London School of Paediatrics

The Trainees' Committee
www.londonpaediatrics.co.uk

10 Training Ideals
Workshop at the Trust Representatives' Meeting 10 November 2015

The 10 Training Ideals, which trainees felt trusts should aspire towards delivering, were developed from feedback data gathered through the Mapping the Future Project. This was a project led by the Curriculum subgroup of the Trainees' Committee at the London School of Paediatrics. We understand the 10 Training Ideals may not be achievable in all hospitals based on local needs and set-up but trusts should work with trainees to try and cover as many of these ideals as possible. The 10 Training Ideals were discussed at the Trainee Trust Representatives' meeting in November 2015 to explore practically how these may be delivered. Below are examples of how trainees felt the 10 Training Ideals could be achieved.

Hot Topics

1. **Chronic Conditions:**
   - Set monthly or weekly topics from the curriculum to cover these.
   - Having a shared drive with previous presentations / teaching material.
   - Best place to gain experience is in the outpatient setting.

2. **Serious incidents and complaints**
   - Having regular group debriefing.
   - Using Mortality & Morbidity meetings better – instead of presenting facts only maybe use it to generate / cover learning points.
   - Learning from each other's experiences of coroner's court or writing statements, as this is often not shared between juniors. Methods may include sharing reflective practice notes or small group discussions.

3. **Career Advice & CV**
   - At training events (e.g. RSM, regional teaching) to allocate time for trainees to meet with TPDs.
   - Considering a dedicated career's session with the Educational Supervisor or appointed 'career's advice / lead'.

4. **Consultant Role**
   - Shadowing consultants – more applicable for senior trainees.
   - Consider a 'talk' from consultant(s) during the rotation.

Local formats

5. **Consultant-led Training**
   - Consider consultant of the week to deliver weekly session – may be based around current clinic cases.
   - Important the teaching programme is not only junior-led but includes dedicated consultant teaching.

6. **Clinic**
   - Rota timetabled clinic session for all trainees.
   - Introduce teaching clinics (e.g. two rooms running simultaneously with one consultant moving between both rooms).

7. **Feedback from trainees**
   - Feedback on local teaching sessions on topics, style and programme. This may be via face-to-face, end of teaching feedback forms, anonymous surveys or discussion at junior-junior meetings and junior-senior meetings.

Regional Training

8. **Attendance at RSM**
   - Do not schedule trainee clinics on these days.
   - Inclusion of RSM on the rota.
   - Consider freeing up all trainees not involved in essential, emergency-type care.

9. **DGH / Tertiary Links**
   - Avoid clashes with other training such as GP training.
   - Protected time for sector teaching (e.g. afternoon session).
   - Use video links / video conferencing.
   - Ensure all trainees are considered such as those in community.

10. **MDT Simulation**
    - Include regular timetabled simulation training in the teaching programme for both local (in-house) and regional (multi-site) teaching.
    - Include the MDT such as nursing staff, physiotherapist, pharmacists, midwives, obstetric teams, anaesthetic and emergency department team.