Klaudine Simpson – Series 3– Practical Skills

[00:00:00] **Cheryl:** Welcome to the podcast from Cambridge University Medical Education Group or CUMEG for short. This is a podcast from the University of Cambridge Clinical School focusing on medical education. We'll be touching on a range of topics that medical educators are dealing with.

Today, I will be talking with Klaude Simpson, who is the Practical Skills Lead Tutor at the Clinical School. We'll find out more about her role and why practical skills is important for our medical students.

Welcome, Klaude.

[00:00:31] **Klaude:** Hello. It's really good to be here. Thank you for having me.

[00:00:34] **Cheryl:** Well, thank you for coming. It's wonderful to have you with us today. I think I'll just start out by asking you a little bit more about yourself.

If you could tell us about your background and your current role as the Practical Skills Lead Tutor.

[00:00:47] **Klaude:** Gosh, how far do you go back? I think one of the main things is where to start would be, I had a period of time where I left the NHS. I was disillusioned with standards of care and that led me into industry.

And what that allowed me to do was explore different aspects of healthcare away from the National Health Service (NHS). And it was through doing that, I was introduced to many, many people because my main role was selling anatomical mannequins to start up clinical skill centres. So, I would see a range of different people and teach them how to use the mannequins and also at times teach for them. And I think that's a really good starting point to sort of come to why I fell into where I am now. Was a disillusionment of standards and the ability to go around the country seeing how people were setting up these new, innovative buildings and classrooms for medical education, nurse education, and even in prisons.

So that's a little bit about how I fell into practical skills.

[00:01:55] **Cheryl:** That's really interesting. And so, before that was your background is nursing. Is that right?

[00:01:59] **Klaude:** Yes, that's correct. Yeah. So I did many, many years as a nurse and it was through that role where I sort of started building management experience and learning the ropes of the NHS and what I was passionate in, which was education, patient care, standards, holistic care, and being able to move that forward into education meant that it enabled you to reach patient care, but in a different way. And that is really what has developed within this role as I've moved forward. Always the core understanding that everything we do is about the patient journey. But not only that, it's about the student journey as well. So that's really where I am now.

[00:02:44] **Cheryl:** That's great. I mean, I think that's really interesting. And the fact that you're pointing at, that it's the student journey is just as important. Because those students are going to be. our physicians, our nurses, that will be dealing with patients. And it's important that their journey in learning is grounded in really good understanding of what's needed.

So, I think that kind of leads me on to my next question; which is could you tell us more about what a practical skills session is? What does that mean? You know, what would a typical session for a student be like?

[00:03:22] **Klaude:** So, practical skills is one of those things that, if I just step it back slightly to explain what it used to be like.

For example, myself and colleagues of my age group, we learnt on patients. So, all of our mistakes were made on patients, and our patients had to endure our mistakes from the point that we didn't really know what we were doing. We would see one, do one, competent. And with that, we had the tears, we had the apologies, we, at times, the patient would have been traumatised by what we learnt and did with them because we had no one to give us the security to even understand our process was correct or our standards were correct and that was really the thing that came in with practical skills was trying to prepare our students to understand that you're never going to be perfect straight away that transition between practical skills in a classroom and practical skills in real life you will make a mistake on a patient but what we want to do is try to limit those mistakes we want to try to get you to be or the student to be at a point where they have more confidence to step into that real clinical scenario where you've got people that are scared, that are vulnerable and also looking to you to try to get the answers to why they're there in front of you.

So practical skills and why we exist and what we do is really to try to bridge the gap between patients having a bad experience, which is what the past was, and try to prepare our students to be able to perform as best as they can first on human. And what that means is in the early 2000s, all areas within the UK started to introduce clinical skills into the curriculum. So that's nursing, medicine, all areas. And what it was, was using mannequins that would allow us to practice rudimental skills such as venepuncture, so that's taking blood, cannulation, where you pop that in to either take blood or put a drug in, and it was allowing them to practice the technique, the process, the art of hand eye coordination, rather than practicing the hand eye coordination immediately onto a real person.

So, the aim is to allow students... to get the coordination on mannequins. And those mannequins can be full arms, plastic full arms, or they can be pads that you join onto an arm, so that you get the communication and the movement of a real person. And it's about trying to bridge the gap between fake and reality and give them security and process and standards.

