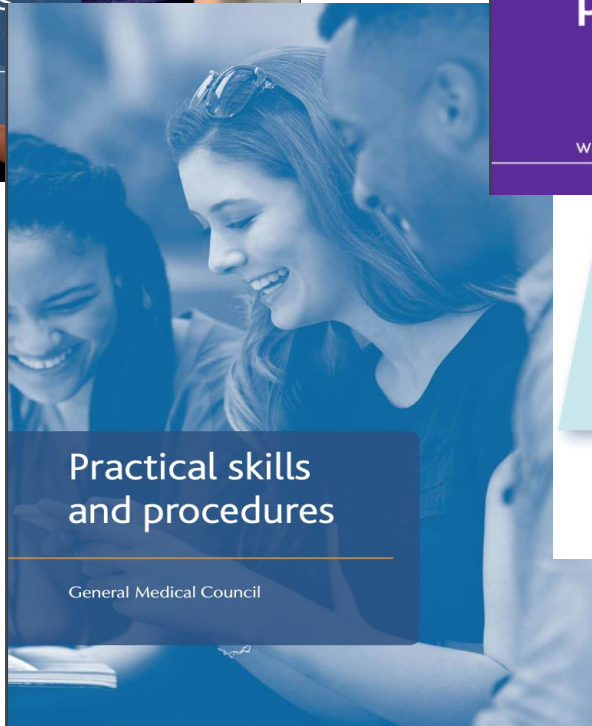
Good medical practice

Working with doctors



Excellence by design: standards for postgraduate curricula

Working with doctors Working for patients



Practical skills and procedures

General Medical Council



Promoting excellence: standards for medical education and training

Working with doctors Working for patients

General Medical Council

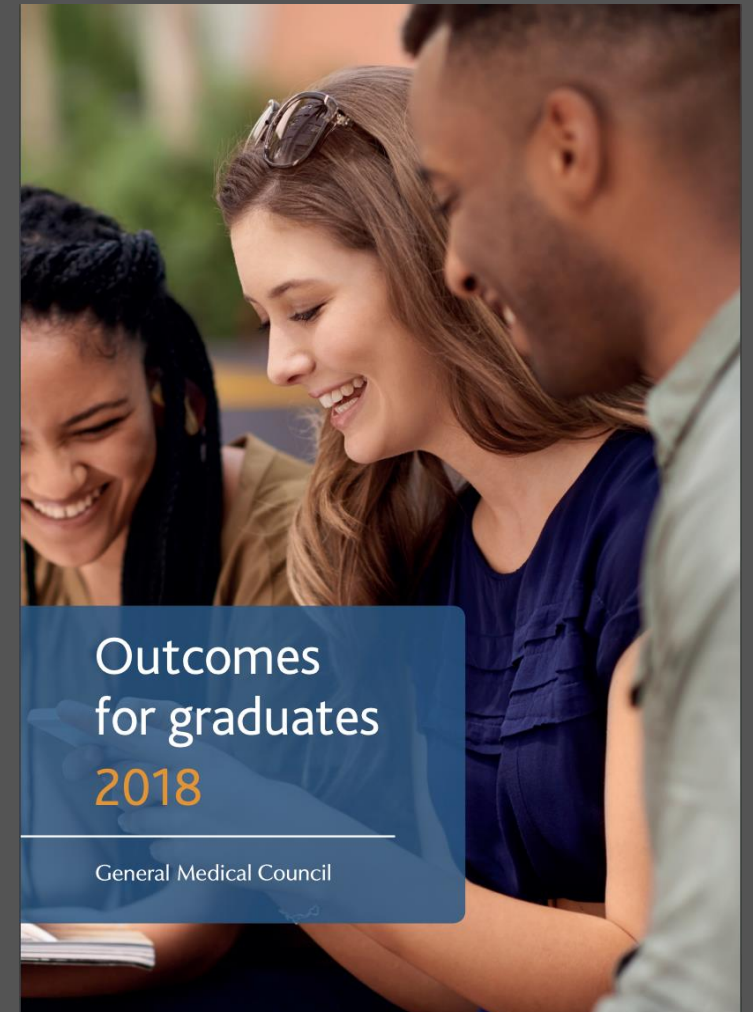
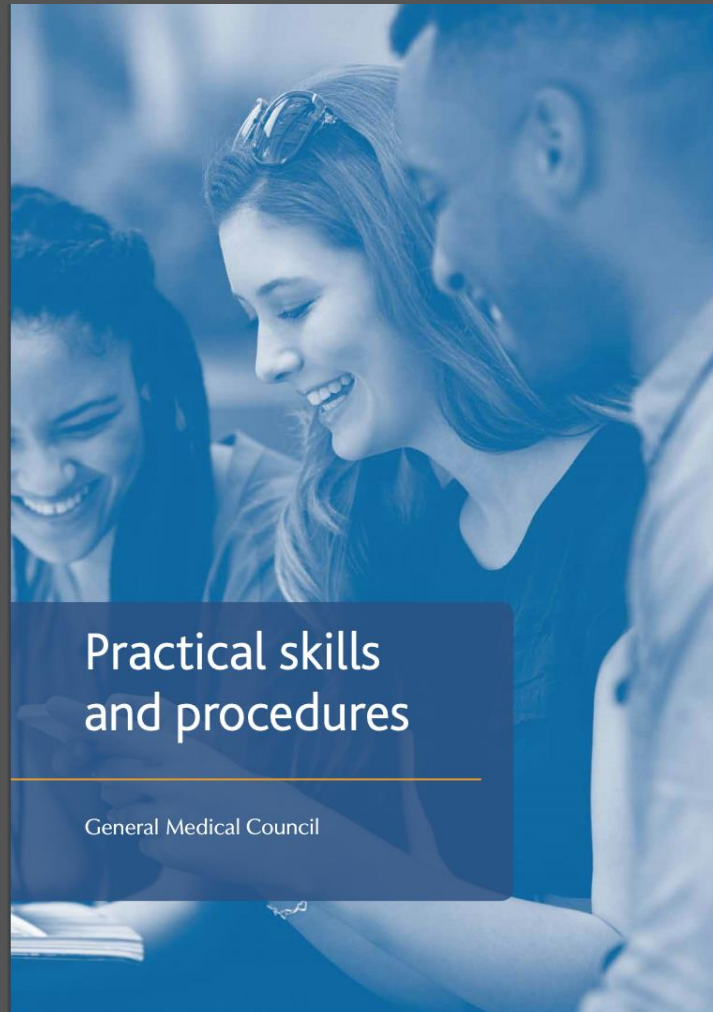


