

Site:	Barnet
Date:	21 <sup>st</sup> November 2018
Attendees:	UCL: Barnet:

**1. Discussion points identified prior to visit:**

a) Review of action points from last visit on 4<sup>th</sup> December 2017 (not discussed elsewhere on the agenda)

- Travel expenses: the student induction and handbook contain information on how students can claim travel expenses

b) Good practice:

- Supportive, friendly staff mentioned in SEQ
- Clinical Teaching Fellow received several good comments within the SEQ
- Good feedback for medicine, emergency medicine and preparation for practice placements
- Access to a discretionary fund for medical student teaching projects/departments to deliver innovative teaching
- Bespoke Preparation of Practice teaching programme delivered with Royal Free (RFH) CTFs
- Appointment of junior doctors to junior teaching lead roles
- Case-based prescribing teaching
- Good mock OSCE

c) Areas to discuss:

- Impact of reorganisation of services across Barnet/Chase Farm/RFH: students on Surgery undertake an (optional) 1 day max at Chase Farm for Day Surgery. The curriculum has been mapped by the site lead and students get experience they can't get elsewhere. (According to student feedback, take-up has been poor)
- No clinical skills centre/simulation facilities on site: junior doctors are running facilitated clinical skills sessions in the Education Centre on Airway and Circulation, but clinical skills teaching is hampered by the lack of facilities. There had been a simulation centre at Chase Farm in the past, but this has not been replaced in the new facility. Dr vv reports that they are in the process of obtaining funding to appoint a designated clinical skills person, and will also liaise with UCLMS to ensure that their clinical skills equipment is the same as that at the central sites.
- Long term conditions placement (rated 50% in rotation A, 25 % in rotation B and 22 % in rotation C). (see notes in "SEQ" below)
- Surgery placement (rated 50% in Rotation A and B) (see notes in "SEQ" below)
- Introduction of community-based teaching by CEPN in LTC module (see notes in "SEQ" below)
- Teaching – sessions cancelled and timetable issues: due to administrative staffing issues last year, there were problems with the timetables and notification of cancelled teaching. Now Ms x is in post and the team are also trying to make timetables as standardised as possible. Timetables have been provided at induction sessions and the Barnet team say that attendance has been good.
- Accommodation – Doctor in the House (see notes in "Accommodation" below)
- Library – limited access out of hours see notes in "Library and IT facilities" below)

