

February 2010 ~ Issue 18

Undergraduate Teaching Newsletter

INSIDE THIS ISSUE:

INSIDE STORY	2
<i>Can students see patients lacking capacity?</i>	
INSIDE STORY	2
<i>Students Accessing electronic case notes</i>	
INSIDE STORY	3
<i>Musings of a Site Co-ordinator</i>	
INSIDE STORY	4
<i>Update on the course</i>	
INSIDE STORY	4
<i>CRB Checks Student Feedback</i>	
INSIDE STORY	5
<i>Imperial College Faculty of Medicine Workshops 2009/2010</i>	

Undergraduate Teaching Matters James Warner

Welcome to the new edition of the CNWL undergraduate teaching newsletter and sorry for the hiatus (did anyone notice?) due to administrative problems. Firstly a fond farewell to Tom Smith who left the post of Teaching Fellow. Legacies Tom left behind include a popular S12 course, a new ethics and law course for students and a revised induction programme for trainees. Tom has been replaced by Alex Bailey who has already set to work redeveloping the Psych-e e-learning site for the undergraduates and a new AC course among other things.

CNWL successfully bid for a grant from the London Deanery to develop a simulated training package for ECT and Alex is taking the lead on this with George McCulloch (ECT nurse specialist)

This bumper edition has a guest editorial and important information on undergraduate teaching - happy reading.

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Update on Undergraduate Medicine Policies

- Full time attendance is expected of all students unless sick or on leave. Leave (one week max) is sanctioned by the Medical School and the DCS- we will tell you if your student is on leave. Attendance is not expected on bank holidays.
- Students must not take blood from patients known to be HIV or HCV positive.
- Students requiring pastoral care can be referred to me direct (07979 849818), or Dr Mike Schachter (Senior Clinical Tutor)- m.schachter@imperial.ac.uk or the students personal tutor (email Janette Shiel j.shiel@imperial.ac.uk)
- Students should not write official letters or reports about patients or order drugs or investigations.
- Do not give your password to students to enable them access to Trust electronic systems.

Top Tips

- Visit the undergraduate teaching site on Trustnet
- Can students see patients who lack capacity?
- Imperial College Faculty of Medicine Workshops are free.

Can Students see Patients Lacking Capacity?

Since time immemorial, students have seen patients who for one reason or another have lacked capacity. In the past teachers probably (justifiably) thought the principal of Justice (the notion that allowing students access to incapacitous was for the greater good of society and future patients) outweighed any ethical concerns. The Mental Capacity Act allows no such consideration; if a patient lacks capacity then any action, including student contact has to be in the patient's best interest. Cue complaints and litigation in abundance. Of course logic dictates that if these laws were applied universally the next generation of doctors wouldn't have a clue how to manage a variety of situations including unconscious patients or those with mental illness which impairs capacity. Imperial college have issued clear guidance on this:

Guidance from Imperial College (June 2009)

Students and teachers are reminded that, according to the Mental Capacity Act, patients who lack capacity regarding their treatment can be given treatment provided that the treatment is in the patient's best interests.

In the case of a patient incapable of giving informed consent, a student's involvement must be justifiable as contributing to the overall management plan (eg measuring and/or recording clinical observations). The student's work should form part of the patient's clinical record. All student involvement in such instances must be explicitly directed by a suitably qualified and

experienced clinician involved in the patient's management plan.

Students and teachers have a joint responsibility to ensure that in all their clinical contacts, students act within the Mental Capacity Act. This is an issue in psychiatry where many patients probably lack the capacity to understand and weigh the nuances of seeing or not seeing students. Prof Tom Sensky (head of Year 5) has helped clarify thinking by suggesting that when students see non-capacitous patients they are invited to contribute to the discussion about the patient and this contribution is recorded in the notes. Hence this could be in

the patients best interests. I like this because in my experience students often bring fresh perspectives to a patient's situation.

My previous advice that it is the Consultant's responsibility to consider whether patients have capacity to see students and the students responsibility to ask permission and respect the patients decision stands. In any event, patients who refuse to see students should have this decision respected whether they have capacity or not.

Revised guidance has been issued to students and uploaded on Trustnet.

S T O P P R E S S * * * * * S T O P P R E S S * * * * *

A date for your diary:

The next educational monitoring visit from Imperial College is coming up on Friday 26th March 2010.

