Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	29th January 2020	**Level(s)**	GPST & ST
Type of visit	Re-visit	**Hospital**	Royal Hospital for Sick Children, Edinburgh
Specialty(s)	Emergency Medicine	**Board**	NHS Lothian

Visit panel	
Dr Mo Al-Haddad	Visit Lead, Associate Postgraduate Dean (Quality) for Emergency Medicine, Anaesthetics & ICM (EMA)
Dr Andrew Paterson	Emergency Medicine Training Programme Director, East Region
Dr Linsey Semple	General Practice Training Programme Director, West Region
Dr Sarah Bowers	Trainee Associate
Ms Julie Mackay	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Miss Lorna McDermott	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Emergency Medicine, Anaesthetics and Intensive Care Medicine	
Lead Dean/Director	Professor Adam Hill	
Quality Lead	Dr Mo Al-Haddad	
Quality Improvement Manager(s)	Miss Kelly More	
Unit/Site Information		
Non-medical staff in attendance	1 staff nurse, 1 emergency nurse practitioner & 1 senior charge nurse	
Trainers in attendance	3 trainers including the clinical lead	
Trainees in attendance	1 LAT, 1 GPST, 1 ST3 & 1 ST5	
Feedback session: Managers in attendance	Chief Executive -no, DME -no ADME-1 Medical Director- no. Other – 2 consultants & a service manager	

Date report approved by Lead Visitor	03/02/2020

1. Principal issues arising from pre-visit review

The Deanery intend to re-visit the Emergency Medicine Department at the Royal Hospital for Sick Children, Edinburgh. The visit team plan to investigate the red flags in the 2019 GMC National Training Survey (handover & adequate experience) and pink flags for overall satisfaction, clinical supervision (in & out of hours), supportive environment, feedback, regional teaching, teamwork, curriculum coverage and educational governance. This is a deterioration from the previous years' survey results.

The visit team will also use the opportunity to regain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

At the previous visit in March 2018, there were no requirements made however some areas that were less positive were the rota structure, the lack of a formal handover and access to relevant experience.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were handover, induction and culture & undermining.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13)

Trainers: Trainees undergoing a hospital induction receive a welcome from the associate director of medical education and a tour of the hospital. In the department induction the clinical lead goes through the pack that trainees receive before starting in post. They also get a tour of the department and nursing staff are involved in the induction process. Extra staff including locums are employed during this time to give trainees extra time to bed in. Trainees are asked for feedback on the induction process at the end of their rotation. An example of where feedback has been affected changes in that the new trainees starting in February will receive a tip sheet.

All trainees: The hospital induction adds more value if you have not worked in the health board before as topics like IT systems are discussed which you already know. One trainee was not able to attend but the information was conveyed as part of the departmental induction.

Before joining the department, trainees were given a handbook and were asked to pick a slot on the rota. The induction given on arrival consisted of a tour and a run through of the handbook. There are extra staff around so the trainees felt well supported. They liked the way that induction was done – primarily learning on the job but with lots of support available.

One of the current trainees is looking at developing a short clinical handbook and they have provided feedback on things that could be included in this handbook.

Non-Medical staff: Trainees are given a tour of the department and presentations on safety & what is expected of them. This works very well. Nursing staff are now involved in the induction which is useful as it demonstrates that they work well as a cohesive team.

2.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: Some but not all the teaching presentations are stored on the intranet/shared drive.

All Trainees: Teaching takes place on a Wednesday morning, this is built in to the rota and all trainees are expected to attend unless they are on leave or working nights. The teaching is said to be the best teaching they have had in any of their rotations.

The senior emergency medicine trainees attend regional teaching once a month, this is for ST4 and above. There is also regional teaching for GP trainees.

Non-Medical staff: Trainees attend teaching on a Wednesday morning and they ensure that there are enough nurses on the floor to cover during this time. Nurses are also involved in delivering some sessions.

