CUMEG: Nicola Jones, 8 November – Captions

(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 discussed a range of topics that medical educators are dealing with. I'm your host, Cheryl France, Head of CUMEG.

Today, we welcome Dr Nicola Jones. Nicola is a Consultant in Cardiothoracic Intensive Care, as well as the Clinical Lead for Intensive Care at the Royal Papworth Hospital in Cambridge. In addition, Nicola is the Regional Clinical Sub Dean and Associate Lecturer at the University of Cambridge. Welcome, Nicola.

(0:47) Nicola: Thank you, Cheryl. It's a pleasure to be talking to you today.

(0:50) Cheryl: It's a wonderful to have you here today. So thank you so much for taking time out of your busy schedule and being with us today. I'm really grateful. I think from my perspective, it would be really helpful if you could help the audience and understanding a little bit more about your role at the Royal Papworth Hospital as well as you have several roles actually here at the University of Cambridge Clinical School. So think if you could help us to understand that, that would be really helpful.

(01:15) Nicola: Yeah, of course. So I'm a Consultant Intensive Care Medicine at the Royal Papworth Hospital and have been for about ten years now. And I'm really interested in at all things education. In fact, as you say, a number of roles at the clinical school so and one of those roles is and the clinical lead for Year 4. So that role involves me working in conjunction with the coordinator for Year 4, and we're involved in coordinating all of the teaching activities that happen throughout the fourth year of the clinical school. And it really is sort of a point of reference for any queries or concerns for the students or for faculty. So that's in terms of the year four role.

And I'm also involved in terms of being the coordinator for the clinical teaching fellows in the region. So that's a relatively new role that I've taken on. And, clinical teaching fellows are junior doctors who've taken out time out of their full time clinical training and have protected time to teach. And most of the hospitals in the region to which our students rotate have clinical teaching fellows. So this is a new role to be able to think about how we can coordinate their activities and how we might try to create sort of sense of community amongst the teaching fellows. So that's a really exciting role that I'm really enjoying taking on. And as you say, the Regional and Clinical Sub Dean at Papworth.

(2:40) Cheryl: Wow. So that is quite a bit I think can we dive into some of those and just gain; you were already expanding on they the fellows, the clinical fellows is their training or things that they need to do to be to be part of this role? And what is their role in terms of, for example, at your hospital at Royal Papworth? Could you give us some more insight into that?

(03:03) Nicola: Yeah, of course. So there are really increasing and roles. So if you look at any adverts, if you see in popular and places whereby there's medical jobs advertised, they're increasing all the while. So they're really, really increasing in terms of how common they are. And they're a very popular option for junior doctors and essentially, they often will take some time out of their full time clinical training, often once they finish their foundation doctor years and it gives them an opportunity to have some time where they can spend time teaching students and or less experienced junior doctors. Most of the hospitals will offer the Clinical Teaching Fellows and some sort of formal teaching or sort of theoretical teaching in medical education or clinical education. So that might involve, for example, a Postgraduate Certificate, and that will sit really nicely alongside their experiences whereby they'll be teaching students and junior doctors in the clinical environment.

(4:02) Cheryl: Oh, that's wonderful. So, so these are junior doctors who have finished, as you said, their foundation years but are training at that time to become consultants. So it's that in-between time.

(04:16) Nicola: Absolutely, yes, so they will probably have worked for two years as a junior doctor doing the foundation training. And often they want to take time out of full time clinical practice to really take stock and think about where they might want to go in the future in terms of what speciality they might want to explore and to perhaps expand their portfolio. So often these roles will be combined so that they'll have some protected time to do some teaching, but they'll also have some time to do some clinical work, and it gives them an opportunity to explore various clinical specialities and think where they might want to go in the future in terms of their own speciality that they might choose. But it also gives them time to develop their skills and their portfolio in other ways. So and they'll be involved in delivering teaching, but they might also be opportunity for them to be involved in quality improvement or clinical educational research and develop some sort of management and leadership skills as well. So a really great opportunity for them to expand their portfolio whilst also exploring some aspects of clinical practice that they might want to pursue in the future.

