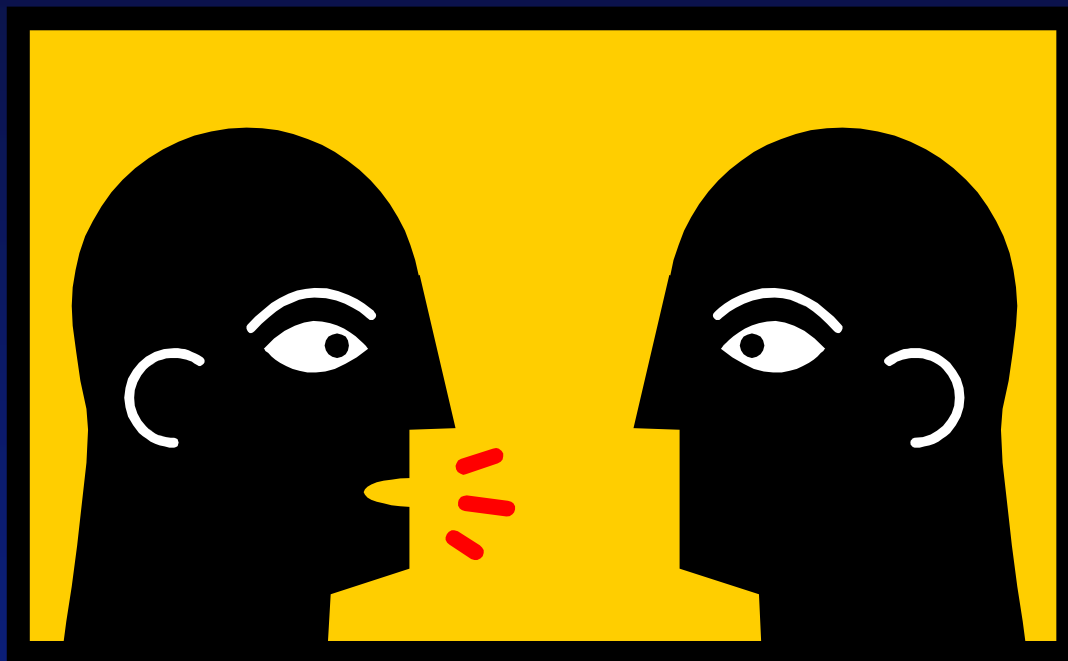


# Strategies for training in a period of organisational chaos!

BACCH meeting June 2011

Mitch Blair  
River Island Academic Centre  
Northwick Park Hospital Campus  
Harrow

Pas devant les enfants



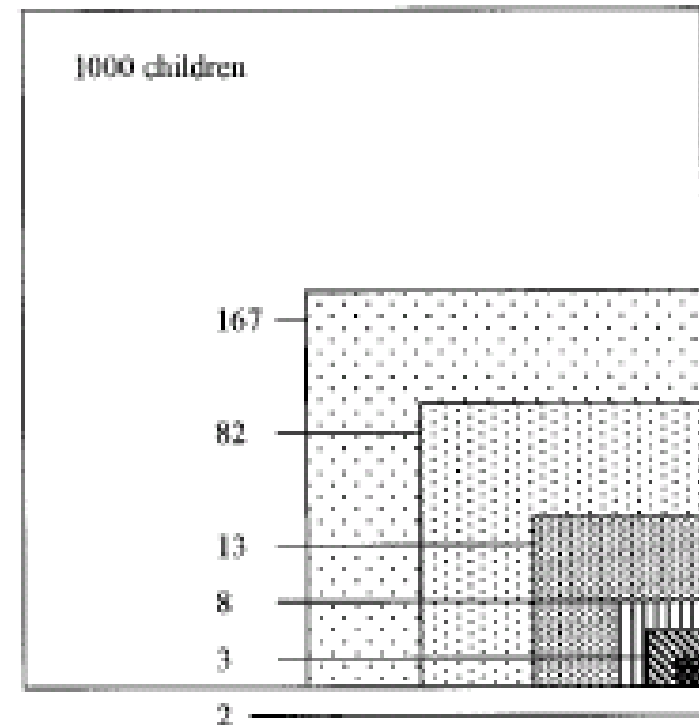
## Pas devant les enfants- trainee needs

- Boundaries
- Consistency
- Praise

# Boundaries

Fig 1. Participation in medical and dental care in a typical month for 1000 children and adolescents aged 0 to 17 years (A), and 1000 adults  $\geq 18$  years (B).

