

Site:	Watford
Date:	29 <sup>th</sup> November 2017
Attendees:	Watford: UCL:

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

Good practice:

- New simulation suite and teaching sessions: All students receive one day of simulation training in a group of five, which covers basic life support and human factors with multi-professional input. Each student has the opportunity to undertake the initial assessment of an acutely unwell patient and the feedback to date has been very positive. Dr x showed Dr xx and ww around the new simulation suite.
- Innovative teaching sessions and mock OSCEs run by foundation and junior doctors: a lot of innovative teaching is taking place e.g. an F2 doctor has run some radiology teaching, which has been very well received. The undergraduate team has received lots of offers from junior doctors to get involved in teaching and Dr x is planning to undertake peer observation of the foundation doctor teachers. A new clinical skills facilitator is due to start at the Trust in March and is keen to develop the current teaching programme.
- Review and improvement of Renal, LTC and Preparation for Practice placements: Dr x would like to give the current format of the placements a chance to embed before making further changes. Renal placements now include a palliative care week, which has been well received to date.
- Introduction of undergraduate tutor drop-in sessions for students to informally discuss concerns: few students have attended the drop-in sessions to date. Dr x will continue to offer the sessions for the remainder of the year and then will reassess their need.

Concerns:

- Accommodation and access to wifi: see below
- Student attendance and requests to leave placements early after finals: Dr x said there had been incidences of students turning up late to ward rounds and gave a specific example of some students reorganising some teaching with a consultant and then not showing up. Dr xxx reminded the team of the potential to issue Concerns over Attendance and Engagement and Concerns over Professional Behaviour forms. Dr x will continue to monitor the situation in the future.

Additional discussion points:

- How to increase engagement with the SEQs: see below
- New format of the mock OSCEs: see below

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

<ul style="list-style-type: none"> <li>• SEQ</li> </ul>	<p>Individual teaching sessions are evaluated using Survey Monkey, which enables the undergraduate team to resolve any issues in a timely manner, although it probably dilutes the amount of feedback provided via the SEQs. yy was considering holding a 'leavers' lunch' and making laptops available to try and increase student engagement with the SEQs. The SEQs will open on Thursday 7 December.</p>
<ul style="list-style-type: none"> <li>• Accommodation</li> </ul>	<p>At the start of the block there had been some issues with the wifi and access to specific websites, however, these had been resolved. The team now have a named contact in IT, who they will approach should any future issues arise. There were no complaints about the wifi when the students were completing their foundation school applications.</p> <p>Dr xx and ww joined Dr x and zz on a tour of the accommodation block, which included the newly refurbished rooms, a couple of which will cater for students with special circumstances. The standard of the accommodation has substantially improved since last year.</p>
<ul style="list-style-type: none"> <li>• Library and IT facilities</li> </ul>	<p>All students receive an induction to the library, which fully complies with</p>

	<p>UCLMS' SLA. One-to-one support is available from the library staff and students have 24/7 access via a swipe card. Printing, copying and scanning facilities are available and there are a sufficient number of computers for all the students.</p> <p>The library has offered to run critical appraisal sessions as part of the Preparation for Practice placements and students will have the option to sign up to these sessions.</p> <p>The students have access to ICE and can therefore access blood results etc.</p>
<ul style="list-style-type: none"> <li>• Mock OSCEs &amp; New Finals format 2017-18</li> </ul>	<p>The mock OSCE would be held the week after the visit. Preparations were going well with only one patient left to recruit.</p>
<ul style="list-style-type: none"> <li>• Any local site issues</li> </ul>	<p>The issues that were identified in last year's visit have been addressed and the quality of placements has improved.</p> <p>Impact of St George's students: there are plenty of clinical areas for the students to attend so there is no competition for opportunities on the wards. The two groups of students seem to enjoy working together.</p> <p>National Undergraduate Tariff (NUT): approximately 50% of NUT is withheld by the Trust and isn't used for medical education and it can be difficult to identify where the money has been allocated. Dr x is trying to allocate NUT to the departments that teach and it was suggested that he may want to speak to the undergraduate tutor at either UCLH or the Whittington, both of whom have recently been through a similar process.</p>
<ul style="list-style-type: none"> <li>• Curriculum update from UCL</li> </ul>	<p>Preparation for Practice: 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. Suggestions included placements in rehabilitation facilities or involving students in GP visits to care homes etc. 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. Dr x highlighted the potential to introduce a session on resilience.</p>
<ul style="list-style-type: none"> <li>• Issues raised by students</li> </ul>	<p>Only one student was available to meet. He reported that, in general, the clinical teaching was good and that students felt welcome on the wards. A&amp;E gave plenty of opportunity for procedures to be signed off; medicine involved students well in clinical activities and surgical attachments were helped by enthusiastic junior doctors. Most of the LTC module was good, although the COOP component was very similar to the medical placement within the same specialty.</p> <p>There was an abundance of formal teaching, particularly by junior doctors and cancellations were few.</p> <p>yy was mentioned as being particularly helpful in the event of any issues identified by the students.</p> <p>Accommodation and wifi were not deemed a problem by this student.</p>

Agreed action points

<b>Action</b>	<b>Deadline/status</b>
<b>Watford</b>	
Dr x to peer review the foundation doctors involved in undergraduate teaching to ensure the quality of the sessions.	By the end of February 2018
Dr x to consider contacting the undergraduate tutors at UCLH/the Whittington re the allocation of NUT to individual departments.	By the end of February 2018
Dr x to consider developing a resilience session for students during their Preparation for Practice placements.	Aiming to run for placements March/April 2018 followed by evaluation.