(05:14) Cheryl: Yeah, that's brilliant. And I know we've talked about some of these roles of training and the fact that because they're younger, usually in younger and age, they're a bit closer to our students who are coming through and having some training. So it's a good relationship, an opportunity for our students to learn from some near peer rather than having the grand consultant who's a bit more threatening is that.

(05:43) Nicola I think that's a wonderful point and I think it's exactly that that. I think it’s far easier for the students to relate to somebody who's maybe only two, three, four years ahead of them and is actually got sort of real lived experience of what it is to be a junior doctor in the NHS currently. So I often still think back to the times of being a house officer, which really shows my age, where actually, the foundation doctors or the clinical teaching fellows will talk about their time as a foundation doctor and often they'll have worked within the east of England as well. So they may have, you know, sort of insider knowledge, as it were, of working in particular hospitals. And I think that that's, as you say, that near peer relationship is really beneficial.

And in fact, we've done some, I think, quite interesting teaching sessions whereby we've paired up our clinical teaching fellows with, you know, esteemed a consultant, surgeon or cardiologist, whatever it might be. And we've done those in parallel so that actually it's a really nice mix whereby you can have that sort of wisdom, as it were, and that sense of experience of the consultant there. But actually then the clinical teaching fellow can interject for the students and say, well, actually when I was teaching fact, when I was a foundation doctor, only, you know, a month or two back, I saw a patient like this and this is what we did. So I think that's a really nice mix. And it also gives the opportunity for the teaching fellows to then benefit from teaching, perhaps with a more experienced educator as well. So I think that's a really nice mix.

(07:10) Cheryl: That is a nice mix; and that leads me on to my next question, which was about how does it work at your hospital in terms of integrating students?

Because I've heard some really good feedback from students who've been at the Royal Papworth and how wonderful the training was. So could you perhaps elaborate a bit more on that? Because obviously you already said some of what happens, which sounds excellent.

07:31 Nicola So its really an inspiration from having spoken to a student. So we hold interviews with students at the end of each of their clinical years and we hear about how they, you know, they have their experiences and how they got on. And I still remember now speaking to a year four student at the end of what was her first year of clinical practice. And I actually knew her from a pre-clinical student and I remember her being so super excited to start clinical work. So I was meeting her a year on now to hear about her experiences and she was somewhat deflated and I was saddened and I wanted to understand more. She, she talked to me about how that she'd felt in making that transition, that she'd felt a bit lost and all at sea and that she felt that when she was in the clinical environment, you know, it's this sort of foreign world and people were talking in language that she didn't understand and the bit that really struck a chord for me was that she wanted or felt in retrospect, it would be really useful if there'd been someone to hold her hand.

And so I discussed this with my colleague, Dr Kohn, who I work Papworth with, and we had this notion of creating a multi professional education team that would really serve to do exactly that, to hold the students hand in making that transition to the clinical environment. And it was from there we developed the idea of the clinical teaching fellow roles.

So that must be about four or five years ago now. So it very much came about with the idea that there would be a teaching fellow there who knew the ward, and knew the student was going to arrive and would be there to welcome them and introduce them to the team and really be there to support their learning in the clinical environments. Because one thing that struck me is this all manner of things that are happening, but often students say, well, nobody was teaching me and I didn't learn anything can is often because I think they just can't perhaps make sense of what's happening around them. So those were the ideas in the first instance for having the teaching fellows.

(09:35) Cheryl: That's wonderful, because we’ve all heard stories of that of, you know, I didn't know where to go. And, you know, we've all started a new role. And what happens in the first day, how does that feel? It's a bit scary. And for students having to go to different hospitals, different GP surgeries, different, you know, there's lots of transition and that first day happens a lot and you're young and you're learning at the same time. So it's wonderful to know that somebody is there to hold the hand and just say, Hey, this is how we're going to do it and support them.

