

UNIVERSITY HOSPITALS OF LEICESTER

# Education Handbook

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## Emergency Department

2018/2019

Overview of Education and training within the ED – Medical & ACP

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## The Education Team

The ED education team is a multidisciplinary team that is responsible for the on-going strategy and delivery of education for all staff groups working within the Emergency Department.

Whilst all Consultants and most senior trainees and senior nurses contribute to the education programme the following are key individuals:

Medical Lead:	Dr Abigail Millett
Deputy Medical Lead:	Dr Damian Roland
Management Lead:	Ms Catherine Briers
Medical Staffing and Education Lead:	Mrs Stephanie Turner
Junior Doctor Administrator:	Ms Georgia Wilkins
Education Co-Ordinator:	
Clinical Teacher (PED):	Dr Gareth Lewis
Clinical Teacher:	Dr Mandeep Johal
Clinical Teacher:	Dr Ffion Davies
Clinical Nurse Educator:	Deputy Sister Sue Thompson
Practice Development Nurse:	Ms Pam Wood
Practice Development Nurse:	Ms Emma Francis
Multimedia Technologist:	Mr Jake Fudge

Clinical teaching fellows:

## Worked Based Placed Assessments (WBPA)

All non-Consultant doctors and practitioners (ACP) are expected to complete WPBAs. Non training and CESR doctors will be expected to complete the same number (and spread) of WBPA as their training equivalent. We recommend that wherever possible the assessment forms are completed immediately following the assessment rather than tickets being completed at a later date.

### DOPS (Direct Observation of Procedural Skills)

The majority of DOPS will be completed on the “shop floor” during working shifts on patients.

RCEM RCGP, RCPC and foundation curriculums state that some rarer procedures can be carried out in a training environment. Should a doctor/practitioner believe that they need to complete a DOPS in a training environment rather than on a patient – this need should be discussed with their Clinical/Educational Supervisor who if in agreement will liaise with the Education team to see if this is possible

### CBD (Case Based Discussions)

In order to maximise the learning opportunity CBDs are completed off the shop floor in dedicated and protected CBD Clinics. These clinics are booked in advance on EM3.org.uk. If you are working clinically you are allowed to book one 30 minute clinic spot, if you are attending during non-clinical or even your own time you are allowed to book 2 x 30 minute spots (i.e. 60 minute total) per clinic. At the time of booking you will be expected to supply the theme of your case. Before attending the clinic we asked you to send a ticket to the Doctor that is facilitating the clinic (this is to improve the efficiency of the clinic in order to ensure that your assessment is complete prior to the end of your session). If for any reason you need to cancel your clinic slot please let Roshni know as soon as possible

Please note that specialist clinics are run at times – please make sure that your case is suitable if booking into one of these clinics. All higher specialist trainees need to have their CBD completed in consultant led clinics. If you are not a higher specialist trainee please ensure you utilise the full range of clinics available.

### Mini Cex & ACAT

These assessments are facilitated either during normal clinical work (with the facilitating senior also working in their normal clinical shift) or during dedicated shop floor teaching sessions. In the dedicated shop floor teaching sessions –the “junior” practitioners is completing their normal working shift but the facilitating senior is supernumerary to numbers and is on a dedicated teaching shift (see shop floor teaching section for more information)

## ESLE (Extended Structured Learning Event)

### Who needs to do them?

The RCEM curriculum states that:

- CT3 trainees need to do 2 a year (at the LRI we expected these to be done in your 6 months of “general” ED rather than PEM)
- ST4 trainees need to do 3 in the year
- ST5+ trainees need to do 2 a year

We ask CESR doctors (working at CT3 or above) to do 2 a year

### What are ESLE?

They are 1 to 1 training sessions that focus on non-technical skills

Each should take a total of 3 hours to complete, 2 hours of observation and a further hour of discussion/feedback (including the completion of the form)

### Where do they take place?

The 2 hours of observation should occur on the shop floor.

The trainee should be working as normal (done during their clinical shift)

The Consultant should be 100% supernumerary (i.e. not clinical)

Feedback should occur away from the shop floor.

I-pads are available from the Education team to aid completion of the form if required

### Which consultants can do ESLEs ?

All FRCER consultants can do ESLE for the RCEM portfolio

The first ESLE for all trainees must be done with their Educational or Clinical supervisor within 3 months of commencing their post

2<sup>nd</sup> or 3<sup>rd</sup> ELSE can then be done by any consultant

### How is the initial ESLE organised?

The trainee and consultant set a date at the initial supervision meeting

It is the trainees’ responsibility to inform Roshni (education administrator) of when this is happening so it can be logged in the education diary (this includes if for any reason the timing of the session is changed)

### How are the 2<sup>nd</sup> and 3<sup>rd</sup> ELSE organised?

Consultants organise times when they are available to do an ESLE and inform Roshni who updates the education diary.

