

School of Medicine Newsletter

Yorkshire and the Humber – Autumn/ Winter 2019

WHO'S WHO IN YOUR REGION

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<p>INTERNAL MEDICINE LEAD Frank Phelan Geriatrics (PGH) Francis.phelan@midyorks.nhs.uk</p>	
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<p>DEPUTY HEAD OF SCHOOL (IMT West) Steve Bianchi Resp (NGH) stephen.bianchi@sth.nhs.uk</p>	
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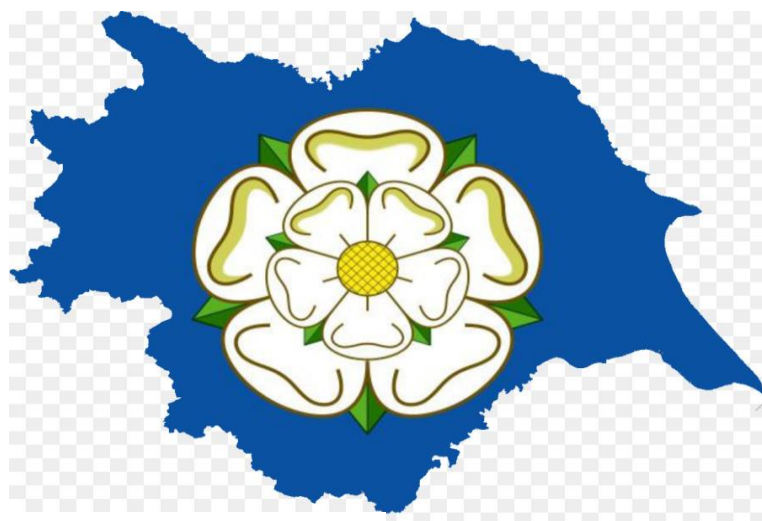
<p>DEPUTY HEAD OF SCHOOL (IMT East) Sunil Bhandari Renal (HRI) sunil.bhandari@hey.nhs.uk</p>	
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<p>DEPUTY HEAD OF SCHOOL (IMT South) Trevor Rodgers Resp (NGH) Trevor.rodgers@sth.nhs.uk</p>	
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<p>IMT TPD EAST Colin Jones Renal (YDH) colin.h.jones@york.nhs.uk</p>	
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<p>IMT TPD SOUTH Omar Pizada Respiratory (NGH) omar.pizada@sth.nhs.uk</p>	
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<p>IMT TPD WEST Tarun Bansal Renal (BRI) Tarun.bansal@bthft.nhs.uk</p>	
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HOSPITALS

Harrogate (HDH)	Pinderfields (PGH)
Hull (HRI/CCH)	Leeds (LGI/SJUTH)
Diana Princess of Wales (NLAG Grimsby)	Rotherham (RDH)
Scunthorpe (NLAG)	Sheffield (Royal Hallamshire / Northern General (NGH))
Scarborough (SGH)	Bradford Royal (BRI)
York (YDH)	Huddersfield & Calderdale
Barnsley (BDH)	Dewsbury
Bassetlaw and Doncaster teaching hospitals (Doncaster /Bassetlaw/ Montague)	Airedale (AGH)

IMT COLLEGE TUTORS

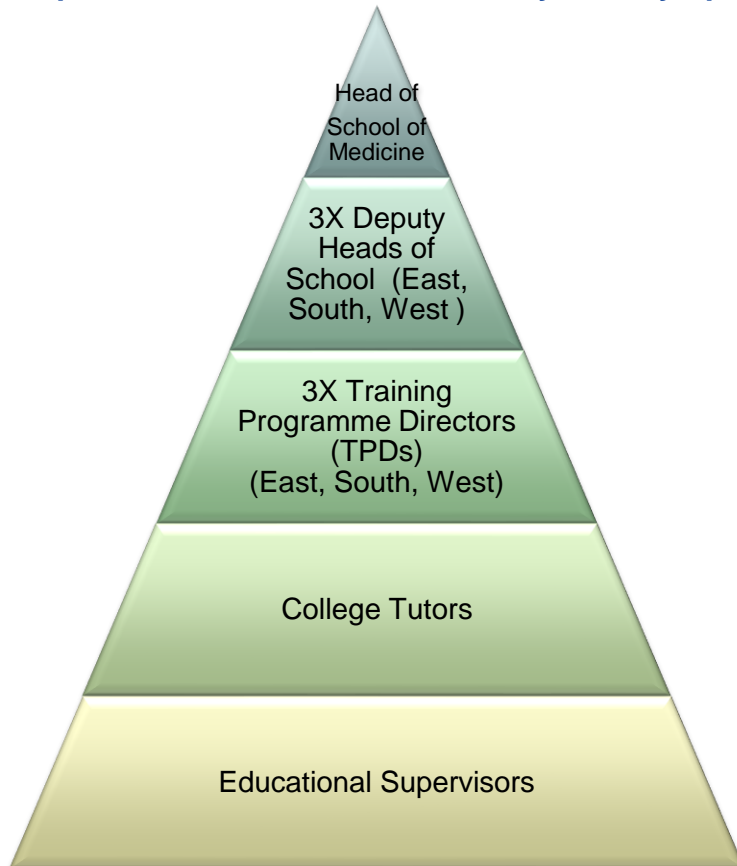
Airedale - Thet Koko: thet.koko@anhst.nhs.uk
Barnsley - Elizabeth Uchegbu: elizabeth.uchegbu@nhs.net
Bassetlaw - Vimala Christopher: vimala.christopher@nhs.net
Bradford - Wooi Jin Soo: Wooijin.Soo@bthft.nhs.uk
Dewsbury - Nurani Sirarakrishnan: Nurani.sivaramakrish@midyorks.nhs.uk
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Huddersfield - Suneeta Tekchandani: suneeta.teckchandani@cht.nhs.uk
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Rotherham - Nandkishor Athavale: nathavale49@hotmail.com
Scarborough - Tim Houghton: Tim.Houghton@york.nhs.
Scunthorpe - Mohamed Malik: mohamed.malik@nhs.net
Sheffield - Song Soon: soon.song@sth.nhs.uk
York - Colin Jones: Colin.h.jones@york.nhs.uk

