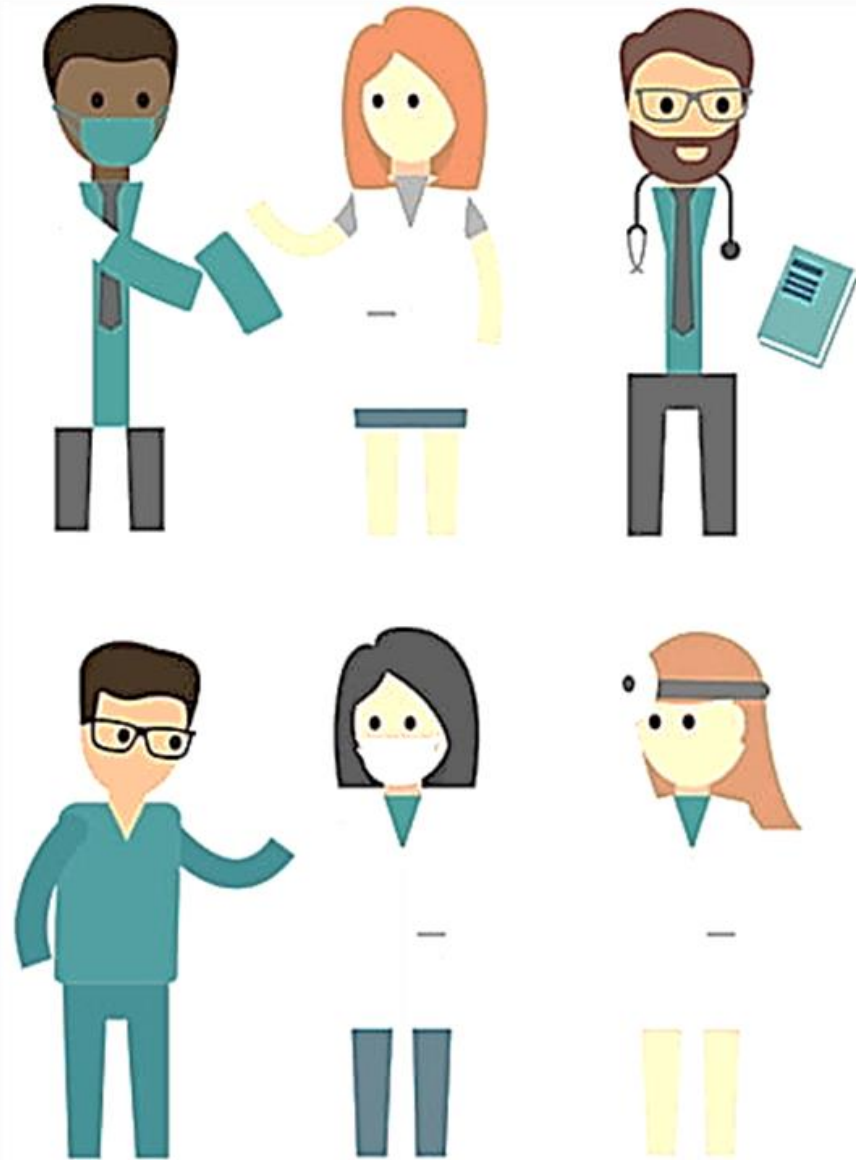


FY link Scheme

Student Perspective





Lancashire Teaching Hospitals

NHS Foundation Trust



Foundation Year
Doctor **Link and**
Mentorship Scheme

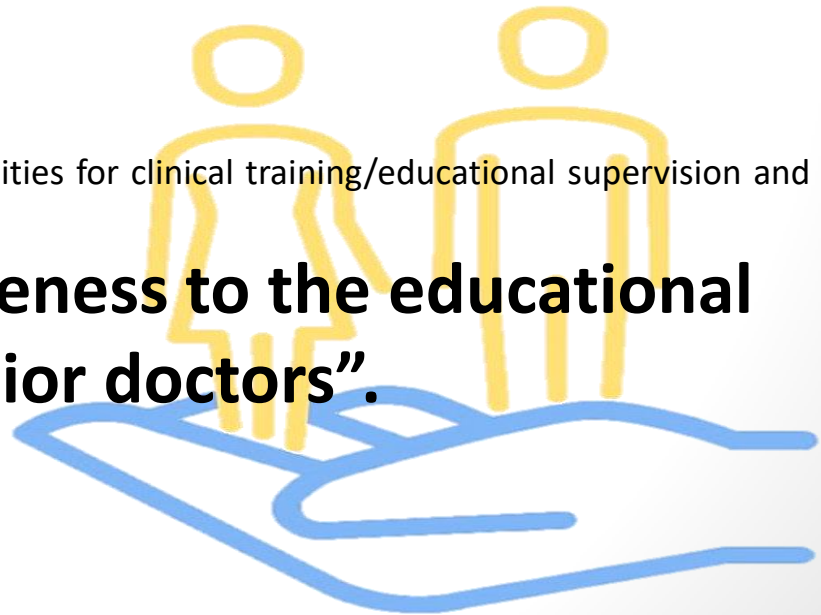
The **General Medical Council (GMC)** has defined the attributes and key activities of a medical teacher in ***The Doctor as Teacher*** (GMC, 1999).

...reminds teachers that they have responsibilities for the supervision of students and trainees:

“every doctor should be prepared to oversee the work of less experienced colleagues and must make sure that students and junior doctors are properly supervised”

...personal attributes of the doctor with responsibilities for clinical training/educational supervision and note that these include:

“sensitivity and responsiveness to the educational needs of students and junior doctors”.



Expectations

- ❖ Junior doctors will be allocated up to 4 students at any time (Medical and Physician Associates)
- ❖ Students will mirror FY rotas, (including out of hours sessions)
- ❖ Junior doctors will act as your coach and will discuss your progress with your CPS & the CPF team
- ❖ You can nominate them for best FY teacher at the awards ceremony
- ❖ You will be counted as a member of the medical team and assist with team jobs, which will aid your ILOs, UPSA completion, prescribing tasks etc.



Coach not Teach

The coach facilitates learning rather than simply provides the answers:
the student holds the answers not the coach

- ❖ The art of questioning not telling
- ❖ Stepping back, students learn by doing
- ❖ Uses the whole ward as a learning environment
- ❖ Allows the student to direct their own learning

Benefits of coaching model

