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IMPLEMENTING SIMULATION TRAINING DAYS FOR IMT STAGE 2 TRAINEES IN LONDON

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Royal Free London
NHS Foundation Trust

INTRODUCTION

The new IMS2 curriculum requires 12 hours of human-factors simulation yet few centres offer this training in a clinical context

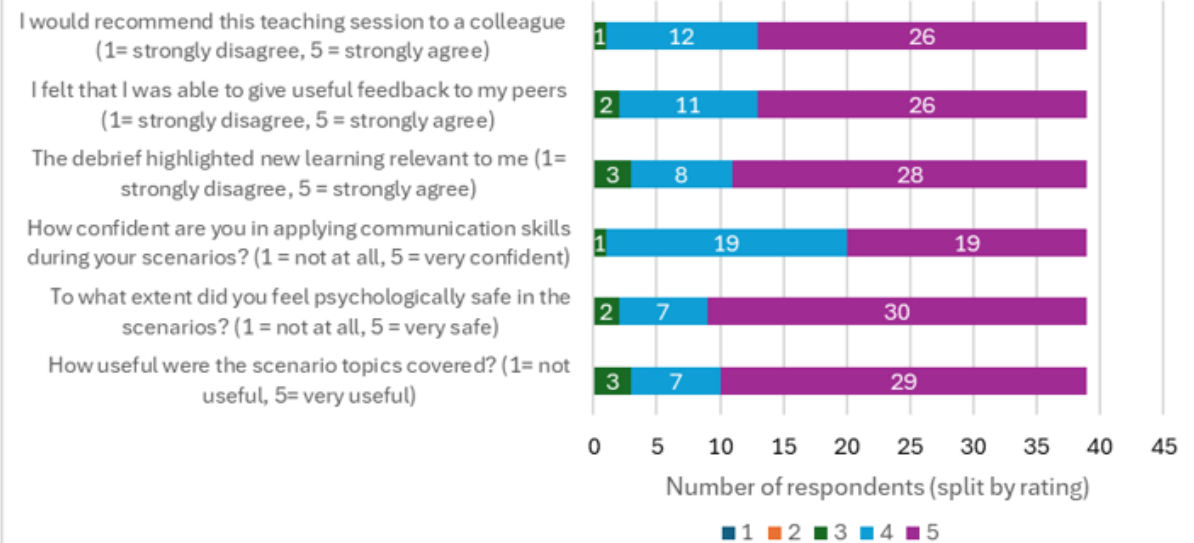
METHODS

- 8 sessions were held comprising a short introduction to human factors followed by 7 scenarios covering acute scenarios & roleplay
- Days were advertised to trainees across the London GIM network, recruiting 39 trainees
- Faculty included the simulation fellow, resident doctors, and medical consultants.
- Scenarios either adapted from similar training days or written by resident doctors based on their experiences.

RESULTS

- Increased proportion of people very familiar with human factors from 20.5% to 74.4%.
- Trainees were more confident using strategies to improve teamwork, communication & challenge bias

Summary of post-simulation feedback



CONCLUSION

Our simulation sessions have been well received by participants, with feedback indicating an improved understanding of human factors and that participants' clinical practice would change resulting from the course.

Bridging the Gap: Communication Skills Training for International Medical Graduate (IMG) Junior Clinical Fellows (JCFs)

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ST4 Geriatrics Northampton General Hospital¹, Acute Medicine Teaching Fellow Royal Derby Hospital², Senior Clinical Fellow Royal Derby Hospital³, Acute Medicine Consultant Royal Derby Hospital⁴



Introduction

IMG JCFs are integral to the NHS workforce but often report communication challenges.

IMG JCFs often report low confidence in high stake communication scenarios like breaking bad news, specialty referrals and handovers.

OSCE-based simulations were chosen to emulate real-life clinical situations in a safe environment.

Objectives

To improve IMG JCFs confidence in high-stakes communication scenarios using OSCEs-based simulations.

Methodology

Pre-training Survey

- Completed by 8/14 JCFs in Acute Medicine

OSCE design

- Learning objectives and checklist finalised
- Trainers trained in feedback identified

OSCE

- 2-day OSCEs with 4 stations attended by 8 JCFs

Instant Feedback

- Performance feedback and reflections encouraged

6-months Post-survey

- To guide further learning needs

"This approach allowed me to reflect on real-life situations in advance and improve my confidence which I now apply daily in my clinical practice"

"I appreciate the feedback I received during the sessions and used them now in my day to day practice"

Results



+37.5%
Breaking
Bad News

+50%
SBAR
Handover

+62.5%
Updating
Families

+62.5%
Task
Handover

Discussion & Conclusion

OSCE-based simulations demonstrated improved confidence across all domains

Practising culturally challenging conversations with feedback was valued.