IMT Year 1 2019 Intake

WELCOME!

TO THE TEAM!

Support Pyramid: Where to go when you need help: Start at the bottom and work your way up



COACHING

Why Coaching:

- Transition periods
- Work/life balance
- Seeking clarity on making choices – e.g.: career
- Challenge or development opportunity
- Perceived gap in knowledge, skills, confidence or resources
- Achieve different outcomes, improve performance, leadership or management skills
- Identify key strengths and how best to utilise them
- Contact: coaching@yh.hee.nhs.uk

RESOURCES

- https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme
- <https://derangedphysiology.com/main/home>
- <https://www.cvphysiology.com/Cardiac%20Function/CF024>
- <https://www.criticalcarereviews.com>
- Trust Guidelines – antibiotics, VTE prophylaxis, prescribing
- Guidelines – NICE, Clinical Knowledge Summaries (CKS), BTS/SIGN (respiratory medicine), BASH (headache), BAD (dermatology)
- Electronic medicines compendium (eMC) - <https://www.medicines.org.uk/emc/>
- Prescribing in pregnancy – BUMPS <http://www.medicinesinpregnancy.org>
- Royal College of Physicians (RCP) – RCP London discovery portal
- BMJ/BMJ Case Reports
- Clinical Medicine (Ethics and law, continuing medical education (CME) themes each issue eg cardiology, palliative medicine)
- Future Hospital (The future of healthcare, medical leadership)
- <http://internalmedicineteaching.org/index.html>
- E-learning for Health <https://www.e-lfh.org.uk>
- Rashes <https://www.dermnetnz.org>

Eportfolio REMINDER

- Access and upload something weekly
- Remember to link everything to the curriculum
- Record all ES meetings and sick/study leave
- Scan all paperwork to PDF on the photocopiers to upload

THINGS TO DO IN YORKSHIRE

➤ EAST

- The Deep
- Spurn Point / RSPB Blacktoft Sands/ Waters Edge Country Parks
- York Maze
- Go Ape Dalby Forest

➤ WEST

- Roundhay Park and Butterfly House
- Eureka
- Yorkshire Sculpture Park

➤ SOUTH

- National Emergency Services Museum
- Tropical Butterfly House
- Yorkshire Wildlife Park



MEET THE LEADERSHIP FELLOWS FOR THE SCHOOL OF MEDICINE

NADA AL-MUHANDIS

I'm Nada and alongside Gemma, I am working for you as trainees this year, ensuring that the delivery of the new IMT curriculum is as seamless as possible.

We want to ensure you gain the best training opportunities as well as having the support and resources available to develop professionally, through what can be a challenging though rewarding training programme.

My background is in Immunology and I have been through the previous CMT curriculum and can say that this IMT programme looks set to provide and equip you with the tools you need to continue your journey as future medics. Look out for messages from us over the coming year, as there will be information we need from you to make your medical training superior here in Yorkshire!



GEMMA LEE

I qualified from Leeds in 2009.

I have a background of ACCS in Anaesthetics with an alternative route through intensive care registrar training out of a training scheme. I have predominantly based in Hull and the East but have done some fellowships in Leicester, Birmingham and Manchester. I have seen multiple ways of delivering training schemes, and teaching.

