

Site:	Basildon
Date:	17 <sup>th</sup> November 2017
Attendees:	Basildon: UCL:

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

Good practice:

- Pilot of simulation teaching for students: simulation will be incorporated into the 2018 Preparation for Practice attachments and the aim is to incorporate it into the assistantships for the 2018-19 academic year.
- Inter-professional learning opportunities: the aim is to provide the simulation teaching above with nursing students.
- Weekly bedside teaching programme for Year 6 students: the Clinical Teaching Fellow (CTF) has recruited 10 doctors in the Trust with certified medical education experience to provide bedside teaching to groups of 3-4 students. This has been well received to date.
- High quality teaching: text comments in the SEQs reflect the overall high quality of the teaching provided.

Concerns:

- Capacity & standard of the on-site accommodation: see below
- Poor quality surgery and LTC placements: see below
- Competition Year 5 students face for learning opportunities from student midwives and paramedics: the Basildon team confirmed that this had not been a problem to date in 2017-18.

Additional areas for discussion:

- Use of an electronic feedback form for core teaching sessions: these are being used to evaluate teaching sessions and record student attendance. Spot checks have been carried out, to ensure students are attending teaching.
- Evaluation of patient feedback forms: following the pilot last year, this project continues for 2017-18. The students require 3 patient feedback forms to be completed (instead of 5) for module sign-off and they are to upload them directly to their e-portfolio. To date, none appear to have been uploaded. Dr x will report on this later in the year.
- Review of preparation for practice for 2017-18: see below

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

<ul style="list-style-type: none"> <li>• SEQs</li> </ul>	<p>Surgery: improvements have been made to surgery placements in 2017-18, which should be reflected in the SEQs. Although it is difficult to identify issues with the placements from limited free-text comments, Dr x highlighted the large amount of paperwork that students are required to complete during T&amp;O placements and will try to work with the orthopaedic lead to decrease this in the future. Dr xx suggested speaking to the North Middlesex team to identify why their surgical placements get good feedback.</p> <p>LTC: scenario-based sessions are being delivered, which have been well received to date. Dr x will work with relevant leads to identify areas for further improvement.</p> <p>SEQ response rates: computer rooms have been booked to enable the students to complete the SEQs at the end of their placements. The QAU will ensure the surveys are open on the relevant dates.</p>
<ul style="list-style-type: none"> <li>• Accommodation</li> </ul>	<p>Due to previous complaints about the accommodation, Professor x has written to the Medical Director. White goods, the flooring in some areas and broken windows and lights have been replaced since our last visit. There has also been a change of cleaner and cleaning products are now provided to the students. Dr x has been having monthly meetings with the accommodation manager and home warden. The Head of Estates and Dr x are due to walk around the accommodation in early December and discuss the plans for renovation.</p> <p>Dr xx and yy joined the team for a tour of the accommodation, which included the communal areas of both renovated and un-renovated flats, although they were unable to view any of the bedrooms. The flats were clean and were of an</p>

	appropriate standard, although it would be preferable if the remaining 50% of the rooms were also renovated.
<ul style="list-style-type: none"> <li>Library and IT facilities</li> </ul>	<p>There were some wifi issues in the accommodation at the start of the year, but these have now been resolved.</p> <p>The students have access to UCL and learning resources in the library. The staff organise monthly courses on critical thinking, reflective practice etc which the students are able to attend.</p>
<ul style="list-style-type: none"> <li>Mock OSCEs &amp; New Finals format 2017-18</li> </ul>	<p>Mock OSCEs have been held successfully this week. The new format ran smoothly and the students had provided some very good feedback.</p> <p>The Basildon team are confident that they will be able to run finals, even without the availability of Room B1.</p> <p>Basildon will be hosting re-take students in May 2018 and will develop a plan for the revision course.</p>
<ul style="list-style-type: none"> <li>Any local site issues</li> </ul>	<p>Anglia Ruskin (ARU): the first intake from the new medical school will be in 2018-19 and will potentially be about 20 students who will be bussed in from the university's campus. Dr xx and Dr x are due to meet relevant individuals from ARU to discuss how to work together.</p>
<ul style="list-style-type: none"> <li>Curriculum update from UCL</li> </ul>	<p>Owing to amendments to the curriculum elsewhere in the MBBS programme, Care of the Older Person (COOP) and Primary Care need to become more prominent in Year 6. Most sites already base their LTC module around COOP, but the potential to get a higher level of GP engagement with the Preparation for Practice placements should be explored, possibly through the use of GP trainees.</p> <p>Potential opportunities for students at Basildon include GP streaming/triage in the Emergency Department and a greater exposure to frailty and community visits within the LTC module.</p>
<ul style="list-style-type: none"> <li>Issues raised by students</li> </ul>	<p>Overall, the students were very happy with their placement. zz and the CTF were both commended for their help in running the placement. They were very happy with the mock OSCE earlier in the week. They found it well organised and very useful.</p> <p>Medicine: Some students found 4 weeks to be too long on one ward, especially with teams where there were few patients or few ward jobs to help with e.g. palliative care. <i>We discussed how to empower the students to seek opportunities on other wards and with other teams during their placement.</i></p> <p>Medical on call was very useful and the students felt that they should all be encouraged to do this. They would like more information about who to contact and how to arrange out of hours shifts. <i>We discussed the possibility of rostered on call shifts and to perhaps ask which doctors would like a student to assist them overnight.</i></p> <p>Surgery: CTC was felt to be a good placement for cardiology, however, there was less surgical exposure. They were not sure of the purpose of the SRU week and would again like more information to help facilitate out of hours shifts in surgery. There were no specific comments about the amount of paperwork within the T&amp;O week.</p> <p>LTC: Renal week was felt to be very good, with a lot of teaching.</p> <p>Acute medicine: A&amp;E placement was great. Doctors actively got the students involved, clerking patients and carrying out procedures. Students felt that the doctors on AMU were very stressed and busy. The ambulance day is a useful addition and provided them with a good experience of pre-hospital care.</p> <p>Accommodation: overall, the students were happy with the standard of the accommodation. They felt that maintenance issues could take a long time to resolve.</p> <p>Teaching: Well organised overall. They commented that they had been promised an OSCE revision teaching course, however, this had not yet happened and has now been reorganised for a weekend. <i>We suggested to the team that this should be scheduled for during the week rather than at a weekend.</i></p>

Agreed action points

Action	Deadline/status
<b>Basildon</b>	
Further review of patient feedback questionnaires at the end of the attachment. Consider reviewing student feedback regarding this.	For re-audit in June 2018
Review of inter-professional simulation teaching.	To be covered in Preparation for Practice module
Review the surgery module to decrease the T&O paperwork.	Dr x has met with surgical lead and will continue to monitor. T+O paperwork has been reduced to reflections only.
Review the LTC & Preparation for Practice modules to include frailty and GP streaming.	Dr x will meet with the lead of DMOP in the near future to review
zz to send yy the date of the SEQ feedback session to ensure the survey is open.	Completed
Outline the plan for the revision course for re-take students.	Will send plan by the end of January 2018