Long-term impact: strategies applied in real clinical practice.

Further regular sessions required to encourage peer learning and improve communication skills.

'What a difference a day makes' - A peer driven QI project for IMT doctors enhancing educational experiences in outpatient medicine

Dr Dominic Ridgewell, Dr Katharine Hutchison,
Dr Simon Patten, Dr Lindsay Jones
Royal Devon and Exeter Hospital

Background & Aims:

- Managing outpatient clinics is a key competency within the Internal Medicine Training (IMT) curriculum.
- However, access to meaningful outpatient learning opportunities remains constrained by service pressures.¹⁻³
- This risks leaving IMT doctors inadequately prepared for independent practice during higher specialty training

This project aimed to enhance outpatient training experiences for IMTs through the development of peer-led interventions

Methods:

We conducted a baseline survey of Year 1 and 2 IMTs to assess their access to and perceptions of outpatient training. Initial findings identified systemic barriers, including competing time pressures, variability in educational quality, and negative impacts on trainee wellbeing.

Key change strategies implemented by IMT QIP team with assistance of IMT tutors included:

- Negotiating protected time for clinic attendance (monthly 'clinic day')**
- Circulating comprehensive lists of available clinics**
- Delivering targeted training on outpatient IT systems and clinical documentation**
- Working with clinical supervisors to identify appropriate learning opportunities.**

IMTs were then surveyed after these changes were implemented to assess their impact. Further changes are planned to build on progress made (see next steps).

Results:

Baseline Survey
(n=10, 08/24)

90%

Found it stressful meeting their outpatient clinic curriculum requirements

0%

Agreed outpatient medicine was a departmental training priority for IMTs

30%

Of IMTs felt confident in managing medical patients in outpatient setting

90%

Of IMTs felt attending clinic has a positive impact on professional wellbeing

'The clinic days have been invaluable'

Next: 'Arrange clinic days for when supervisor has clinics'

'Relieves stress of considering ward staffing'

Pre-intervention
(n=33, 08/23-08/24)



Post-intervention
(n=13, 08/24-12/24)

4

Clinics attended each rotation (median)

10

2

*Of which attended in **non-working time** (off days, annual leave)*

0

3

Independent outpatient contacts per rotation (mean)

8

21%

Agreed they found it easy to attend clinics during their working day

61%

39%

Agreed they received specific feedback that improved their confidence in outpatient medicine

69%

61%

Agreed the educational quality of their outpatient medicine experience was high during rotation

92%

Next Steps:

Our findings demonstrate that protected clinic time significantly enhances both the quantity and perceived quality of outpatient training experiences.

We are already undertaking further work to:

- Expand local feedback with each rotation giving frequent opportunity for interventions to improve training beyond outpatient medicine and recognise high quality rotations
- Trial new rotation specific clinic programmes for IMT trainees to improve mentorship and confidence in independent practice

References

- Birns J, Mullender C, Balch I, Bryant C, Deane A. Evaluation of training programmes mapped to the new internal medicine curriculum. *Future Healthcare Journal*. 2020;7(2):116-9.
- Nana M, Morgan H. Improving 'The Core' aspects of medical training: a trainee-led innovation. *Future Healthcare J*. 2020;7(1):90-3.
- National training survey results (https://www.gmc-uk.org/-/media/documents/national-training-survey-summary-report-2024_pdf107834344.pdf) (accessed 30/08/2025)

Introducing the Wessex



leural Ultrasound Course – A Regional Initiative to Address Thoracic Ultrasound Training Needs

Dr Dahlia Abdul-Rahman^{1*}, Dr Ramkrishna Ramnauth²

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1 Identifying a Need



≥10 supervised scans required
(Level 2 Primary Operator)



