

## **Training the Trainers of Tomorrow Today**

Notes on a Masterclass: “DEPARTMENTS IN DIFFICULTY”  
by Ed Beveridge and John Lowe

**Thursday, October 3<sup>rd</sup> 2013, 9-12**  
**Northwick Park Hospital Education Centre Seminar Room 4**

This workshop formed the second of the “Masterclass” sessions in the Imperial/CNWL Faculty Development programme. These workshops differ from the existing modules which are aimed at those in clinical and educational supervision roles and trainees preparing to take on these roles. The Masterclass sessions are aimed at Educational Leads such as Training Programme Directors (TPDs) and Local Tutors, and are formulated in a bespoke fashion according to current issues and areas of particular interest or concern to educational leads within the sector.

We identified whilst planning the programme that a number of delegates on other modules had described experiences of training departments where systemic difficulties seemed to be present and had an impact on both the quality of training and trainees’ willingness to choose to train in these departments. There are also a small number of departments within the sector where decommissioning of training posts had in fact taken place.

### **Learning Objectives:**

To pool delegates’ own expertise and experience with that of an expert panel in order to feel more confident in considering the following:

- What might tell us a training department is in difficulty?
- What might the difficulties be?
- What can be done to help?

### **Structure/Facilitation**

Building on our existing experience of preparing and delivering modules to trainers with a variety of experience, we opted early on for an interactive approach rather than a didactic lecture or presentation. Mindful that there would be a variety of experiences we aimed to stimulate the sharing of delegates’ own experiences and ideas. We invited a panel of experts with experience around supporting trainees, trainers and departments in difficulty and with knowledge of quality assurance and commissioning of training (see below for names of individual panel members).

It has been clear that the discussion of case examples is a fruitful approach in previous modules. We opted for a simulated case example – “Hospital D” – and did not specify a specialty or type of department in order for learning to be generalised to delegates’ different places of work. The narrative of the case example was unfolded and explored in 3 linear ‘chapters’ with branching points. Chapters were organised according to a familiar (for the delegates) “medical” model under the following headings:

1. Signs and symptoms
2. Diagnosis and,
3. Management of the department’s difficulties.

Delegates were invited to put themselves in the position of a new TPD who uncovered difficulties in Hospital D, and provided material such as feedback from trainers, trainees,

visits and survey results. This enabled the group to formulate a simulated problem list and action plan and discuss how this might be implemented and progress monitored. A number of possible outcomes were suggested during the latter part of the session including some discussion about decommissioning as the “worst case” scenario.

There were two facilitators from our own faculty and a combination of pair work, small group and plenary discussion was used.

### **Feedback**

As with all out modules, a structured feedback form was provided. I enclose the results here – both informal feedback on the day and that from the forms suggested a high level of satisfaction and learning.

### **Reflections**

We felt this was a successful workshop with good engagement of delegates from the start. This is partly a feature of the delegate group, who have a high level of expertise and interest in the subject matter already.

Delegates seemed to respond well to the simulated case example and, as it was not specific to a particular specialty or type of unit, a number of alternative scenarios, problems and solutions were discussed.

The workshop revealed an interesting variation in delegates’ knowledge about some of the framework and current landscape for training, such as the role of the Trust Liaison Dean, and the new commissioning structures (HEE, LETBs etc) and the current status of the Deanery/Shared Services. This is a changing picture and it seemed beneficial for our experts to be able to share their knowledge here.

I had the sense that delegates would be able both to use the learning they took away in their own practice but also to disseminate it within their own areas. I also felt that the workshop would bear repetition in the future for different delegates as others who had been unable to attend expressed an interest in the topic; perhaps this topic area could form a regular part of the on-going Faculty Development programme.

### **Facilitators**

#### **Dr Ed Beveridge**

Faculty Development Tutor in Psychiatry, Imperial College Healthcare/CNWL NHS Foundation Trust

#### **Dr John Lowe**

Director of Postgraduate Medical and Dental Education, CNWL NHS Foundation Trust

### **Expert Panel**

#### **Catherine O’Keeffe EdD**

Head of Professional Development, Shared Services

#### **Dr John Harrison**

Head of Occupational Medicine Specialty School, Clinical Director of Organisational Health and Wellbeing, Imperial College Healthcare

#### **Silvio Giannotta**

Quality & Commissioning Manager (Medical & Dental), Shared Services

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## Summary of Overall Feedback

	Poor	Average	Satisfactory	Good	Excellent
Overall Content	-	-	-	30%	70%
Overall Delivery	-	-	-	20%	80%

### What was most useful?

'Raising the topic of Dept in difficulty, 'Participating in discussion', 'Open, comfortable environment', 'External advisors', 'Example of hospital D- excellent', 'Structures & procedures', 'Drawing on the experience of the group', 'summarising the available resources and structure', 'Very useful in general', 'Different resources available', 'Knowledge from attendees'.

### What was least useful?

'Nothing', 'Too many abbreviations'.

### What will you do differently after this session?

'Consider my role in highlighting in D in D, 'Consider my role in addressing this via Shared Services', 'As TDP be more proactive in identifying hospitals/depts. In difficulty', 'Remember to stick to a strategy + keep reviewing', 'Engaging leadership of depart + trust for education issues', 'Be alerted to dept in difficulty at an earlier stage', 'Take away new ideas/thoughts and further thing about them', 'Feedback', 'Use resources', 'Available more'.

### What would you like us to have explored further?

'Organisational aspects of transformational changes', 'Spend ½ hour on the new 'system'- HEE; NWL etc. TPD, DMEs etc.', 'when the problems are at the top', 'How do you change trust attitude', 'Remediation techniques'.

### Was there anything you would have liked us to have spent less time on?

'No', 'less time on diagnosis'.

### Any additional comments or suggestions:

'Workshop on bullying + harassment in education', 'Excellent thanks', 'Excellent masterclass. Very relevant to my needs I think themed masterclasses are a very good idea. Bullying/harassment seemed to be a major discussion and could be a masterclass subject', 'Overall good session', 'More in depth exploration of certain ideas'.