[00:06:15] **Cheryl:** Can I just ask, you said pads on, so that would be a human puts a pad on their arm and then somebody's going up to that arm and trying to cannulate it or take blood or whatever that may be.

[00:06:27] **Klaude:** Absolutely. So, it's almost like a piece of plastic with a tube in and that tube can be attached to fake blood. And when you put the needle into that, obviously the person isn't going to feel it because it's a protected system, but they can draw blood back.

They can feel the vein, for example, if it was being a puncture and they're able to sort of simulate what it might feel like as if it's a real person.

[00:06:51] **Cheryl:** That's brilliant. And I love your description as well, because I think. You talked about the patient and how horrible it could potentially be if it's the first time for a student.

But I think it's just as important to say for that student how upsetting it could be if you don't get it right. So, it's so nice to have this kind of safe environment in which to do this.

[00:07:11] **Klaude:** I think safe is what we're trying to do. I think practical skills is something that is fundamentally students enjoy it because it's practical.

But what it does is give them the reassurance that one they're working with people who also have been in their shoes and will also admit to their failures and their mistakes they've made. With passion and the teaching team don't want them to make the same mistakes that we made because we didn't necessarily have that support in our day.

We very much know what it's like to be in that first step position. We can't necessarily always make the transition completely pain free for everyone from mannequin to human, but what we can do is make it easier for everyone by giving support and giving them the opportunity to practice and we have a set amount of skills that all medical schools need to deliver. And we here at Cambridge University deliver all of those key themes that the General Medical Council would have expected a newly qualified doctor to graduate with. And all of those skills can be done in simulation. And that simulation is so valuable to our students and our patients. It's incredibly passionate, exciting, and I think anybody who's within this role feels that we may be a step away from the patient, but we're actually there for the patient.

[00:08:41] **Cheryl:** Absolutely.

[00:08:43] **Klaude:** And we're there for our students.

[00:08:45] **Cheryl:** No, absolutely. And, and thank you. You've described that really well. I can visualize everything that you've talked about and seeing students working in this way. And I think that's, it's really important; as you say, it's an important role. And I was going to ask you about the standards. I know the GMC requires that. So yes, every medical student, or sorry, every medical school in the UK would have this sort of, of course. Is there Specific, you know, criteria you, everybody needs to use X kit, as it were, you know, a mannequin or an arm. Is there some standard kit that every medical school would have? Or can everybody use different sort of tools in which to teach the students?

[00:09:26] **Klaude:** So, like in everything, there's always going to be competitors. There's going to be mannequins that you can buy that are very, very expensive and there's mannequins that you can do that are very, very cheap. It depends on what outcome and how many students you're training to looking at things like how often do you have to replace certain aspects of a mannequin.

So, for example, you can buy a IV arm. An entirety of an IV arm, but it has ongoing costs. So those ongoing costs would be replacing the skin, because if you pierce through the skin, it's going to make holes. Or you could have that would maybe allow 300 students before you have to change a skin, compared to some of the pads that you may put on an arm, which may only get through 50 students.

[00:10:15] **Cheryl:** Oh, okay, so...

[00:10:16] **Klaude:** And these costings... Need to be calculated and worked out by one, your budget. How often do you want to change them? And how many times is somebody going to try to attempt to learn a skill? So, you could say, if you have a newly qualified, well not newly qualified, a new medical student, you may want a cheaper version that is more hardy than the more expensive version.

And you could regulate what you buy. And what you use, depending on the skill mix you have in front of you, to enable you to manage the trauma these mannequins go through.

[00:10:53] **Cheryl:** Okay, no, that makes sense. So, it does vary, obviously. And so, you talked about students, like, obviously there's going to be a first time versus the 200th time. Is this something that they do throughout their training? Is that how it normally works? Or how does it work in terms of the students having these practical skills sessions?

[00:11:12] **Klaude:** So, it depends on what university you're at. So, every university will slightly have a different curriculum. So, some universities start at year one and there's, there will be a practical skills curriculum from the moment medical students come into their curriculum; here at Cambridge, we see fourth years, fifth years and sixth years.

And so, they begin their journey, their practical skills journey when they come to us at the clinical school, whereas other universities will start a lot earlier, and that's curriculum based.

[00:11:42] **Cheryl:** Yes, yeah. But, but still even the first time that they come here, they will start right away with the practical skills.

So, it is something that is entwined throughout the curriculum.