10:05 Nicola Also that can be a sort of that support can vary. So in the first instance, it might be there to meet the student and she showed them the ropes and, you know, introduce them to the team that can then graduate over the coming days and weeks in terms of it might be that they then can help signpost students to patients to go and see and go along with them so they can provide them some feedback on the way that they might have interacted with the patients.

And alongside supporting the students, we’re very conscious that, you know, clinical pressures are such that they are that and you know, it can be very challenging for the clinicians within their ward environment. So and you know, much as I enjoy teaching. I've got a busy ward round and do I can think oh gosh its a struggle to do the best for my patients as well as to do the best for my learners.

And so we really wanted the team to help and unburden, as it were, the educators, or the clinicians, and actually start to mean that rather than on a busy ward; I think, ‘oh goodness, I've got students how am I going to balance all of this?’ Instead of saying, ‘oh, it's brilliant, I've got a student with me on the ward and that means it's going to be with one of the teaching fellows. And actually that means that they may have seen one of the patients already and that so they could peel off and do some of those jobs or request that scan or go do the other. Actually, we very much wanted the clinical teaching fellows and more latterly we have a team of facilitators from multi professional backgrounds and we wanted them to be a resource to support busy clinicians as well. And in doing that start to mean that the students could feel more integrated in the clinical teams and real world clinical experiences.

And that they had a real sense of value within the clinical teams and they were doing something that was real and making a difference for patients and the clinical teams that they were on placement with.

11:58 Cheryl: That does sound brilliant and I can see why there's more of these roles popping up because it's supporting you as a clinician as well. As well as the student being able to get that experience. So as you said, you know, ordering more scans, those sorts of things are very necessary skills to be able to do; time consuming. And if we can allow somebody else to go off and do those, then it gives you more time as the consultant see more patients and higher risk patients, whatever it may be.

12:26 Nicola Absolutely. And I think that way instead, the student perhaps doesn't feel on the outside or a burden or that they're getting in the way, that instead they think, well, I'm here snd actually I do understand what's happening because there's been this person here to explain it to me and I can do something useful because I've been able to now go and talk to somebody about this, to the other, or we've been able to request this or follow up on that, because they've had somebody there to support them in doing that.

12:57 Cheryl: That's brilliant. It does get that overall feeling of being involved, which is so important. So that sounds amazing. So still going back to the Royal Papworth Hospital, I understand there's also been some assimilation programmes that have been very popular with students and something that your hospital in particular has been leading on. Do you want to tell us a bit more about that?

13:245 Nicola Absolutely. So as an anaesthetist, it was one of the things we had to do as part of our training. I had always sort of the feeling absolutely, you know, it was it was quite difficult or challenging in the first instance. But I remember, I saw myself thinking, gosh, what a useful tool this is in the sense that you've got to practice or rehearse scenarios in a real safe space.

And if you have some feedback on that and I think it really helped that my own learning then in terms of my own clinical practice, so and again with my colleague Dr Khan, we were really keen to bring this to students. So gosh, it must be as many as ten years ago now, we cobbled together some funds to be able to get some equipment and things from there have grown. And I'm really proud to say that for all students and coming to placements at Papworth, they will each have an opportunity to do some simulation.

And so we run that simulation such that we go through various clinical problems and they get a chance to then run through the clinical management, but moreover work as part of a clinical team and talk about afterwards how the clinical scenario went. But moreover, this is where the real value is, how the team working went, and all of those are non-technical skills and it's really evolved actually.

We run those now for medical students, but we do them in conjunction with students from other health professional backgrounds. So with our nursing students we have a pharmacy students, so we run them as a multi professional simulation and they're facilitated again by a multi professional team. And I think that's really important because it reflects how we work in practice. And so, you know, I see that in intensive care, but you know, in clinical practice as a whole, we don't work as a bunch of doctors or a bunch of nurses. We do work together in terms of being a multi professional team.