Limited supervisor availability



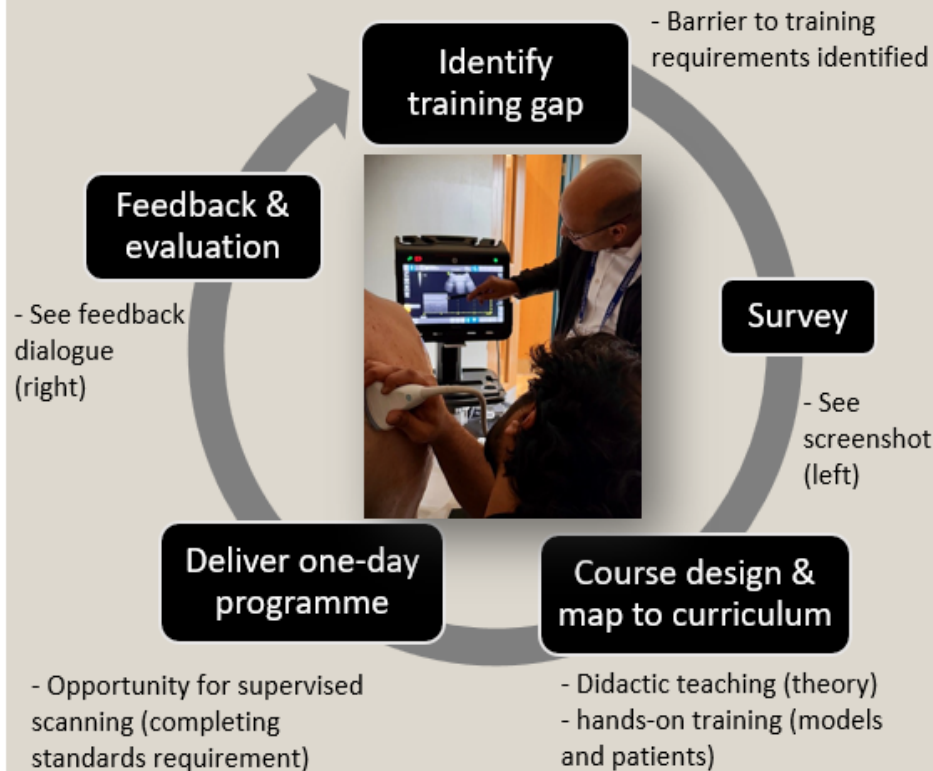
Training gap in Wessex

Regional trainee survey
confirmed high demand for
structured pleural US course

Survey response screenshot



2 Designing the Course



3 Outcomes and Feedback

Overall course quality	100%
Course content and delivery	100%
Quality of teaching	100%
Faculty rating	100%
Confidence post-course	89%

If there's any chance for more pathology patients to scan during the day, that would be great. However, very happy with what we achieved today. Thank you!

A highly useful and interactive hands-on day. Excellently organised and highly experienced and knowledgeable faculty. Thank you so very much!

Excellent course – would recommend it

A Sustainable Model for Regional Training



The Wessex Pleural Ultrasound Course effectively closed an identified regional training gap, with its development guided by trainee feedback through a pre-course survey. Feedback demonstrated great satisfaction and educational value. This model provides a sustainable, scalable framework for enhancing pleural ultrasound training in line with national standards.



Designing an On-Call Handbook to increase the confidence of foundation year doctors

Devon Ward, Timothy Ho, Jessie Yu, Seher Zaidi

University Hospitals of Liverpool Group, UK

Introduction

Resident doctors often report their on-call shifts to be the most difficult and stressful aspects of their roles.

Contributory factors include unfamiliarity with their new role and environment, local guidelines or practices and the availability of services and equipment.

This quality improvement project aimed to identify the key factors affecting doctors starting their on-call shifts and to design resources to support their work.

Methods

Dec 2024

A pre-intervention questionnaire was sent to FY1 doctors at a Liverpool Hospital Trust to establish their confidence and concerns.

Feedback was gathered from a mix of Likert scales, MQC and free-text boxes.

Jan-Apr 2025

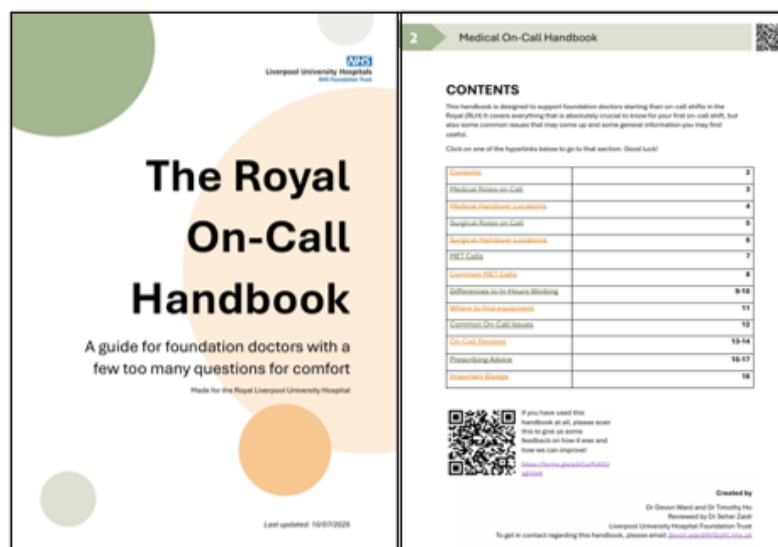
Based on their feedback, an 18-page handbook was designed and circulated in physical and digital versions.