[00:11:53] **Klaude:** Yes, absolutely. And with any curriculum in any practical skill, we have a curriculum where that's a spiral curriculum and it's about developing and learning the skill. So, you may address in one year, the introduction of venepuncture, and then you may bring that into a different year where you add on to that.

So, you add on much more detail around it, results, understanding those results, putting that into further simulation where, what if you can't get those blood results? You can't have them, so therefore you can then start testing the student to appreciate that although you have managed to take blood on this mannequin in this year, what you haven't; how do we bridge the gap between fake and reality?

And that is sometimes not allowing mistakes to then say, here's the answer. So, for example, you could get a student under time pressure to take an arterial blood gas. And if they fail or don't get it, you don't give them the answers to the RT or blood gas result.

[00:12:57] **Cheryl:** Okay.

[00:12:58] **Klaude:** So, they then have to figure out how to get around that. And what it does is then bring more reality into simulation. And we're not always successful at what we do. And that allows the student to try to think outside the box. Okay, what will I do in real life? How do I get around that? How do I work it through? And when do I stop? How many times do I do this to try to achieve something when I'm trying to maybe achieve something for my benefit rather than the patient's benefit?

[00:13:24] **Cheryl:** That's brilliant. Yeah, it helps them think outside the box. I love that.

[00:13:29] **Klaude:** Absolutely.

[00:13:29] **Cheryl:** I love that. So, and so as part of that, I mean, I think this is really important because quite often you hear students, you know, worrying always about exams and that sort of thing. But there's practical skills, although there, there are exams around this, there's a lot of time to just learn and to build on that. Is that correct?

[00:13:49] **Klaude:** Yes, practical skills, whether it be in medicine, nursing, one of the biggest things I try to say to medical students is, you can't learn it from a book. It is a practical thing that you may try to understand it by reading it, but you'll only get successful by practice, which is why the classroom environment is so important, because it allows you that repetition to get your hand eye coordination correct.

It's a bit like I say to medical students, a practical skill is a bit like me trying to teach you on a manual car how to get clutch control. So, for all of us who have ever used a manual car, we would have spent a long time trying to get that biting point so that we didn't stall the car. And you can only learn that biting point by doing it and failing and failing and failing until you understand and grasp that point.

And it's the same with practical skills. You have to do it again and again and again. To be able to sort of streamline and not make the mistakes that I have made and everyone else before, but all my mistakes were done on real people.

[00:14:56] **Cheryl:** Right.

[00:14:57] **Klaude:** So, leaving the tourniquet on with venepuncture, forgetting where my sharps bin was all of these things I did in real life. The opportunity with what we do within medicine now and, and nursing and paramedic training and all these other training is to try to limit that.

[00:15:16] **Cheryl:** I think that's brilliant, and I love your analogy of using the clutch of the car. It is quite difficult, and you have to do it. And so, this is a good way for everybody to kind of think through. Yeah. It’s complicated and there's a lot to think about. Particularly if somebody is a bit flustered. Ooh, I can't get that reading or whatever it may be. You become more flustered, don't you? As any individual would. And it's great to have that scenario.

[00:15:43] **Klaude:** You get scared sometimes as well. And none of us have 100% success rate in any practical skill that we do.

There's always going to be a hit and miss and one of the things that is great about what we do is you can have what I cast you go out clinically and for some reason you're not getting the skill, it’s you're not getting it in. For example, let's again concentrate on venepuncture. You're not able to get the blood. What happens is your confidence is knocked and the more your confidence is knocked, the more you say to yourself, I can't do this.

And as soon as you start thinking, I can't do this, you're going to automatically go down the route of failure. And at that point, sometimes you can feel the passion and the feeling of that student, even myself, as somebody who's done this so long, can get that moment where I feel, what's wrong with me? I can't do it. I'm going to make a mistake. And that's where, again, you can come back and talk to somebody in, for example, practical skills in all universities within this country, to say, for some reason, I'm not getting it in. And they can watch you and correct you and just give you that guidance and that support to say, first of all, it's okay. None of us have a hundred percent hit rate. None of us are perfect at this. And don't think that we started great because we didn't.

What we need to do is get you to a point where you build your confidence back up and realize that it's okay; we've all been in your shoes and that's what's so important and so special about what we provide is it's not just about a task. It's about the psychological feeling of every single person who's had to pick up that needle and go out in the clinical environment and face somebody who you know could get very grumpy very, very quickly.

[00:17:40] **Cheryl:** Yeah.