## A. Children aged 0-17 years



167 visit a physician's office

82 visit a dentist's office

13 visit an emergency department

8 visit a hospital outpatient clinic

3 are hospitalized

2 receive home health care

## Boundaries and Pareto

- Community (epidemiology orientated) curriculum?
- Top five issues
- by age:-
  - Under fives
  - Schools
  - Adolescents
- by setting:-
  - Outpatients in hospital /community
  - Schools/special schools
  - Home care

# Top 6 diagnoses

Diagnoses	Total cases %	Mean consult (mins)	Mean extra time (mins)	% Cases referred
ADHD/ADD	18.3	30.6	7.5	24.4
Learning Difficulty	7.5	39.4	10.8	39.2
Autism spectrum	7.2	39.6	13.6	49
Asthma	6.6	30.7	6.6	19.2
Behaviour	5.9	41.3	12.1	46.0
Developmental Delay	5.9	40.6	14.6	50.9

Campus partners



## Boundaries

- BACCH curriculum
- RCPCH competency framework
- RCGP Chapter 8 Child health
- Facilitate and signpost learning opportunities in your area and wider afield

## Consistency

- NICE (ADHD, Enuresis, Constipation, Autism, ADHD, UTIs etc)
- Nurses and allied health professionals - joint pathways

# Praise

- Bright students and postgraduates
- Efficient learners
- Assessment driven

## Praise

- “Insecurely attached” - multiple parents and carers
- Need a lot of praise and feedback
- Experience from undergrad teaching research

## What do students say about the qualities they want in their teachers?

Table 2. Results of Multivariate Analyses: Predictors of Medical Students' Perceptions About the Teaching Effectiveness of Attending Physicians and Housestaff\*

Variable	Attending Physicians		Housestaff	
	P Value	R <sup>2</sup> Value (%)	P Value	R <sup>2</sup> Value (%)
Showed enthusiasm and interest in teaching	<.001	63.6	.05	1.0
Inspired confidence in their knowledge and skills	<.001	9.9	.02	1.6
Provided useful feedback	<.001	5.0	.86	-
Encouraged me to accept increasing responsibility	.03	1.2	.07	-
Provided a role model	.87	-	<.001	61.8
Was available to me	.34	-	<.001	6.4
Performed effective patient education <sup>†</sup>	-	-	.003	2.8
Total		79.7		73.6

\*Results shown are from analyses using forward stepwise linear regression methods in which all assessed teaching behaviors were independent variables, and the overall teaching effectiveness was the dependent variable.

<sup>†</sup>This item was evaluated only for housestaff.

### Medical Students' Perceptions of the Elements of Effective Inpatient Teaching by Attending Physicians and Housestaff

D. Michael Elnicki, MD, Amanda Cooper, MD  
Department of Medicine, University of Pittsburgh, Pittsburgh, Pa, USA.

J GEN INTERN MED 2005; 20:635-639.