The visiting panel would like to meet people from the Trust involved in teaching and all teachers and firm leaders are warmly invited to attend a meeting with lunch between 11.30 and 12.30 on the day at Trust HQ.

MUSINGS OF A SITE CO-ORDINATOR

A long time ago, in a far away land (Australia), the psychiatry placement was the highlight of the year for many medical students. Not because of the quality of teaching (which was very good), but because of the manner in which it was delivered. Our formal teaching took the form of a 3 hour lecture recorded on a video tape which was played late every Friday afternoon. However, a much more attractive alternative to these lectures lay only 10 minutes away - the beach. Needless to say, the teaching sessions were not received by a packed and appreciative audience and on the day of our graduation, very few medical students recognised the psychiatry professor on stage.

Before you mistake this reminiscence as the ramblings of an OAP (by which I mean an Old Age Psychiatrist and not an Old Age Pensioner), I wish to explain the reason why I have shared this shady aspect of my past with you. The invaluable lesson I learnt and ruminated over as I sun bathed on the beach was that teaching should be exciting, imaginative, stimulating, interactive and inspiring. This might not have been my experience as a medical student in my psychiatry placement, but these are certainly the qualities of the teaching programme I have observed since I joined CNWL and became involved with Imperial College undergraduate teaching. These are also the qualities I have hoped to perpetuate in my role as a site coordinator.

As the site coordinator, I oversee the delivery of undergraduate teaching at the South Kensington & Chelsea Mental Health Centre. I ensure that the teaching provided in the various firms reflects the expectations of Imperial College and is consistent throughout the site, that clinical staff who supervise students show a regular commitment to undergraduate education, that students have the opportunity to gain experience in a number of specialties within psychiatry, and to deal with any concerns raised by teachers and students during the placement. Information from each site is shared in the Medical Education Group, overseen by Dr James Warner, Director of Clinical Studies, which meets regularly throughout the year. Educational developments within Imperial College are also discussed at these times.

I oversee the induction session with the new students for whom psychiatry is a brand new experience. This session not only deals with the practicalities of the placement but is also an opportunity to explore any anxieties the students might harbour about psychiatry, what their expectations are of the placement and we discuss the learning objectives.

I also draw up the tutorial programme. The placement is a short one, currently 7 weeks and interrupted by 2 weeks of oncology, although Imperial College is considering changes in the undergraduate course which could mean a 6 week placement. This necessitates a packed afternoon of tutorials once a week so as to ensure that students receive comprehensive teaching. New ideas for tutorials are always considered – an ECT session was recently introduced and has been well received and further suggestions are welcomed. The tutorials are given by many enthusiastic and excellent teachers (SpRs, staff grades and SHOs) who generously give their time and energy. At times, student attendance has been patchy and there must be constant reminders that attendance at these tutorials is compulsory. The mentoring scheme, where students are individually mentored by SpRs, is also well established. I also make a point of addressing the students half way through their placement so as to identify any problems as early as possible and attempt to rectify them.

So this is more or less the essence of the role of the site coordinator. Experience has taught me that the more one puts into teaching, and the delivery of teaching over-all, the more likely it is that students will come away from their psychiatry placement wiser, having achieved their learning objectives, hopefully having satisfied their curiosities about the mysteries of psychiatry and certainly never having day-dreamed about the beach! I sincerely hope that some of these Imperial College students will have been sufficiently inspired during their placement to consider post-graduate training in psychiatry.

Dr Claudia Wald

Consultant in Older Adult Psychiatry

Site Coordinator, SK&C MHC

Update on the course

The ethics and law morning (coordinated by Tom Smith) is working very well. It is popular with students and we are very grateful to the consultants who have agreed to act as tutors. It is likely there will be a shortened course with a shorter introductory block in 2010 /11 academic year. The good news is that oncology will not interrupt psychiatry as it does now.

CRB Checks

Students cannot begin their year 5 studies without up-to-date CRB checks. The Medical School will inform us if a student's CRB check has lapsed.

Student Prize

A prize in psychiatry (£100) funded by CNWL and WLMHT is to be established for the best student performance in the year 5 exams.

Student Feedback

Students are getting better at giving feedback and in general the feedback we receive is very good. A few specific points:

- Experience and organisation of firms is generally good.
- Psychiatry tutorials were good except for a few exceptions.
- Eating Disorders at Vincent Square was well organised and well taught. This is usually over subscribed as there are only 24 slots available for both WLMHT and CNWL.
- Learning Disability has been working very well except for a few organisational issues when it initially started.
- There has been a considerable improvement in getting mini-cexs done.
- The revision session has been well attended and well taught.