Apr-Aug 2025

A follow-up questionnaire was then circulated to the outgoing and incoming cohorts of FY1s to establish the perceived utility and impact from the handbook

The Handbook

Access the full handbook via the QR code:



Conclusions

- The handbook was favourably received and improved resident doctor's confidence with managing their clinical work, induction and local orientation.
- This resource can be readily adapted for use in other hospitals or for other cohorts requiring induction such as for International Medical Graduates.

Pre-Intervention feedback (n = 17)

Respondents reported that, when starting FY1, their biggest concerns and areas of least confidence were as follows:

- Ordering investigations and referrals (58.9%)
- Managing and escalating medical situations (47.8%)
- Orientation to roles and responsibilities (35.3%)

88.2% of respondents preferred any resources to be made accessible digitally.

Post-Intervention feedback (n = 27)

81.5% reported frequent use of the handbook whilst on-call and during induction with 95% reporting it being of suitable size and accessibility.

Respondents reported improvement in their confidence across all topics covered by the handbook.

In addition to the pre-intervention feedback, the most favourably received topics covered by the handbook were:

- Equipment access and locations (81.5%)
- Key extensions and contact details (74.1%)
- Making referrals to other services (74.1%)

The least useful aspects were guidance on internal systems (i.e. ICE, PACS) (25.9%) and prescribing (22.2%)

Levelling the playing field: more than just the service versus training debate

Dr C. Froneman, Dr B. Khan

Introduction

Training and development are critical components of workforce success (1). Residents face a myriad of challenges to training (e.g. minimal specialty time, frequent rotations etc.) whilst also competing for opportunities with other trainees and continuing to meet service demands. This not infrequently results in inequity and friction amongst trainees. Providing a planned, structured and constructive training environment can negate this and also lead to wider benefits:

1. Maintaining a healthier work-life balance
2. Harmonious functioning of a team
3. Improved efficacy of the overall service
4. Improved trainee experience
5. Adapting to a changing workforce i.e. working less than full time (LTFT)

Ultimately this will lead to a more sustainable working environment for current and future residents.

Aim

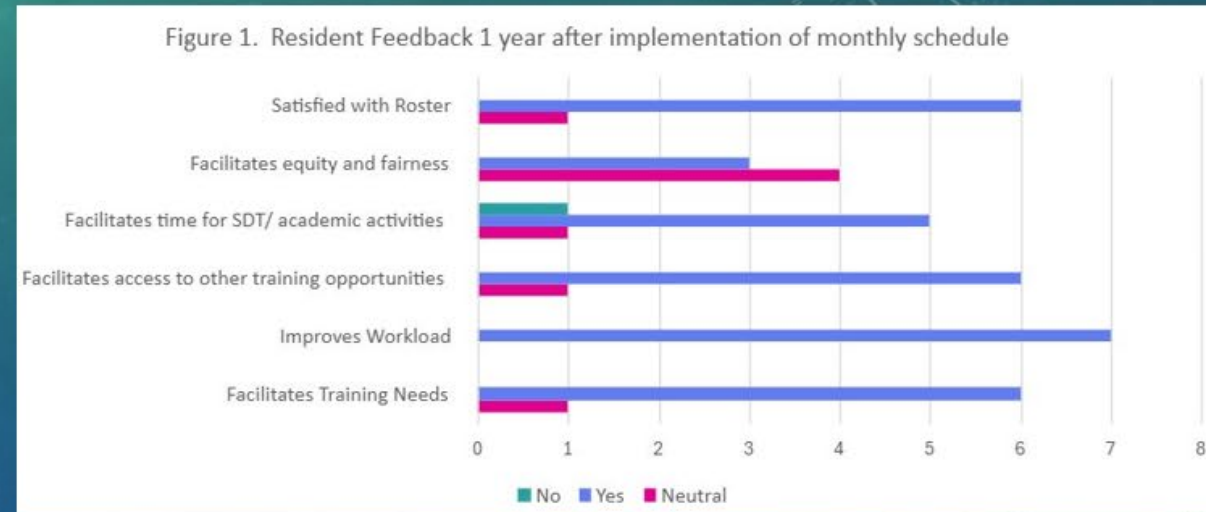
Optimizing training and development of trainees by creating a job-planned, structured training placement balancing curriculum requirements and service needs.

Methodology

1. Gap Analysis of trainees' learning needs
2. Identify local and regional learning opportunities
3. Match and schedule opportunities to trainees
4. Extend opportunities to further enhance training i.e. aligned specialty training days, specialty clinics

Results

The survey showed an overwhelming positive response. Residents found the roster improved management of overall workload, created different training opportunities and facilitated the achievement of training needs.



Conclusion

This monthly schedule is a simple and easily executed solution to create a better learning environment for trainees as well as a more balanced and effectively run service.