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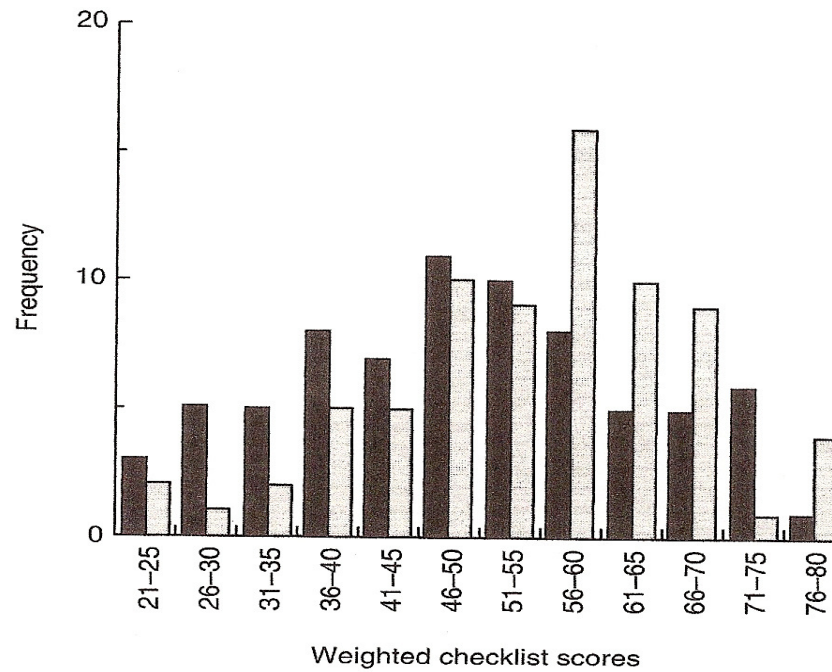
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# Feedback

- Promotes student learning in 3 ways
  - **Informs** students of their progress or lack thereof
  - It **advises** trainees regarding observed learning needs and resources available to **facilitate** their learning
  - It **motivates** trainees to engage in appropriate learning activities

PEDIATRIC EDUCATION



**Figure 2:** The effect on scores of introducing the weighted checklist to students. (■), before its introduction to students (median score, 50; range, 23–78); (□), after its introduction to students (median score, 58; range, 22–80),  $p = 0.022$ ;  $n = 74$ .

It doesn't need to be too detailed!  
The clinical encounter card

Clerkship Encounter Card			
Date _____	Student Name _____		
<u>Type of Encounter</u>	<u>Level of Performance</u>		
	Below Expectation	At Expectation	Above Expectation
Observed History	_____	_____	_____
Observed Physical Exam	_____	_____	_____
Oral Presentation	_____	_____	_____
Written Presentation	_____	_____	_____
Assessment skill	_____	_____	_____
Management Plan	_____	_____	_____
What needs improvement?			
Other comments (turn over):			
Attending: _____			

Clerkship encounter card.

# How do we provide trainees good learning experiences ?

- Let's look at ourselves.....