- ❖ Rapidly develops confidence and leadership as they coach each other as well as being coached themselves.
- ❖ Students should not follow your every move; they should be able to carry out many tasks assisting you more in your role, as they become more proficient
- ❖ Increased satisfaction with developing clinical practice within a challenging clinical environment
- ❖ Preparation for Practice as an FY1 & all on-call/weekend shadowing sessions and other out of hour sessions towards your requirements.

Instructional Coaches

By
Lee Araoz
@LeeAraoz

- 1 Provide job-imbedded professional development



- 2 Model and demonstrate best practices



- 3 Offer non-evaluative feedback on a regular basis



- 8 Facilitate the transition from teacher-centered learning to learner-driven

TEACHER-CENTERED → LEARNER-DRIVEN

- 7 Inspire teachers to try new learning strategies and/or tools



- 6 Offer guidance and feedback at the exact time teachers need it most



- 5 Create an environment where student needs drive professional development



What you can do

- ❖ Working together, with your allocated junior doctor as they delegate tasks, according to your competence and ability.
- ❖ Undertaking clerking, practical procedures, making suggestions/recommendations for investigations and treatments
- ❖ Completing documentation, clinical notes, discharge summaries, practicing prescriptions under supervision
- ❖ Working shifts & out of hours
- ❖ Prioritising tasks developing good time management & ensuring safe patient handovers



Requirements (yr5)

- 32 hours of ward work (on average)
- Minimum of 6 hours per block out of hours
- On average 4 hours teaching + 4 hours of self study per week
- Your own ILOs need to be discussed regularly with CPS and Junior doctors, CPFs can also signpost learning opportunities