[00:17:41] **Klaude:** And that is what it's about, really.

[00:17:43] **Cheryl:** Absolutely.

[00:17:44] **Klaude:** It's about support. It's about confidence. It's about supporting each other through our highs and our lows when sometimes we de skill, we need help, and we have the help there to be able to redevelop if we've lost our skill.

[00:18:00] **Cheryl:** Absolutely. Thank you for that. I think that's really helpful because we're not perfect, and, you know, getting into medical school is hard enough.

And a lot of, you know, people who join this as a profession, the perfectionism is there and it's there for a reason. And we want them to be really skilled and qualified. But I think we have to understand everybody's human. We all make mistakes and that's okay. Let's just make them in that safe environment.

So, I think it's brilliant that this is the way students are taught now because it's helpful for everybody.

[00:18:34] **Klaude:** Absolutely. As I say, you're still going to be nervous, but to have the ability to practice and make your mistakes in a classroom is one of the most kindest, nicest thing that we could have done within education.

I mean, as I say, I look back from when I was a student and the mistakes I made and I've caused patients to cry. I didn't expect or mean to do that. I just wasn't very good at what I was doing because I was learning and had no practice. And I wish somebody at that time had first of all told me it's, you're a learner. It's okay to be a learner, but also let's get you to a point where your confidence is higher with the technicalities, the task of the skill to then enable you to do that step where you're in front of a real person who's looking, breathing and going to question what you're doing. And as part of a curriculum, you know, some of these skills do become very robotic when you're used to doing them, but you've got to get to that point. You've got to get to that point to see them easy. Every single skill that we teach is not easy when you begin. And that's something we have to remember as educators is what we find easy. We used to find it hard, and we must never, ever forget that because if we forget that; we're not giving the support to our students and we're not recognizing that learning cycle or that spiral cycle of becoming from novice to competence.

[00:20:12] **Cheryl:** Yeah.

[00:20:13] **Klaude:** And this is what we do. It's about seeing growth and it's about support and it's about also protecting our students from making mistakes that could cause themselves injury.

So, blood borne viruses, for example, needle stick injuries, all of those factors come in to let's make you a strong doctor with skills that keep you safe, keep our patients safe and allow you to have the confidence to concentrate on other things. rather than just the practical skill. That you can actually encompass all the other elements within curriculum.

[00:20:52] **Cheryl:** Yeah, absolutely. No, I think that's fantastic. Thank you. You've explained this so well and really helped us to understand the importance of it. I'm sold. And I really want people to have these skills before they come to me as a patient. So, I think it's fantastic. I think, so we talked a bit about the kit because obviously you're not doing it on a mattress.

So, for a new medical school who is about to set up and they're thinking, right, this is really good. I want to do this. What sort of advice would you give them in terms of what tools/equipment they should purchase?

[00:21:29] **Klaude:** I think this is a really interesting sort of concept about what people want when they're setting up a clinical skills unit.

In my previous role when I was in industry, I visited nearly every, at that time, every clinical skills unit that was being set up in the UK, and it was fascinating to watch what people did. Quite often what people want is to be able to showcase the medical school and be able to say, look at what we've got. Look, the walls are shiny, the equipment is shiny. We've got the best of the best. To be successful in teaching practical skills, it's not necessarily about buying the best equipment. It's about what is happening in the clinical environment and how can you start from the basics? So, there's no point buying a mannequin for fifty thousand pounds and it's sitting a corner, but it looks pretty which I’ve seen multiple times And it's such a waste of money because it doesn't service an entire year group of a student. It may service very small pockets of students.

My question would be is what do you want to improve on the wards? So, this could come down to even the most basics, the things that people often overlook because it's not shiny, it's not new. But this would be things like hand washing facilities, teaching students how to scrub, so maybe having a scrub sink.

[00:22:53] **Cheryl:** Yeah, absolutely.

[00:22:54] **Klaude:** Those kinds of things, having the ability to know the basics of infection control. What is available in the area they're in? How often are you going to have power cuts? I think one of the main things I can remember, I was cycling in a country of poverty. And they had this centre that had been set up and a 12 lead ECG machine had been donated.

And I was looking and basically going, well, this is great. And they went, we can't, we don't have any tabs for it. When the money ran out. We don't have the tabs.

[00:23:32] **Cheryl:** Oh, what a shame.