2.3 Study Leave (R3.12)

Trainers: n/a

All Trainees: None of the trainees had any issues with obtaining study leave.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: All trainees will be given the name of their clinical supervisor by their first day in the department. Supervisors tend to look after the same cohort of trainees for a number of years so are familiar with their curricula. The consultant body in the department share information with each other about the trainees. All supervisors have been trained, have time in their job plans and are appraised on their role. Supervisors keep up to date with curriculum requirements for example GP Curriculum updates.

All Trainees: All trainees had been allocated clinical supervisors in the department and have met with them. Their educational supervisors are out with the department.

Non-Medical staff: They feel that the department offers the best support to trainees. Trainees will call for help when needed and are comfortable doing so.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Consultants and trainees wear different coloured scrubs so it should be relatively simple to see who is in charge in the department. Trainees always know who to contact both in hours and out of hours. Between midnight and 0800 the trainee working overnight is in charge but a consultant is on call from home and is easily contactable. They will give advice or come in if that is necessary. Trainees are unable to perform certain procedures such as sedation without a consultant present.

All trainees: All trainees know who is supervising them in hours. For out of hours (0000-0800) a consultant is on call from home and it is always clear who to contact. They are happy to be contacted. During the night shift the medical registrar is also available. Nightshift can be daunting as there are fewer people around but the consultants recognise this and there is information given at induction

specifically about this. Nursing staff are also very supportive and know when to call the consultant from home for support if needed.

Non-Medical staff: Consultants and trainees wear different coloured scrubs and each trainee cohort has a different colour of badge, but it can be difficult at the start of rotations. This improves very quickly due to the small size of the department. As the department receives trainee nurses and doctors as well as the permanent staff there had been conversations about introducing a photo board to show who everyone was.

2.6 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: As the supervisors are all familiar with their individual trainee cohort curricula requirements, they let their colleagues know what assessments and requirements each trainee must meet. For example, the trainer who supervises the general practice trainees does update workshops and then feeds back to the rest of the team.

Trainees are asked to let the consultants know if there is any particular experience that they wish to gain. Areas such as major trauma and resuscitation can be more difficult to gain experience in. However, in order to ensure that these areas are covered, simulation sessions are run for major trauma. In addition, there is a hospital wide multi-disciplinary paediatric emergency team training (PETT) each week which are simulated resuscitation sessions which trainees attend on Thursdays.

All Trainees: There are many opportunities in the department to gain experience. The only area that is more difficult to achieve for high specialty trainees is major trauma and there is simulation training set up to cover this. The other trainee cohorts have no issues. Trainees can ask for more experience in a particular area if they need it - for example resuscitation. Trainers would do their best to accommodate this.

The appointment of emergency nurse practitioners has been positive as they help with questions and are supportive.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: Trainees ask when they want to have an assessment completed. There are usually no issues in completing these as it is a small department where trainees are well supervised so a consultant often sees what they are doing. There are not many opportunities to benchmark assessments except at the annual review of competence progression (ARCP).

All Trainees: The department is busy so it can be tricky to find the time to have softer skill assessments signed off such as examination and history taking but you just have to be assertive and ask.

Non-Medical staff: Nursing staff are involved in completing multi-source feedback forms.

2.8 Adequate Experience (multi-professional learning) (R1.17)

Trainers: The major trauma simulation sessions are multi-disciplinary. The weekly teaching sessions have speakers from other professions such as dieticians giving presentations. PETT training is also multi-disciplinary. This training runs every week on a Thursday afternoon and trainees attend the session if they are carrying the arrest page.

All Trainees: Other specialties such as haematology/oncology or dietetics occasionally attend the teaching sessions.

Non-Medical staff: Nursing staff helps trainees with practical procedures such as cannulation. There are also joint teaching sessions such as the major trauma simulations events.

2.9 Adequate Experience (Quality improvement) (R1.22)

Trainers: There is a departmental quality improvement programme and trainees are encouraged to take part. There is also a box for suggestions of things that could be done better in the department. Trainees are in the department for 6 months so they are not able to get involved in all projects but there is always something they can contribute to.

All Trainees: There are opportunities available if you want them.