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Imperial College Faculty of Medicine Strand - Workshop Programme 'At a Glance Guide' 2009-10

Workshop	Dates and times	Brief overview
Assessing at the interface between medical knowledge and practice: How? Why? Part I (NEW!)	10 Feb 10 14:00 – 17:30	Assessment can be used as a powerful tool to motivate and improve learning. This is the first workshop in a three-part series on assessment, feedback and reflection. It is interactive in nature and will explore the how and why of assessing undergraduate medical students' clinical practice. Participants will reflect on key assessment concepts and current tools utilised in undergraduate medicine such as the OSCE, mini-CEX, DOPS, and PACES. The roles, challenges and skills needed to enhance your role as an assessor will also be discussed. An introductory workshop on teaching and learning should be taken prior to taking this workshop.
Feedback on medical knowledge and practice: How? Why? Part II (New!)	24 Mar 10 13:30 – 17:30	The practice of delivering useful feedback will be explored through interactive exercises and discussions utilising a range of oral and written knowledge acquired during the previous workshop, <i>Assessing at the interface between medical knowledge and practice</i> . It (or a similar workshop) should be taken prior to attending this workshop. This is the second workshop in a three part series on assessment, feedback and builds on the first workshop.
Student portfolios and other reflective tools: How? Why? Part III (New!)	17 May 10 14:00 – 17:00	Reflection is a tool for learning from experience, and can take many forms from: day-to-day introspective analysis; to targeted, structured activities like a 'critical event analysis'; to longitudinal projects such as a portfolio. Student portfolios and other reflective tools will be examined through a series of interactive discussions and exercises. How to facilitate and promote reflection in students as a teacher will also be explored. This workshop is the third in a series of three and builds on the first and second workshop, <i>Assessing at the interface between medical knowledge and practice</i> and <i>Feedback on medical knowledge and practice</i> . These should be taken prior to attending this workshop.
Approaches to Teaching in Clinical Settings (Introductory)	18 Nov 09, 3 Mar 10 & 16 Jun 10 09:30 – 17:00	A one-day introduction to clinical teaching designed for NHS staff who teach medical students. Explores challenges of teaching in opportunistic settings and ways to balance teaching and service commitments. Emphasis on supporting learning on the wards, at the bedside and in clinic.
Teaching and Learning in the Faculty of Medicine (Introductory)	30 Sep 09, 13 Jan 10 & 5 May 09 09:00 – 17:00	A one day introductory workshop for staff new to teaching or those who have not attended learning and teaching workshops before. Looks at key principles of teaching, learning and assessment. Emphasis on structuring teaching around learning outcomes, small group teaching and lecturing.
A Practical Introduction to Problem Based Learning (PBL)	7 Oct 09, 9 Dec 09 & 28 Jun 10 13:00 – 17:00	A half day workshop designed to prepare staff to facilitate problem based learning tutorials. Prior attendance at Teaching and Learning in the Faculty of Medicine (or similar) is a pre-requisite. The workshop explores the nature of PBL and rationale for its use before exploring skills of facilitation. Concludes with an opportunity to practice facilitation skills with medical students.
Teaching and Learning Professionalism	14 September '09 13:30 – 17:00	Can professionalism be taught? How is it learned? How do we know our efforts are actually working? A half-day workshop exploring definitions of professionalism and ways in which different institutions are introducing teaching, learning and assessment activities into the formal medical school curriculum.
How to Use E-Learning to Complement Clinical Teaching	26 Oct 09 13:30 – 17:00	"Virtual patients, podcasts, blogs and Second Life, oh my!" A half-day workshop that looks at how and when e-learning can be used to complement clinical teaching... and when to 'just say no'. The programme focuses on how to best use, adapt and evaluate available e-learning resources.

For booking information

All bookings must be made using the Centre for Educational Development's booking form:

<http://www.imperial.ac.uk/edudev/bookingforms>

Contacts

Ms Charlotte Chaney, Workshop Administrator edudevfacmedcourses@imperial.ac.uk tel. 020 7594 8848

Dr Kirsten Dalrymple, Workshop Tutor k.dalrymple@imperial.ac.uk tel. 020 7594 8789

***Workshops are offered free of charge to Imperial and NHS staff who teach our undergraduate medical students
Royal College Approval for CPD/CME purposes is pending for some workshops**