**2. Issues to be discussed during the visit:**

<ul style="list-style-type: none"> <li>• SEQ</li> </ul>	<p><b>Long-Term Conditions (LTC):</b> SEQ results from the end of 2017-18 were not positive regarding the LTC module, which was red-rated. Some changes have been made this year, and the module is being adapted in each block based on informal student feedback. A Lead has been appointed for LTC, who has been working to create a new timetable. Students receive an induction to LTC from the lead, in which the aims and objectives of the block are also outlined. Barnet team say that informal feedback from students has been positive so far and they like having a base ward and interaction with foundation doctors. Within LTC module, students have a base ward in COOP,</p>
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	<p>Case-Based Discussion sessions mapped to the curriculum and a CEPN day at Edgware.</p> <p><b>Surgery:</b> Surgery module now has a Deputy Lead, and has structured timetables. As mentioned above, students have been given the option of spending one day at Chase Farm Day Surgery, and the Surgery Lead and Deputy are reviewing teaching in response to feedback. Dr vv reports that she and Dr xx have been working with Surgery to encourage them to overhaul the delivery of Surgery teaching.</p>
<ul style="list-style-type: none"> <li>Accommodation</li> </ul>	<p>There have been no complaints so far this year from students regarding Doctors in the House accommodation or reimbursement of travel expenses. However, two students cancelled their Doctors in the House accommodation at very short notice, which has led to disruption and costs being footed by the Trust for unused accommodation. Barnet will update their accommodation and joining instructions guidance with the deadline by which accommodation can be cancelled without penalty, and the repercussions of cancellation after the deadline.</p>
<ul style="list-style-type: none"> <li>Library and IT facilities</li> </ul>	<p>There is still no access out-of-hours. Dr vv reports that there are no current plans to extend library opening hours, but there may be swipe card access in the future. There is a library steering group in conjunction with UCL Libraries, and some of the older computers have been replaced. Dr yy asks Barnet team to explore alternative study areas for the students, especially in the run up to Finals when there will likely be an increase in students wishing to access.</p> <p>WiFi can be a little patchy at times, according to the students.</p>
<ul style="list-style-type: none"> <li>Mock OSCEs &amp; New Finals format 2018-19</li> </ul>	<p>Mock OSCE is taking place on 11<sup>th</sup> December. In response to some feedback from previous Mocks, Dr zz advises that students have been taught two methods for catheterisation and either is fine as long as the students use aseptic technique.</p> <p>The Barnet team are asked to attend the Finals OSCE on Thursday 14<sup>th</sup> March 2019 at the Royal Free site to run one of the double circuits that will be taking place there. Ms y will send Dr vv and Dr xx confirmation of the training event on 24<sup>th</sup> January, and will add the Barnet team to the Royal Free Team mailing list.</p>
<ul style="list-style-type: none"> <li>Any local site issues</li> </ul>	<p>The Royal Free Group (RFG) began to use a new patient record system the week prior to the UCLMS visit and the transition has not gone well, with even doctors unable to access it. Barnet will update UCLMS on the progress of the new record system, but as access is via NHS Smartcards, it is clear that students will no longer be able to have read/write access. Ms z adds that the RFH and UCLH will also be going paperless shortly, and that the issues regarding smartcard permissions and the knock-on effects will have repercussions not just for the MBBS, but beyond, and will need to be discussed at higher level. In the interim, they will need to use work-arounds such as completing paper versions of things like ward notes, discharge summaries and comparing these with what the doctor has typed into the electronic record. The Barnet team are asked to encourage staff to be more amenable to allowing these paper documents to be used for the procedure card sign offs, as students have reported some reticence among doctors to sign off items that have not been typed into the electronic records directly.</p>
<ul style="list-style-type: none"> <li>Curriculum update from UCL</li> </ul>	<p>The UCLMS curriculum mapping project is underway to bring in line with Outcomes for Graduates 2018</p> <p>The MLA (Medical Licensing Assessment) is currently planned to start in the academic year 2022-23.</p> <p>The Year 6 Team are looking into moving the Year 6 IOM in the future, however, priority this year is for delivery of the new exam, and so no changes are planned for 2019.</p>

• Issues raised by students

Two students were present representing their colleagues

**Medicine:** Pretty good, with a good mix of wards. Excellent teaching from one doctor in particular. Some inconsistencies around bedside teaching, with some students reporting that they did not receive any, and this has been fed back to Dr xx.

**Surgery:** There are a lot of FY1s on the ward and lots of opportunities for teaching. Some students who took Surgery in the first block reported that there is not enough structure in terms of the teaching, and students in the first surgery rotation did not receive a timetable. By contrast, students in the second rotation of surgery did receive a timetable, but felt it was too structured.

Regarding Day Surgery at Chase Farm, students reported that they had been aware that this was available to them, but that many students didn't go, as they felt it was too far to travel for too little benefit. Students reported that for the first two weeks of the surgery rotation, the Chase Farm lead was on leave so students felt there was little point in going, and subsequently, given that none of their colleagues were able to feedback to them about CFH, later students didn't bother to go. The students did acknowledge, however, that they had received information about the Chase Farm Day Surgery during their Surgery induction. Barnet team will encourage the Surgery Lead to include more information in the induction session and induction pack to make clearer to students the benefits of following the journey of a patient on Day Surgery and to compare this against that of a surgery patient admitted over longer periods.

There was not much in the way of surgical teaching, as several sessions were cancelled at late notice and either hadn't been rescheduled, or had been rescheduled for times when not all students could attend and/or with very short notice. Surgical teaching by one doctor was very general, encouraged students to use acronyms with which they were unfamiliar, and had a tendency to run over (sometimes by hours).

**LTC:** The CEPN day in the first block of LTC was not well-received by students. One of the students had heard that subsequent students had a better experience, but that students feel that the clinic seemed a bit pointless and they didn't see why this couldn't be delivered at Barnet. CEPN also clashed with medical and surgical teaching on Tuesdays.

Similarly, they were unsure of the value of the community day at the Falls clinic at Finchley Memorial Hospital. On the day that one of the students went, there were a number of DNAs, the students only saw one patient, and they were unsure why the experience was different to what they got in Barnet.

Clinic week was a bit disorganised, but the rest of LTC was pretty good, and students were aware that the module was being reviewed in line with the feedback Barnet received each rotation, and they seemed to appreciate the efforts that were being made to address their feedback.

Students reported that a lot of what they saw in LTC module were still acute presentations (e.g. UTI) with perhaps a little bit of poly-pharmacy.