## Questionnaire at BACCH ASM 2008

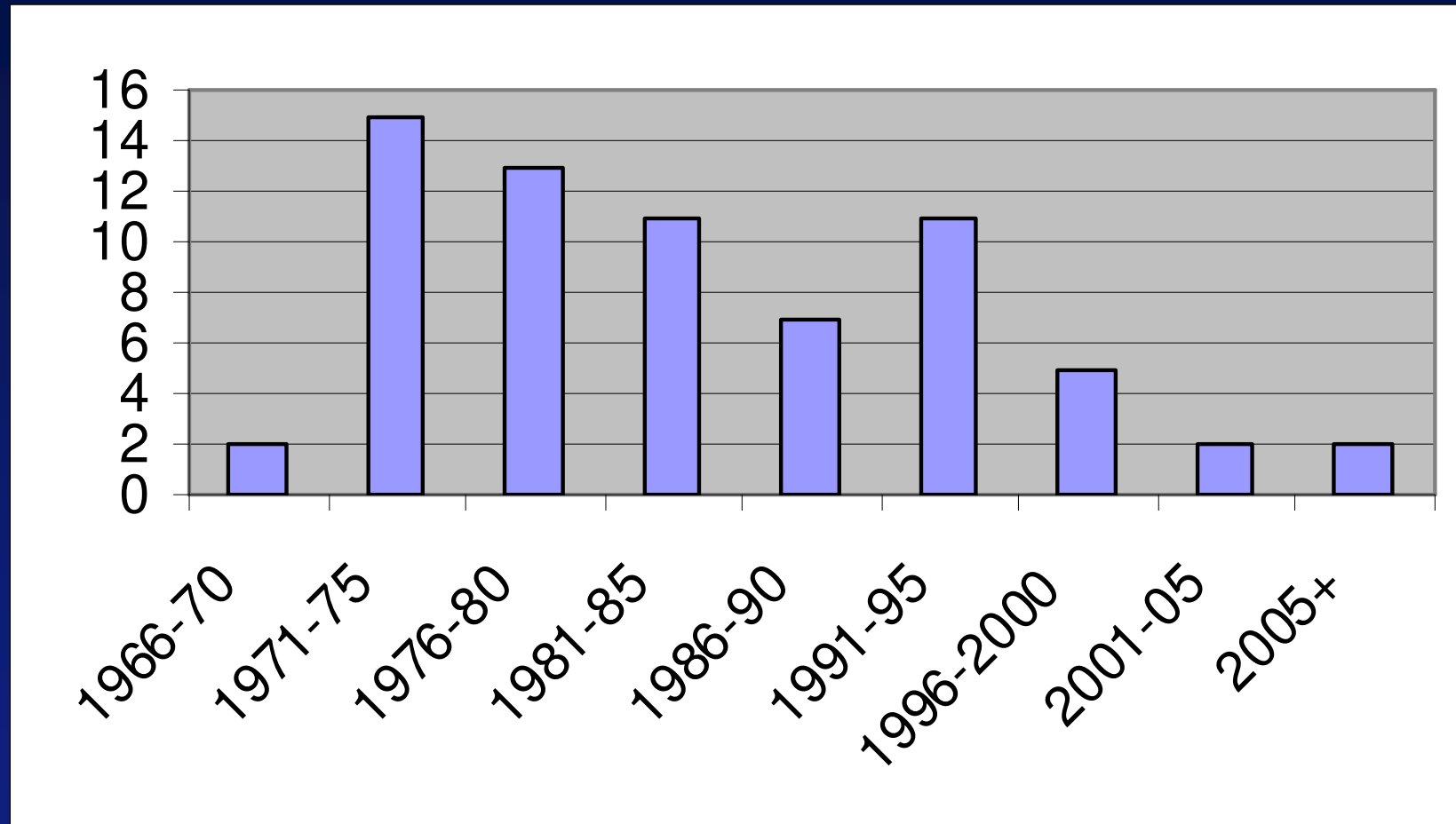
- 1) At what stage in your life did you decide on your career in community child health?
- 2) As an undergraduate describe any learning experiences which you feel positively influenced your choice of future career :-
- 3) As a postgraduate describe any learning experiences which you feel positively influenced your choice of future career :-
- 4) We wish to learn about really poor /bad experiences too!