I have been extensively involved in teaching since 2012. I have taught at undergraduate, postgraduate medics, nurses and ACCPs. I have experience in simulation, mentoring, chalk and talk and case-based teaching.

In this role my main projects are surrounding sustainable ways to deliver curriculum content in a clinically useful way, encompassing multiple approaches to suit different ways of learning.

Please contact me if I can help but specifically if you can see a gap and opportunity to deliver the formal teaching for the curriculum requirements.



CONTACTS:

GEMMALEE@DOCTORS.ORG.UK
NALMUHANDIS@DOCTORS.ORG.UK

IMT FOCUSED EMAIL ADDRESS:

HYP-TR.IMTYORKSHIREHUMBER@NHS.NET



Dr Laura McTague – Consultant Palliative medicine



Dr Sam Kyeremateng – Consultant Palliative medicine

LEADERSHIP FELLOW PROJECTS

The internal medicine leadership fellow projects will enhance the new training programme, and will include:

- A comprehensive IMT Year 1 induction to IMT and your peers
- Trainee orientated content on the HEE School of Medicine website
- Dedicated palliative care training programme incorporating novel learning strategies including Project ECHO™, an e-learning platform and more realistic placements in critical care and geriatric medicine
- Collaborative reflection tool and publication, encouraging trainees to develop their reflection skills and learn from each other
- Communication skills training specifically addressing *'breaking significant news'*
- Quality improvement 'recipe book' providing regional database to facilitate collaboration and allocation of projects for Supervisors and trainees
- Simulation training – a realistic approach to multidisciplinary management of critical situations
- Collaborative methods to improve the provision of clinics
- Curriculum mapping to show you where opportunities for academic and practical skills lie
- Trainee Conference – A FREE 2-day conference focusing things Drs don't get taught, such as how to lead, how to supervise
- Investigating Key issues surrounding trainee satisfaction and retention

PROJECT ECHO

"Extension for Community Healthcare Outcomes"

Project ECHO is a new worldwide movement revolutionising medical education. This concept was developed in America, in order to standardise delivering educational material to remote places. Since its conception it has spread, and is now used across India, Africa and Australasia.

Project ECHO creates a community of practice that supports service delivery, sharing of knowledge and support to staff who are organisationally or geographically isolated."

Your palliative care "module" is a module that spans multiple specialties such as geriatrics and intensive care. As a result, it deserves special consideration when designing the delivery of curriculum content.

Project ECHO is tele-medical education, with a central hub where the discussion (usually a 20-minute presentation and two case-based discussions) is led by your-selves and facilitated by ECHO and a palliative care specialist.

The sessions are 90 minutes long and can be accessed anywhere with a computer/laptop/tablet/phone. You can join in from home, work, your bed, post nights. This is teaching designed around you for you.

IN ORDER TO TAILOR THE CURRICULUM
IMPLMENTATION TO YOUR NEEDS WE NEED YOUR INPUT

PLEASE PLEASE PLEASE

FILL IN ALL THE SURVEYS WE SEND YOU VIA YOUR
EPORTFOLIO MESSAGING SYSTEM

SORRY THERE MIGHT BE A FEW TO START WITH BUT WE
NEED YOUR OPINION

BREAKING NEWS

EDUCATIONAL SUPERVISORS MEETING

Please ensure that you have all had your initial Induction appraisal with your ES.

Ensure you have documented your learning objectives, and this has been recorded in your e-portfolio under appraisals/induction meeting.

Ref: Rough guide to IMT Page 5

IMT Vs CMT Differences

The medical training programme transitioned in August 2019 from core medical training (CMT) to the new Internal Medicine Training (IMT) programme, designed better equip trainees with skills for dealing with acute presentations, increasingly complex and older populations in order to make their transition to medical registrars more seamless.

- More focus on developing key attributes of a physician, and less emphasis on achievement from a list of competencies
- Achievement of Capabilities in Practice (CiPs) developed to allow individualization of experiences in both generic and subject specific components of training
- Acute and intensive care medicine placements in year 2 of training
- Dedicated palliative care theme
- Local faculty groups to support and deliver trainee centered feedback
- Hyperlink to curriculum

SAVE THE DATE

- School of Medicine Conference: 28-29 March 2020
- 2-Day Clinical Skills Course – Check with your Regional Center / Course Administrator
- ASKMEE Course – Check with your Regional Center /Course Administrator
- QI submissions: <https://patientsafetycongress.co.uk> 13-14 July 2020, Manchester
- PACES Revision Course – FREE
 - Hull 1 – 2 February 2020
- How to get an ST3 Job – Careers evening for CMT 19/11/19 Liverpool

IMT BY DR P HAMMOND

Our first cohort of IM1 trainees started in August 2019, with all 133 rotations entered into recruitment filled. We piloted a new regional induction programme, delivered in West and East Yorkshire on a weekend day, and feedback has been positive so we will develop this programme for next year. Education for trainers about the new IM portfolio and assessment framework has been rolled out across the region and we hope that all educational supervisors have had access to this training. If there are cohorts of supervisors who have not yet been trained, please let us know so we can help lay on additional training for these individuals. We will be delivering further training over the coming months on best practice for educational supervisor reports and the ARCP process. It is important that Trusts establish Local Faculty Groups to allow trainers to discuss IM trainees' progress and allow educational supervisors to make informed judgements about trainees' entrustability.