Trainees book into these slots via Roshni (*this will shortly be changed to an electronic system on EM3*)

### Housekeeping

If a slot is vacant 48 hrs before the session – it will be cancelled and rearranged

If a session needs to be cancelled or moved (barring exceptional circumstances) 48hrs notice must be given to Roshni (who will inform the other party involved)

## Simulation

As a department we utilise in-situ and lab based low-high fidelity simulation training to develop both our knowledge and non-technical skills as a multidisciplinary team.

There are weekly in-situ simulations that nurses and doctors can book slots in advance. A maximum of 1 slot per person per clinical shift can be booked. Paediatric simulations occur on a Monday and participants are decided on the day (unless prior learning needs have been identified in advance) with generic simulations being predominantly on a Wednesday afternoon, these slots can be booked in advance but if vacant staff on shift will be identified to participate. There is 1 longer session which is supervised by a consultant and aimed to be led by a HST doctor.

Simulation has a role in induction, departmental and regional teaching programmes – so there are multiple opportunities to be involved and develop skills.

The department also runs some bookable dedicated sim courses such as the PEST course – details are circulated by trust email and by EM3. Annually we run a large MDT simulation involving multiple specialties

## Bookings now available online!

- **CBD Clinics**
- **In Situ Simulation**
- **Shop Floor Teaching**



**em3.org.uk**



## Departmental teaching open to everyone:

### Journal club

Journal club is currently run by senior trainees. It occurs monthly at 7.30am. The day varies and papers are circulated in advance. Details are currently circulated via email. The format is aligned to the FRCM but the club is attended by the whole range of staff from HCA to consultants. Medical students are welcome

### Quality and Safety meeting

This 2 hour meeting occurs every other month on a Wednesday morning. It covers learning from audited, QIPS, SI, datix themes and morbidity and mortality data. It is a multi-disciplinary learning event often with guest speakers. Attendance is registered – we hope that all junior doctors will attend at least part of a meeting during their ED job.

### Lightning Learning

These are short clinical summaries released on EM3 which tie in with the educational monthly theme. Once the new education notice board has arrived they will also be placed on there. Learning is aimed at the whole MDT

## Practical Bookable Skills Sessions

Practical skills sessions on various equipment and resources in the Emergency Department are available to all ED staff to attend Wednesday mornings

These sessions are being introduced in order to ensure staff are confident in their abilities on the shop-floor with various equipment and to refresh skills should they wish to

The sessions will require advance viewing of a short video on the theme of the sessions, direct learning with the equipment and a trainer and then an assessment with a debrief on correct equipment use

Month long themes are provided in order to make the sessions more open and accessible to all

The sessions will have a format of drop in between 0900-1000 and then bookable between 1000-1200

The themes are as follows:

## Practical Bookable Skills Sessions

Month	Theme
August 2018	Monitors/resus training (CO2)
September 2018	Vapotherm
October 2018	Inhalers/Spacers
November 2018	NPPV Training
December 2018	Bair Hugger
January 2019	EZ IO
February 2019	CPAP
March 2019	Ranger
April 2019	Pelvic Binders
May 2019	Lucas
June 2019	Ceiling Hoist
July 2019	Kendrick Splints

For more information on the sessions please see the *Education Board* in the ED Undercroft opposite the seminar room



## Education by Grade/role

Each different grade/role has unique learning needs and educational requirements. The department's expectations are laid out in separate training grade summary sheets and are available for:

- F1 doctors

The following grades don't have a formal summary sheet as yet (they may be available during your time with us) and guidance should be sort from your clinical supervisor at your initial meeting:

- F2 doctors
- ACCS doctors
- GPVTS doctors
- CT3 doctors
- HST doctors
- Consultants
- Advance Clinical Practitioners
- CESR doctors
- International doctors
- Trust grades
- Doctors working on EDU only
- ED – Paeds subspecialty doctors
- ED – pre-hospital subspecialty doctors
- Paediatric – EM grid trainees
- Paediatric registrars

## Mandatory Training

The trust decides what Mandatory and Statutory training is required by each individual. HELM is utilised to identify training required and completed. It is a contractual obligation to ensure that training is maintained. In the required training section of HELM training any training highlighted in red is yet to be completed or needs updating and that in green is complete or up to date.

The trust monitors Mandatory and statutory training. We expect the majority of training to be complete within 2 weeks of commencing the job (all online elements) and you may be asked to demonstrate this at your initial meeting with your clinical supervisor. Certificates of completion will need to be provided for your ARCP or annual appraisal if not in a training post

If you are struggling with your mandatory training please discuss it initially with your clinical supervisor, if the problem persists please contact either the trust contact for that particular training (details found on HELM) or if still struggling then make an appointment to see Dr Abigail Millett – who will try to help you.

Helm is relatively new software; once the ED education administration team are able to access the summary data they will regularly check our compliance and contact individuals who are not up to date with their training.

## Additional Resources

Pre reading:

Before you commence your post you will be asked to read 3 guidance papers:

- NICE head injury summary
- Trust SEPSIS guidelines
- NICE fever in <5years

Further reading:

Once you are in post we recommend that you engage with the following learning resources:

- Oxford Handbook of Emergency Medicine
- RCEM Learning
- EM3.org.uk
- Spotting the sick child