**Acute:** One doctor's teaching is really good and they are very helpful. Student receive lots of good teaching on trauma. Students reported that the

A&E induction would benefit from a bit of orientation around the department and “the general pathway of how things work in the Barnet A&E department”.

There were times when there were lots of students on the firm and when they all turned up at A&E there was a reluctance from the doctors to engage with them. Students found that the medical registrar on call was more of a ‘sitting target’, as it were, and so they spend a lot of time with them. The medical reg and on call team were helpful and made students welcome, but the students did acknowledge that they were potentially impinging on gen med resources. The students suggested that the potential to self-allocate shifts would be useful.

**General:**

- Students report that Barnet is generally very good and most of the teaching has been of a good standard. The students said that they would “absolutely” recommend the Barnet DGH site to future final year students.
- Students are asked to feedback after every session, which they do, but the feedback they have been giving hasn’t seemed to be making its way back to the teachers. Students also said that they suffer feedback fatigue, and find that the feedback forms are a little bit too detailed. They also acknowledged that they feel less inclined to complete the UCLMS SEQ given that they have been giving feedback so frequently on site.
- Students were given an hour IT training, but were not then given logins. As discussed above, the new electronic record has left students unable to access any records. (UCLMS will upload some blank Good Hospital prescribing forms, continuation charts and discharge summaries to Moodle for use as a work-around.)
- The library is well-equipped, but not accessible out of hours. Students also use the doctors’ mess as a study space, but it is very grim and neglected.
- Teaching is generally popular, but some of it has been a bit unfocused, and Twilight teaching has been hit and miss, with students feeling that some sessions are being done more for the benefit of the F1/2’s professional portfolio than for the benefit of the medical students. Dr vv plans to start a junior doctor teaching forum, and Dr zz suggests that Peer-Observed Teaching would not only be beneficial in improving the quality of Twilight Teaching, but would also assist in providing feedback to teachers without adding to students’ ‘feedback fatigue’
- Teaching is run in one long cycle regardless of where students are in their programme, and is not repeated in each block. Thus students are not all receiving the same teaching, and students miss an entire 8 weeks of content when they are off-site for SSC and GP. Likewise, when students return from being off-site, or join at the start of Rotation B, the teaching sessions have reached a more advanced level and students have missed out on the earlier content. Barnet Team have been asked to look at reviewing the teaching schedule so that all students have equitable access to content.
- Neither of the students present were using Doctor in the House accommodation, but what they had heard from their colleagues had been good.
- Students would appreciate more access to clinical skills teaching and sim models
- There was dissatisfaction among students regarding the timing of the Mock OSCE, falling as it does just days after the SJT. Dr yy and Dr zz

	acknowledged student concerns and noted that the date of the Mocks may have been affected by availability of rooms and examiners. Dr yy pointed out that the mock OSCE is a chance for students to get a measure of where they are now in terms of their preparedness for finals, and that the mock is not the kind of exam that students can “cram” for. However, Dr vv and team have acknowledged that the timing of this mock is not ideal and will work to ensure that the mock happens in advance of the SJT date next year.
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#### Agreed action points

<b>Action</b>	<b>Action for</b>
Upload blank prescribing forms, continuation forms and discharge summaries to moodle	UCLMS – Year 6 team
Send Barnet Team information regarding the RF OHSCE on 14 March 2019, the walk around on Wednesday 13 <sup>th</sup> March and a calendar invitation to the training on 24 <sup>th</sup> January	UCLMS – Year 6 team
Send Year 6 team updated joining instructions/ accommodation information with updated guidance regarding cancellation periods for Doctor in the House accommodation, and penalty costs incurred by students for late cancellation	Barnet team
Look into appointment of designated Clinical Skills staff member and liaise with Bloomsbury Clinical Skills team regarding equipment	Barnet team
Investigate additional study space for students to access out of hours	Barnet team
Ask staff to be amenable to paper-copy work-arounds in light of problems with students accessing the electronic records	Barnet team
Review the amount of feedback forms students are asked to complete and review the amount of detail included on the form.	Barnet team
Distribute feedback to the relevant teachers	Barnet team
Look at introducing Peer-Observed teaching	Barnet team
Review induction materials to provide clearer information and objectives to incentivise students to visit Chase Farm Hospital	Barnet team/surgery lead
Email all students as soon as possible in the event of cancelled teaching	Barnet team
Set up Junior Doctor teaching forum for quality assuring the Twilight Teaching	Barnet team