

Site:	Lister, Stevenage
Date:	20 <sup>th</sup> November 2017
Attendees:	Lister: UCL:

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

#### Good practice:

- High quality clinical skills teaching and simulation sessions: the students undertake an ILS course, which is followed up by a scenario day to consolidate their learning. Both are highly rated as is the opportunity to go out with the Critical Care Outreach Team (CCOT), which gives the students the opportunity to manage sick patients with a CCOT nurse.
- Prompt and appropriate handling of the incident in A&E involving UCLMS students: the actions taken to address a Raising Concern.
- Near peer teaching programme: the programme is co-ordinated by an ex-UCL Foundation doctor and involves Year 6 students providing weekly bedside teaching to 4th year students from Cambridge, which is highly rated.
- Involvement of students in writing case reports, audits and quality improvement projects and presenting at conferences: students are involved in various audits and quality improvement projects e.g. the national diabetes audit.
- SJT course run for Year 6 students: this was held a couple of weeks before the visit and the material was shared with the Year 6 team.

#### Concerns:

- Problems with wifi in student accommodation: see below
- Competition with Cambridge students for learning opportunities: there were no issues. Students are able to sign-up to bedside teaching sessions via a communal spreadsheet to limit the number attending. There are 3 students per ward: 1 UCL (6th year); and 2 Cambridge (4th year).
- Limitations in teaching space: plans are in place to try and secure additional space in another building. The aim is to have 2 clinical skills labs in the future to increase capacity, but in the meantime, the room next to the lab is also being used for clinical skills.

#### Additional areas for discussion:

- A&E – appropriate supervision overnight: previous issues have been resolved and the students are able to undertake overnight shifts.
- Plan to collect patient feedback in outpatient clinics on interactions with students: students are collecting feedback from 2 patients in outpatients/on the wards, which is read by their educational supervisor.
- Progress on the additional building that has been proposed for undergraduate use: see above

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

<ul style="list-style-type: none"> <li>• SEQ</li> </ul>	<p>Chronic conditions: students don't seem to want to go to clinics, although they have the opportunity to see patients on their own.</p> <p>Preparation for Practice: it is often difficult for students to distinguish between their assistantship and Preparation for Practice placements and consultants may not be aware of what the students are capable of undertaking in each. The potential exists to ask students what key areas they need to focus on in the Preparation for Practice placements.</p>
<ul style="list-style-type: none"> <li>• Accommodation</li> </ul>	<p>Problems have been reported with wifi access in the accommodation. Each flat has its own router, but the system becomes very slow when all the students are trying to access it at the same time with multiple devices. The Trust had a report from their wifi provider, which evidenced usage at certain times during the day.</p> <p>Dr x and yy joined Dr xx and zz on a tour of the accommodation, the standard of which was appropriate. The speed of the wifi seemed sufficient, however, the system was not being overloaded with multiple</p>

	<p>devices. Dr x suggested mapping where the service was good/poor, with the help of a student, and exploring the potential to get wifi passwords so each student could only log-on with a single device at a time. This would help to alleviate pressure on the system.</p>
<ul style="list-style-type: none"> <li>• Library and IT facilities</li> </ul>	Students have access to UCL and learning resources in the library 24/7.
<ul style="list-style-type: none"> <li>• Mock OSCEs &amp; New Finals format 2017-18</li> </ul>	The mock OSCE generally went well, although the students found the history-taking station a bit confusing. Dr xxx was given a copy of the students' feedback. Lister will not be hosting the finals OSCEs, but Dr x suggested that members of the team could observe the OSCEs being held on other sites.
<ul style="list-style-type: none"> <li>• Any local site issues</li> </ul>	<p>Year 6 placements should enable students to apply their knowledge - they should receive in situ teaching on the wards rather than large amounts of didactic teaching. Lister provides very high quality out of hours didactic teaching, but there is, perhaps, a surplus, which doesn't encourage students to take responsibility for their study.</p> <p>Due to a lack of administrative support, some communications from UCL have been provided at short notice. Early notifications would be helpful for the DGHs.</p>
<ul style="list-style-type: none"> <li>• Curriculum update from UCL</li> </ul>	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.
<ul style="list-style-type: none"> <li>• Issues raised by students</li> </ul>	<p>The students felt that this was the best placement that they had had at Medical School. They praised Dr xx for her support during the placement, citing that she valued the student experience and was keen to make changes in response to their feedback. Their recent mock OSCE was felt to be really helpful. Overall, the assistantship received very positive feedback, especially A&amp;E and the provision of bedside teaching.</p> <p>LTC: The students felt that the module seemed very similar to the medicine placement, especially in terms of their experience of ward work. They did, however, appreciate the ability to choose the ward or specialty for these placements.</p> <p>Surgery: the surgical placement felt less structured. Students found it difficult to find suitable patients to clerk for the bedside teaching sessions and would appreciate some help from the doctors for this. There is daily teaching whilst on the placement, but they found it more difficult to get involved with other aspects of ward work during this module.</p> <p>Accommodation: this was thought to be very good, however, wifi access is unreliable. On the whole, it depends upon how many people are using the connection at the same time and thus they can struggle to get onto the internet during evenings and weekends. Some students had bought extenders to see if this made a difference. They felt it was not possible to only connect one device to the router at a time. Wifi availability in the hospital and library are felt to be very good. The letter boxes in the accommodation blocks are sealed and students' post has to be delivered via the administration office.</p> <p>Teaching: there is noted to be a large amount of formal and informal teaching on site which is commended. However on occasion, there can be clashes where new teaching sessions overlap with existing teaching. Most teaching is outside of working hours.</p>

## Agreed action points

Action	Deadline/status
<b>Lister</b>	
Review Preparation for Practice placements to distinguish them from the assistantships and potentially include elements of Primary Care.	Placement timetable for 2018 is being developed and rooms have been booked
Detailed analysis of wifi to determine how this could be improved.	To be undertaken with a student in January/February 2018
Explore the potential to get wifi passwords for a single device for each student to alleviate pressure on the system.	Update to be provided by the end of January 2018
Review the teaching programme to assess whether the quantity of didactic teaching should be reduced.	Amendments to be made for the 2018-19 academic year
Explore the potential to unseal the letter boxes in the accommodation blocks.	Current system to be maintained to ensure mail does not go astray.
<b>UCL</b>	
Send communications to DGHs as early as possible (this will be dependent to some extent on the level of administrative cover available).	In progress