# Responses

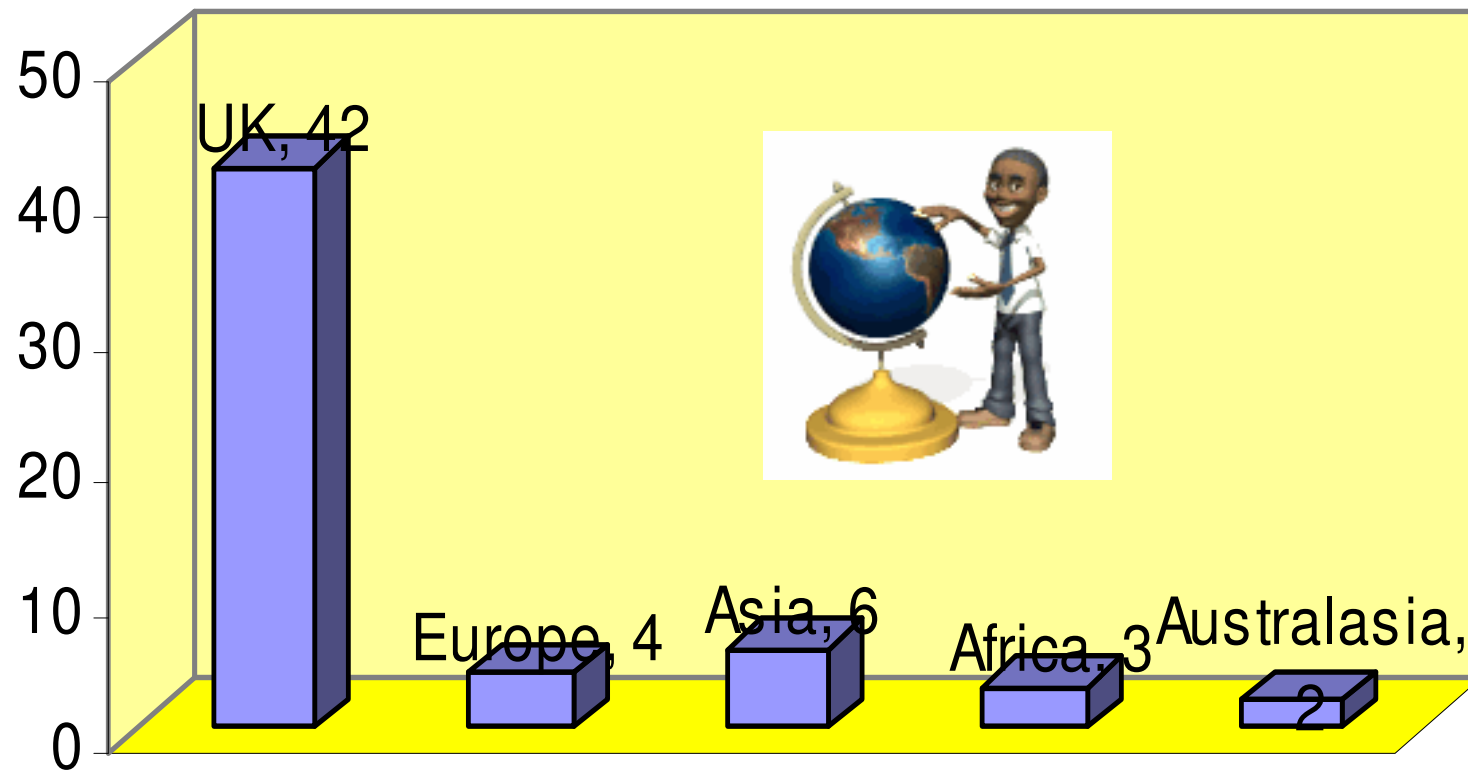
- 68/179 (38%)