2.10. Feedback to trainees (R1.15, 3.13)

Trainers: During most of the working day many of the patients are discussed as they are being treated so there are lots of opportunities for feedback to be provided. The more experience a trainee gains the more they are expected to contribute to the management plan for a patient.

Between midnight and 0800 any issues in any decisions made can be picked up during the day when the consultant comes in and be fed back later.

Feedback can also be provided via the positive referral system.

All Trainees: There is feedback given in hours as consultants discuss your management plan with you. Out of hours there are not so many opportunities for feedback although some consultants will call you after a night shift to see how it went & discuss cases; this is very much appreciated and valued. There is a positive feedback scheme in the department.

2.11. Feedback from trainees (R1.5, 2.3)

Trainers: Trainees are asked to complete an end of rotation survey. Informal feedback is also sought from trainees.

All Trainees: Trainees received an email asking them for their feedback, they have also had a questionnaire to complete. The trainee representative is asked for feedback before every consultant meeting and there is a postbox for feedback in the department. Trainees feel that the trainers are open to feedback.

2.12 Culture & undermining (R3.3)

Trainers: There had been some intermittent feedback about 1 consultant. This was fed back to the consultant concerned and steps were taken to modify their behaviour. Other people had witnessed

the behaviour and they didn't feel that the concerns were very serious, more low level. How to report these types of concerns shared with trainees at induction.

All Trainees: None of the trainees have experienced or witnessed any undermining behaviours. They would know who to raise it with if they did. The department is friendly with no hierarchy.

Non-Medical staff: They are not aware of any issues. They are a small team and willing to challenge any inappropriate behaviours. If they did witness anything this would be raised with a senior member of the team.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Rota management is challenging as there are a number of expectations to meet but nearly all requests are accommodated.

All Trainees: The rota is really good, it is created by the clinical lead and managed by one of the specialty doctors. Annual leave is built in and you are able to swap. The less than full time trainee has a set day off each week which is appreciated. There is a locum bank to cover shifts and the locums are the same so there is no loss of continuity.

Non-Medical staff: There has been an increase in enhanced nurse practitioner and advanced nurse practitioner roles. The staff have been upskilled to help with things like triage and patient management.

2.14 Handover (R1.14)

Trainers: At the weekend the trainee who has worked a night shift hands anything over to the incoming trainee starting shift at 0800. During the week the trainee would hand over to one of the specialty doctors. It is difficult to introduce a formal handover as trainees all start at different times. The department previously tried a huddle but that didn't work. All notes are recorded electronically on the patient's record.

All Trainees: Consultants have a handover with each other every evening. There are generally only 1 or 2 things to hand over at the end of a shift. This is done on a peer to peer basis unless a consultant has been previously involved with that patient's care. All information is put on the patient's notes and the person in charge of the patient is amended on the computer. Trainees have been asked for their thoughts on handover and have fed back that the current system works for them.

Non-Medical staff: Nursing staff have 2 handover meetings each day at 0730 and 1930. It is possible for trainees to attend. No staff member would ever leave the department without handing anything over to a colleague.

2.15 Educational Resources (R1.19)

Trainers: n/a

All Trainees: n/a

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: The progress of all trainees is discussed at the bi-monthly consultant meeting. If necessary, information on a trainee will be gathered and any issues fed back to the training programme director (TPD). The trainers have not had to use the performance support unit. There have been instances of trainees needing additional support for example taking them off night shifts, pairing them up with a specialty doctor and setting review periods. Career guidance is available for those who need it.

All Trainees: Trainees feel well supported in the department.
Non-Medical staff: If the concern was a one off they would speak to the trainee concerned. If the concerns were more serious then this would be raised with the trainee's clinical supervisor. This has been done in the past and the concerns were addressed.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: There is an associate director of medical educational responsible for the hospital who provides feedback to the clinical lead.

All Trainees: n/a

2.18 Raising concerns (R1.1, 2.7)

Trainers: All trainees are made aware of the importance of calling for support so that consultants are aware of any possible issues that may arise. If trainees have any concerns about their training they are encouraged to raise these via their clinical supervisor or via the trainee representative who sits on the specialty training committee (STC).