How to get ahead

- We suggest you read induction booklet to familiarise yourself with your working environment and keep a focus on what you need to achieve throughout your placement and be pro-active about finding opportunities.
- We suggest you start to think about what you want to gain from your placement before you get there
- Get in touch with your next placement area 1-2 weeks before your placement
- Once you are on placement make links with all of the members of the multidisciplinary team (nurses, specialists, physios, dieticians etc)
- Get to know your patients more holistically, understand what is being done to treat them and why
- Help out with all ward tasks you are able to

Benefits for Student

- ❖ Enhance critical thinking and clinical reasoning skills
- ❖ Develop your autonomy and assist you to become a more independent practitioner
- ❖ Consolidate learning from previous years, through practicing skills under supervision
- ❖ Enhance your coaching & feedback skills, through peer to peer teaching of other students (Medical, Nursing, Pas etc)
- ❖ Increased satisfaction with clinical practice in a coaching environment
- ❖ Develop your confidence in clinical decision making



Tips for giving feedback

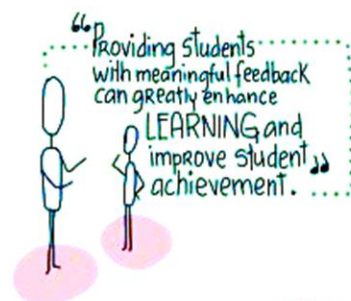
- ❖ **Let the student/trainee speak first:** before you give your opinion of good and bad, hear what the trainee thinks: they often have a realistic view.
 - ❖ **Begin with the good points:** always find strengths before highlighting the weaknesses. A person who feels good about themselves will be more willing to consider deficiencies.
 - ❖ **Be specific** rather than general
 - ❖ **Plan a solution for each problem:** never leave the trainee without any idea of what can be done to improve.
 - ❖ **Show interest and involvement:** show an interest in helping and solving the problem.
 - ❖ **Be constructive:** Be descriptive rather than evaluative
 - ❖ **Deal with one point at a time:** do not collect a catalogue of incidents.
 - ❖ **Criticize the act, not the individual:** help the trainee to see the consequences.
 - ❖ **Do not hyperbolise:** never use words like 'always', 'never', 'too often', etc.
 - ❖ **Do not joke:** never criticize in the form of a joke that could be misinterpreted
 - ❖ **Do not compare:** never make comparisons with other people.
 - ❖ **Be productive:** Your criticism should be seen as moving the person towards a solution.
 - ❖ **Take into account the receiver's needs as well as your own.**
 - ❖ **Check that the receiver has understood:** if you can, get them to rephrase the feedback.
- 



5 Research-Based TIPS for providing students with MEANINGFUL FEEDBACK

by: Marianne Stenger

Edutopia.ORG



1 Be as specific as possible:



Doesn't tell the learner what he did Right



Doesn't give any insight about what needs to be done better next time.

⌚ Taking time to provide learners with information on what exactly they did well, and what may still need improvement.

2 The sooner the better:

Feedback is most effective when it is given immediately rather than a few days, weeks or months down the line.



Delayed vs Immediate

UNIVERSITY OF MINNESOTA

Students were able to comprehend the 0 material



3 Address the learner's Advancement Toward a goal:



“Effective feedback is most often oriented around a specific achievement that students are (or should be) working toward.”

5 Involve learners in the Process:

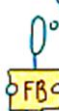
Students must be given access to information about their performance.

4 Present feedback Carefully:

Situations in which feedback could be counterproductive:



- When learner feels too strictly monitored.



When learners interpret feedback as an attempt to control them.



When learners feel an uncomfortable sense of competition.

! Explain the purpose of any monitoring. feedback is meant to help them to compete against their own personal bests.

How we help



- ❖ CPF team can assist you to take histories and practice examinations to support your learning
- ❖ CPF team can practice and sign off UPSAs (as FY1s cannot sign off all UPSAs)
- ❖ We will give you a certificate for any structured coaching sessions you provide (via Zoom etc).
- ❖ It may help career planning maybe considering educational roles in your future job plan. One of our CPS's in Gastroenterology was once a Preston student! And one of the ADs also spent time in RPH as a student!



WE CAN'T
MASK

HOW EXCITED WE ARE TO

welcome

YOU BACK!