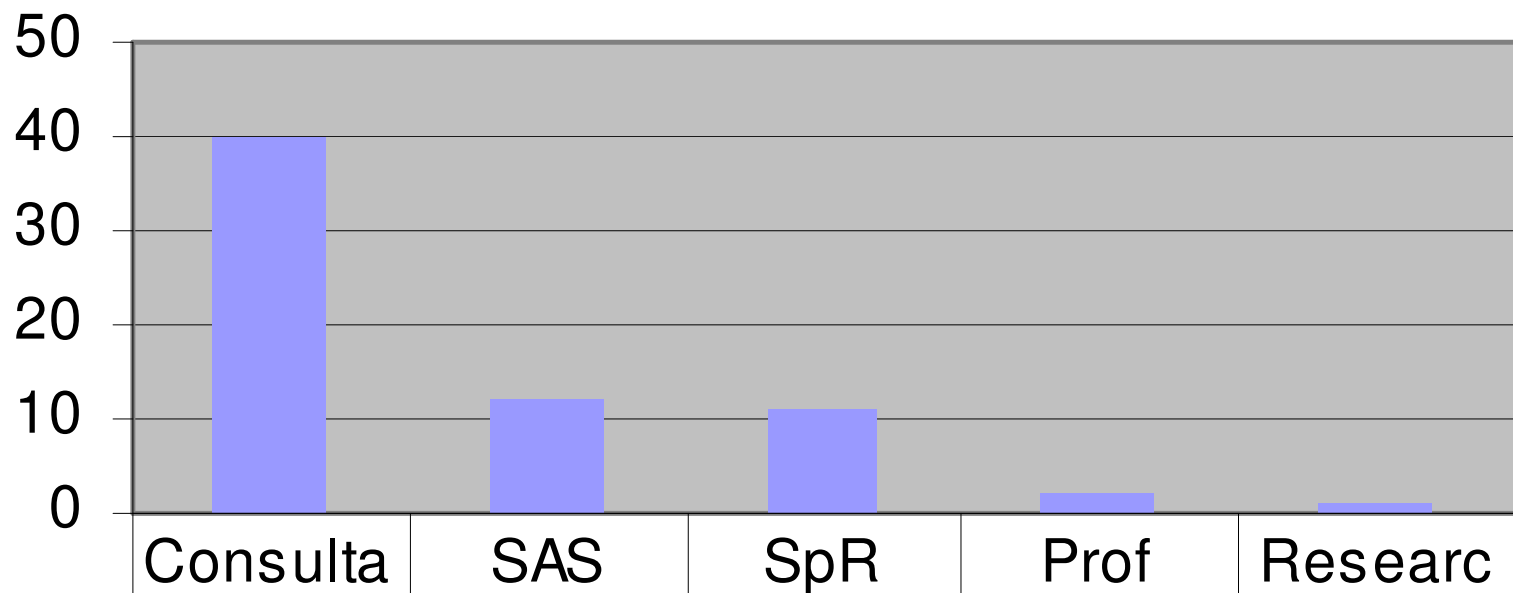
## Results- year of qualification



# Place of Study

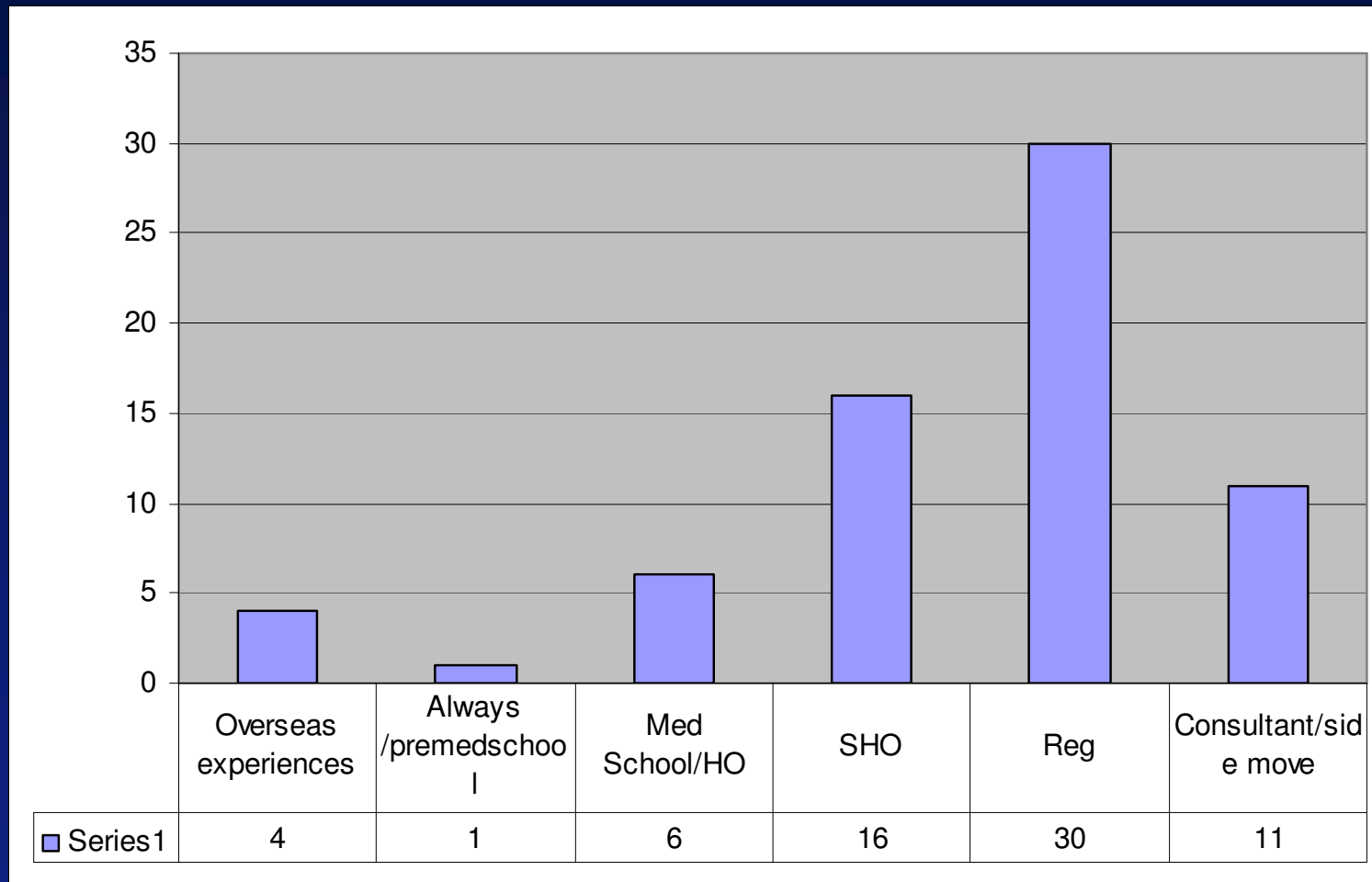


# Position



Series1	40	12	11	2	1
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# Themes - what stage did you get interested?



## Overseas

- “After working in Africa”
- “Travel scholarship to New York”
- “During undergraduate years in India”
- “community paediatric elective in NZ”
- “meeting stalwarts in preventive medicine”

# Positive undergraduate experiences

- **Going out /Research Project**

- “e.g. being sent by professor of paediatrics on a walk through the east end to find out the determinants of child health”
- “sent on a home visit to identify the source of lead in a child with lead poisoning”
- “outreach health promotion campaign”
- “volunteering at large institute for children with severe learning difficulties”
- “enjoyed being involved in developmental assessment clinics and also undertook a research project in the 4<sup>th</sup> year”

# Positive training experiences (undergrad)

- **Good Mentorship**

- “positive , encouraging mentors”
- “good individual paediatrician in my training”
- “friendly to the students”

## Positive training experiences (undergrad)

- **Public Health teaching**

- “human ecology / epidemiology in preclinical years”
- Allocated a low income family for 3 months follow up during public health training”
- “inspiring module on tropical paediatrics”

## Positive postgraduate experiences

- **Enthusiastic people/role models/mentors**
  - Brimblecombe, Jellife, Wynne, Ross, Morley
- **Postgraduate training**
  - MSc x 4
- **Contrast with acute**
  - “one terrible general paediatrics attachment as SpR put me off any idea of acute paed”
  - “became disillusioned with specialised hospital paediatrics- positively influenced by innovative atmosphere around specialist registrar training in community paediatrics”