Generic professional capabilities framework

Working with doctors Working for patients

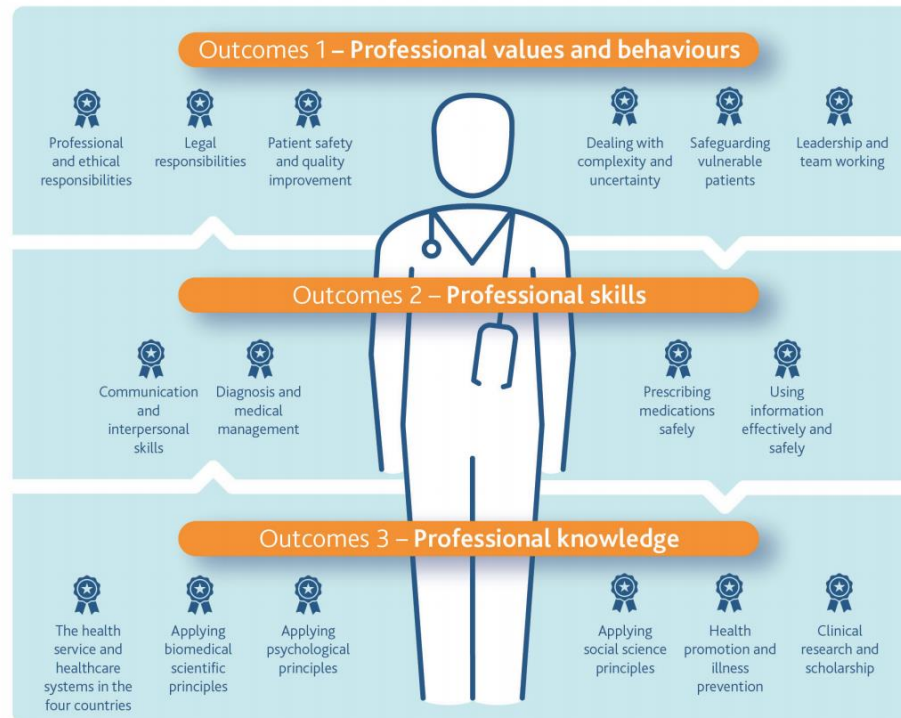
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How do we know what to teach



Outcomes for Graduates

Structure of the outcomes





Medical schools **MUST** develop a **Curriculum** that **maps** to the 3 Outcomes of

Professional Values and Behaviours
Professional Skills
Professional Knowledge



They must develop an **Assessment Blueprint** to show how the students are assessed on their learning against these outcomes.