All Trainees: The trainees have no concerns but feel that if they did these would be easy to raise and that they would be addressed. Trainees were aware of who the trainee representative was.

Non-Medical staff: Concerns would be raised with the appropriate person and feedback given.

2.19 Patient safety (R1.2)

Trainers: Since the move to the new building was postponed the working environment is much better because the department was given more floor space which means that there is more space to see patients.

All Trainees: They would have no concerns about a friend or relative being treated in the department.

Non-Medical staff: They feel that the department is very safe as a great deal of work is done on prevention for example hand hygiene audits. Feedback from incidents is shared in the monthly department magazine.

2.20 Adverse incidents and Duty of candour (R1.3 & R1.4)

Trainers: Any incidents are recorded on DATIX. These are reviewed by the charge nurse and feedback is given at morbidity and mortality (M&M) meetings. The outcomes of these incidents are also used for training in the simulation events.

All Trainees: None of the trainees had been involved in any adverse incidents. They know to report these on DATIX. They would also speak to the consultant in charge. Major learning points from adverse incidents are up in the staff room and also feature in the monthly newsletter & previous incidents discussed at M&M meetings feature in teaching sessions.

Non-Medical staff: n/a

2.21 Other

Trainers: n/a

Trainees: In terms of overall satisfaction trainees scored their posts between 8 and 9 with the average score being 8.

3. Summary

Is a revisit required?	**Yes** **X only because they are moving site. This will take place after a suitable time allowing the department to bed in.**	**No**	**Highly Likely**	**Highly unlikely –**

Positive aspects of the visit were:

- The environment was supportive for trainees with good relationships with both consultants and nursing staff. The newsletter and welcome pack promote this cohesive team culture.
- The department is keen to seek trainees' feedback both informally and via surveys.
- Trainees benefit from a breadth and depth of experience.
- Training in less common presentations is bridged by simulation for example trauma.
- The training experience is individualised, and trainees are allowed flexibility to achieve competencies.
- Clinical and educational supervisors keep up to date with the various curricula.
- The teaching programme on Wednesday is very highly appreciated and regarded by the trainees.
- There is evidence of multi-disciplinary learning, e.g. at induction, during the Wednesday teaching programme, at the trauma simulations and the hospital paediatric emergency team Training.
- Learning from adverse incidents takes place by M&M meetings, the teaching programme and integrating the incidents into simulation training.
- The presence of emergency nurse and advanced nurse practitioners has improved trainees' training experience as some of the pressure is removed. The ENPs and ANPs are also used as valuable training resources.
- No sedation procedures take place without a consultant being present.
- The department listened to and acted on previous trainee feedback about the rota.
- The department has increased its physical footprint which has improved the working environment.
- Some consultants phone the trainee who has worked the night shift to chat through the shift. This is valued by the trainee.

Less positive aspects of the visit were:

- A debrief phone call from consultant to trainee would be useful after a trainee has worked a nightshift not only to handover any useful information but to give the trainee feedback on their clinical decisions.

4. Areas of Good Practice

Ref	Item	Action
4.1	The environment was supportive for trainees with good relationships with both consultants and nursing staff. The newsletter and welcome pack promote this cohesive team culture.	n/a
4.2	The department is keen to seek trainees' feedback both informally and via surveys.	n/a
4.3	The teaching programme on Wednesday is very highly appreciated and regarded by the trainees.	n/a
4.4	Learning from adverse incidents takes place by M&M meetings, the teaching programme and integrating the incidents into simulation training.	n/a
4.5	The presence of emergency nurse and advanced nurse practitioners has improved trainees' training experience as some of the pressure is removed. The ENPs and ANPs are also used as valuable training resources.	n/a
4.6	Some consultants phone the trainee who has worked the night shift to chat through the shift. This is valued by the trainee	n/a

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1	The trainee finishing the overnight shift would benefit from making contact with the consultant not only to handover outstanding issues but also to debrief and receive feedback.	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	n/a		all

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website. See "Action Plan" - located at the bottom of the webpage.