[00:23:33] **Klaude:** So, a lot of it is what is actually going to be effective education with the resources that you can get regularly to provide the best to a majority of a student population rather than the minority.

And one of the biggest things I did and felt within my industry job was saying you don't need to buy expensive.

[00:23:56] **Cheryl:** Yeah.

[00:23:57] **Klaude:** You don't need the bells and the whistles. You need the curriculum. You need the time and you need the people and you need to think, how will it reflect clinically? So, you can have the best, but if it doesn't reflect the clinical environment, it just becomes a showpiece to say, look what we brought.

And that is a tragedy.

[00:24:23] **Cheryl:** It is. It is. And also, for the students.

[00:24:34] **Klaude:** Absolutely.

[00:24:36] **Cheryl:** When do we get to touch that shiny thing? Well, we don't know how to use it, or we can't for whatever reason. So, you're right, I think that's really important advice, you know, great advice for everybody to listen to. And that would be the same for an existing medical school looking to refresh whatever they have and it's actually about taking stock and thinking through what are the priorities and why.

[00:24:49] **Klaude:** What do we need?

It doesn't matter if you've got paint peeling off your walls that doesn't matter. It's about getting the student to a level that is providing a service to the patient in the environment that they're actually going to work in.

[00:25:08] **Cheryl:** Absolutely.

[00:25:09] **Klaude:** And if you're not trying to look at that, and you're just trying to look at whether the walls look pretty, you're not thinking the right way about how to achieve a great practical skills curriculum.

[00:25:19] **Cheryl:** Absolutely.

[00:25:20] **Klaude:** You know, one mannequin for 50,000 could teach an entire curriculum on renal puncture, cannulation, arterial blood gases, and all these other factors. And that was, I think one of the biggest tragedies I've seen is the show. Look what we've got rather than look what we deliver.

[00:25:36] **Cheryl:** Absolutely. And I, and I love that you took it back to the basics because that is so important.

If you can't scrub up properly, you're going to have a huge problem. So, you know, started the basics because that matters.

[00:25:50] **Klaude:** Simply, hand washing may appear boring, but ultimately, this is what then can lead on to infection, sepsis.

[00:26:00] **Cheryl:** Absolutely.

[00:26:00] **Klaude:** It can kill patients. It can be all of those fundamental things. If you haven't got that most basic skill where you can ensure students understand that, or even process of skills about not contaminating procedures, then you're not actually providing a good service. You're just showing off.

[00:26:22] **Cheryl:** Yeah, absolutely. No, I think that's great. I think it's great that you've kind of taken us full circle of all the different things that are so important. So I appreciate that. It's been really insightful. I'm really grateful for you coming today because you've really helped us to understand why it's so important to have a practical skills session and for both the students and patients.

We've talked about a lot today. What would be your kind of three takeaway?

[00:26:52] **Klaude:** Oh gosh.

[00:26:53] **Cheryl:** Sorry, I put you on the spot a bit.

[00:26:54] **Klaude:** Three things to take away. I think it stems back to what I've just said. Buy sensibly. Don't buy things that look good and only serve a small majority. Number two, aim to deal with the basics, because the basics matter. The foundation is what we build all skills on, and with a shaky foundation. A shaky understanding of, for example, a septic technique, non-touch technique, process, hand washing, sharp safety. Without those elements, you're putting the patient and yourself at risk.

[00:27:33] **Cheryl:** Absolutely.

[00:27:34] **Klaude:** And my third thing would be, go and have a look and see what medical schools are doing, compare and look at their equipment and see what would work for you and question, would it work in your environment?

And if the answer's no, don't buy it just because somebody else has it.

[00:27:55] **Cheryl:** Absolutely. That's great advice. Thank you for that. That's really, really useful advice. I think those top three could help a lot of people. There are a lot of medical schools around the world. So, thank you for that.

Honestly, thank you for coming today. It's been so insightful to understand more about your role and how important it is in medical education. So, thank you.

[00:28:16] **Klaude:** I really appreciate being here and I just really hope that some of the information I've said might help somebody and I'm always available if need be.

[00:28:24] **Cheryl:** Oh, that's helpful. Thank you so much.

[00:28:25] **Klaude:** My pleasure.

[00:28:26] **Cheryl:** If you're interested in finding out more about how we can assist you with practical skills or medical education, please contact us via the CUMEG website. You will also find our other podcasts on the site at www. CUMEG.cam.ac.uk or look for us wherever you get your podcasts.

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