15:10 Cheryl: That is brilliant. I think that's important to highlight the fact that it isn't, you know, each role is not in isolation. It's about working as a team and those, you know, those softer skills, that teamwork is vital to get it right, and I think that's really, really important. And I think also just, you know, we've called the simulation program, but there's all sorts of things that go into that. And these days AI, is the big word and this is what we're all using. But there's lots of different tools that can help aid that. And it doesn't have to be the most expensive AI kit, it can be a simple simulation as well as a fancier.

15:47 Nicola Absolutely. And I think they really complement one another. So you might have you know, you take a day away from clinical practice and you go to a, you know, a very high fidelity simulation. But equally it might be you break off in the middle of a ward round and do something that's far more low fidelity, you know, in situ there in the clinical environments. And as you say, I think the technology is evolving. All the while there's you know, there's virtual reality simulation, there's all sorts of things are happening at pace. And I think it's really important that we see how that technology can help support our learners and the place it has within our clinical placements and training more broadly.

16:25 Cheryl: Yes, absolutely. Really important. So thank you for highlighting that. It's really useful. And just going back to any of the other roles because we kind of honed in on that one. Is there anything else that you'd like to share about being a sub dean and what that means or any further information about, I mean, I think you did quite a good explanation about what it means to be a year four lead in how you work with others. Is there anything else that you'd like to add?

16:50 Nicola I guess in thinking about the Sub Dean role it's been a real privilege to be in the Sub Dean role, because I think you are somebody within that particular organisation that's been almost like the figurehead or the person who's central in organising and the provision of placements for students, whether that's their teaching or their experiences on the ward and, and doing your very best to be able to quality assure that and try to make it the best placement you possibly can. And it opens all sorts of opportunities for you to work with members and people within your own organisation to see how you can best support the students whilst on placement. But I've really enjoyed working with colleagues in the region who are working in other hospitals to see how they run their programmes and what you can learn from them. And I think that's where the work that we're doing with the clinical teaching fellows as well is that they are working in different hospitals but supporting our students and how we can use them to best deliver the teaching for the medical students and also think about how we develop them as educators because they're going to be the future and perhaps will become members of faculty here or elsewhere.

So again, they've got a lot to bring. And in the teaching fellow role, we're really thinking about how we can look at their development, not only in terms of their teaching skills, but also those sort of more broadly in terms of being able to quality assure their teaching, to be able to innovate things, to be able to undertake clinical educational research and not be able to teach of lead teaching programs in the future. That's a really fun thing.

18:26 Cheryl: Brilliant. Thank you for that. This has been really interesting and great insight into what our students, you know, that extra education that they get and how that works, particularly in the Royal Papworth. Do you have any top messages that you would like our listeners to take away from today?

18:44 Nicola So I think and having been a doctor now for some 20 years or so, I still think it's the most wonderful career. And I think I'm still struck every day by how fascinating clinical medicine is. So it could be that some really interesting bit of physiology or some new drug we've used or something I've heard from a patient I've never heard before. And so I think clinical medicine is just so wonderful, and it's interesting on a sort of a scientific level, but from a very personal level and the privilege that is to work with patients and to be able to work with a multi professional team. And I really want to try to capture that for students. And I think that's what's really key and is that I think anything we can do to integrate our students into clinical teams that they feel that they're making a real difference and they're really central to the team as opposed to sort of looking from the outside.

So I feel the tools and resources that we have, whether that's by having clinical teaching fellows or facilitators or being using various tools and technology to be able to help them to develop those skills so that they feel safe within the clinical environments, I think is really key. So I think anything we can do to be able to cultivate that sense of fascination and curiosity about clinical medicine I think is really important, particularly when things are so challenging in terms of pressures within health care at present.

20:05 Cheryl: I would agree. Thank you. Gosh, that's a great summary. I appreciate it. So, Dr Nicola Jones, thank you so much for being here with us today.

20:15 Nicola Thank you so much. I really enjoyed being here. Thank you for inviting me.

20:18 Cheryl: Great, thank you. And thank you to you, our listeners. If you would like to have more information about CUMEG or to listen to our previous podcasts, please visit the CUMEG website at [www.cumeg.cam.ac.uk](http://www.cumeg.cam.ac.uk).

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