MEDICAL SCHOOL

Medical schools provide an education that allows newly qualified doctors to meet all of the outcomes



Medical students take responsibility for their own learning and use the outcomes to understand what we expect them to be able to know and do by the time they graduate



LOCAL EDUCATION PROVIDER

Local education providers work with medical schools to provide clinical placements and learning opportunities that give medical students the opportunities to build practical experience and safely meet the outcomes

General Medical Council

We check that the education provided by medical schools allows medical students to meet the outcomes and take action if we are not satisfied that this is happening

Curriculum and ILOs

Geriatric Medicine

Common and/or Important Presentations

Chronic pain, Delirium, Dementia, Deterioration in mobility, Falls, Fragility fractures, Frailty, Incontinence

Common and/or Important Conditions

| Condition/Issue | Phase 4 Medicine | Preparation for Practice |
|--|---------------------------------|---------------------------------|
| Deterioration in mobility | A | * |
| Falls | A | * |
| Continence – urinary / faecal | A | * |
| Delirium | A | * |
| Dementia | A | * |
| Malnutrition/sarcopenia | A | * |
| Depression | A | |
| Osteoporosis / fragility fractures | A | |
| Pressure ulcers | B | |
| Hearing and visual disorders | B | |
| Elder abuse | B | |
| Common conditions in older people (CVA/TIA, COPD, IHD, Heart failure, Hypertension, COPD, Pneumonia, UTI, Diabetes, Renal Failure) | See System/Sub- specialty | See System/Sub- specialty |

Example of ILOs

- **Falls/ Deteriorating Mobility in the Older Adult**
- By the end of this session I would like the medical students to know.
 - 1. The definition and epidemiology of Falls .
 - 2. Risk Factors for Falls.
 - 3. Common causes of Falls.
 - 4. Multidisciplinary Management and Prevention of Falls both in hospital and the community.

Break ILOs down further

- ILO number 4 'Multidisciplinary Management and Prevention of Falls both in the hospital and the community.
- Any documents from SIGN/NICE/British Geriatric Society to help with this?
- Who are MDT involved in Falls Management and Prevention
 - What do they each do ?
 - How do they do it ?
 - Do they have scoring systems and do their treatment strategies work?
 - What happens in hospital eg on my ward
 - What happens in the community to someone who Falls at home, falls in a nursing home?
- How can I make this interesting and memorable for the student and link it to bed side teaching
- How do I know if they have learnt anything?

How to teach these in the time of a pandemic

- I don't know!
- Learning how to do this..
- Tutorials
- Bedside teaching
- Early Feedback – each session - record
- Your ideas
- Look at Medical Education, Clinical Teacher, Academic Medicine, etc
- Google 'how to teach in a mask...'
- Medical education poster/paper.

- Tutorials
 - Can we pre-record so less trainer boredom and fatigue
 - Could a 'flipped classroom' approach work
 - Offer other resources to look at (they will have virtual ward round)

How to teach
these in the
time of a
pandemic

- Linked bed side teaching sessions eg Falls and Deteriorating patient
 - Before see patient
 - Review history taking for a Fall History including medication (ECS/med rec)
 - What systems are pertinent (?all) – but ?Aortic stenosis, CVA, Peripheral neuropathy, Joint disease, eye sight, cognition
 - Short patient encounter eg listening to heart. 2 students. 20 minutes
 - Back to seminar room and discuss
 - Could Teams or Zoom be used so everyone could watch (consent)
 - Change round...
 - Encourage them to find patients with above conditions
 - Ask students 'positive/challenges' of session

How to teach
these in the
time of a
pandemic

- Feedback to Cara, Dr Christie and myself
 - what worked and what didn't.
 - Fix for next session.

How to teach
these in the
time of a
pandemic