We are now planning for recruitment to IM1 in August 2020. The rotations were decided prior to last year's recruitment and we plan to recruit to all 159 rotations in this recruitment round. As part of recruitment we will need to give trainees some idea of what IM3 options may be available for them in August 2022 although the exact IM3 placements remain to be confirmed. We are currently finalising which posts will be used in IM3, coming from two sources:

- Trust funded posts – these can be CMT posts which are not being used for IM1 and 2 rotations (most displaced for ICM posts), current Trust non-training posts or newly created posts
- Higher specialty training posts – 20% posts top-sliced from those dually accrediting specialties where the training programme is reducing from 5 to 4 years in 2022 (acute medicine, diabetes and endocrinology, gastroenterology, geriatric medicine, renal medicine, respiratory medicine, rheumatology)

The intention is to have approximately 120 IM3 posts, 75% of the number of IM1/2 posts, allowing for loss of trainees after IM2 either due to recruitment into group 2 specialties or opting to move out of IM training.

BUSINESS ADMINISTRATOR MANAGERS: COURSE BOOKING

East: **Nikki Pass: Nikki.Pass@hey.nhs.uk**

Based at Hull Royal Infirmary

South: **Catherine Smith: csmith52@nhs.net**

Based Rotherham General Hospital

West: **Mandy Sedler: mandy.sedler@nhs.net**

Based Leeds General Infirmary

CT2 and Beyond

GAIN LEADERSHIP EXPERIENCE

- Chief fellows' opportunities in Yorkshire and the Humber are in development
- We are looking for motivated people to take on some project leads within their role to support the IMT curriculum
- Roles proposed
 - QI recipe monitor
 - Collaborative learning publication editor
- What is in it for you
 - Leadership and Management experience
 - Curriculum mapping for non-clinical requirements
 - CV and Job application and interview support

EXAMS PART 1

- This is a challenging exam and so 3 months preparation at least is what I would recommend
- This exam covers basic science as well as clinical medicine – I found *Kalra's Essential Revision Notes for MRCP* to be succinct yet cover every chapter including some of the rarer presentations, which frequently come up in this exam
- Alongside this book, using question banks such as PassMedicine and OnExamination are essential to give you enough exposure to as many questions as possible. I would aim for 50 questions daily in the first month, ramping this up to 100-150 in the second and 200-250 questions in the third month
- Using each chapter and then the 'model answers' from the questions banks should ensure you cover all areas
- Everybody has weaker areas of knowledge, or bits they dread – cover these FIRST and practice! [Mark Twain famously quoted 'If the first thing you do in the morning is eat a live frog, you can go through the rest of the day knowing the worst is behind you'.]
- Some people find that PassMedicine is pitched at a higher level than OnExamination so may be best to utilize PassMedicine when you are well into your revision
- Try to use every day as revision opportunity – for example when prescribing a drug think about its pharmacokinetics, pharmacodynamics, dangerous interactions.
- Part 2 and PACES Advice to follow

GET INVOLVED - VOLUNTEER

There are several projects this year that specifically need you to help with content and testing. As post CT1 you have the unique ability of being able to shape training for the better for your successors.

Full credit to be given for any involvement.

WE ARE LOOKING FOR YOUR HELP WITH:

- Book chapters for the simulation course, particularly if you have experience with leadership, management, human factors
 - Also looking for people to write management crib sheets with NICE guidance
- QI projects: We need your current QI projects – Pass them on to incoming IMT trainees, Gain a fully complete QI cycle and Supervision experience
- Course development: Looking for those with a flair for communication to help with videos
- Facilitators: Looking for facilitators for the IMT induction, Simulation course and communication course. Come and get some teaching experience
- **HOW:** Contact Gemma or Nada

SPECIALTY APPLICATIONS CHECKLIST

What you are scored on

- Additional Degrees and qualifications: MBChB – MSc-PhD
- Additional achievements and prizes relevant to medicine: Poster prize – national awards
- Publications Abstracts – First author
- Presentations: Local- International
- QI or Audit project: Full complete circle to presentation – Local-International
- Teaching skills: Local to PGCME to course director
- Life support courses: Participation - Instructor
- Progress through training and excellence
- Achievements specific to CMT training
- Achievements outside of medicine