## Positive Postgraduate experiences

- **Autonomy/making a difference**

- “feeling I was making a difference and a respected member of the team”
- “being given more responsibility than in acute side-longer term follow up”
- “....realised that most of the people’s lives , whether sick or disabled , are lived in the community out of hospital where services needed to be good but were often poor or nonexistent”

...not all good

- “had a terrible time as SHO and would rather have cut my own heart out with an ice cream scoop than consider paediatrics as a career”



# Negative comments

## Organisation and content of work

- “easy to get lost as days not start with ward round. Feel like a spare part /loss at what to do”
- “being left completely on own in first CDC clinic”
- “clinics spread out and transport needed”
- “DNAs”
- “mainstream school medicals pointless”
- “boring routine surveillance”

## Negative comments

### Value/status

- “found that if I wrote on hospital paper it was acted on: the same letter on community paper was ignored”
- “ general lack of career guidance and a bit of potluck”
- “possible for trainees to drift through an attachment without gaining much”
- “negative reactions from consultant paedcs...”
- “prejudice....you're too bright to go into a dead end specialty”
- “regional dean was sexist asnd saw women only fit for community”

## Learning- what works ?

- Go back to time as registrar
- How did you learn best?

## Sources of learning

- Time at Coal face -
  - Teacher's role has changed - source of knowledge ->conductor /navigator
- Text book (Mastercourse)
- Journal review articles
- Fancy stuff - e learning (RCPCH adolescent health, safeguarding, healthy child programme), blogs, podcasts,

## Summary

- Importance of good learning experiences that stretch the individual early on
- Good supervision and mentorship/role models
- Clarity of job and contribution made by paediatrician in MDT
- Clear objectives and focus for learning