

As I sat last night, listening to the many reviews of Barack Obama's acceptance speech, I felt very proud. The recurrent theme was that of change and how many difficulties face the United States of America, yet how determined he was with the help of all of the good people of the United States, to face the problems and succeed.

So I thought that's exactly what we have been doing for the last several years. We have seen change after change, system after system. Some of the changes have been good, some of the changes we have had to accept, but in fact the only way that we are going to be able to face the problems and succeed if it is a joint effort involving Administrators, Registrars, Trainers, Consultants, Programme Directors and the Deanery.

What then have been the issues we have had to face? I think the re-organisation of the entire Deanery has been helpful although a little traumatic.

I do feel that the true benefits are not yet able to be felt. Expansion has been a major area of concern to most of us. I feel that there are very few can explain why the sluice gates have been opened and we can hardly keep our heads above water as the schemes seem to be even more awash with Registrars. It is therefore inevitable that as numbers increase, a point is arrived at

where the quality of training could be at risk.

There is no doubt we have already lost the intense one to one relationship with our Registrars, Although it must be said, combined and group teaching is not necessarily a bad thing. The focus of training from the time I have arrived, some 25 years ago was always on the production of well experienced good quality General Practitioners, it is to be regretted that our Registrars are now focused on the passing of the exams and inevitably we as their Trainers are sucked into this never-ending quest.

E-portfolio and the generalised leap in technological methods is now two years down the line. There is no doubt that this is a wish we have all had for many years, but I just wonder if e-portfolio as it is at the moment, meets that need.

There is no doubt the younger trainers and the registrars are at a greater advantage over dinosaurs like myself for whom entrance into e-portfolio was like a new language and a new world.



This man's a diabetic y 'know!

It is easy to criticise the emergence of the new system and to highlight its many faults, but in nature there is a progression to maturity and trust that over the next few years, we will see e-portfolio emerging as a useful tool in education and learning.

Time, that ever illusive commodity which would make most things more enjoyable and even possible. We seem to be losing the balance between time to do and time to enjoy. Over the last few years trainers have had to work very hard to be able to complete the basic requirements and I do feel that we are losing out on that element of enjoyment which first attracted me to training. I think it is important as Programme Directors that we are mindful of ensuring that we maintain an element of enjoyment for all our Registrars and Trainers.

It is true to say that as we plod on we do not have the adulation of £2-3 million as Barack had yesterday, but we do have areas and times of intense satisfaction that maybe surpass the accolade of a sea of cheering, clapping and happy people.

Love Jim x

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If you have any comments, articles, notices, etc that you would like including in the next issue of the VTS Newsletter, please email: Viv.Thompson@derbyhospitals.nhs.uk





FORTHCOMING TEACHING SESSIONS

1st YEARS

01/04/09	GP Group only
08/04/09	GP Group only
15/04/09	Principles & Standards of Urgent Care Pir Shah, John Eisenberg & Ben Pearson
22/04/09	GP Group only
29/04/09	Ophthalmology Jo Shimbart, Nan Tse & Roger Holden

2nd YEARS

01/04/09	GP Group only
08/04/09	Review meeting with Dr Noble
15/04/09	GP Group only
22/04/09	Common Haematological Problems in GP Lydia Jones & Antony Dowd
22/04/09	GP Group only

3rd YEARS

01/04/09	Practice Based Commissioning Tarun Sharma & Dr Jayne Lynas
08/04/09	Religion & Health Helen Maxwell-Jones & Jayne Lynas
15/04/09	Health Promotion Sarithya Somorajan & Trainer tbc
22/04/09	Dermatology David Regan, Dr Shahadullah & Jill Fletcher
29/04/09	Learning disabilities & Dementia Penny Blackwell & Jill Fletcher

If you are unable to attend any of your teaching sessions, please remember to let the Office know in plenty of time DRI extend 4755

You will be marked absent if we do not hear from you.

**LUNCH IS PROVIDED
BETWEEN
1.00PM—2.00PM**

**These are sponsored by
Drug Company representa-
tives you are expected
to chat with them for a
couple of minutes.**

**We consider the lunch
time important and a
time to meet your peer
group,
administrative staff and
Programme Directors**

REMINDER

Registrars—please give the GP Trainer and Resource *plenty* of time to prepare for their session you receive your reminder at least 4-5 weeks

REGISTRARS' SPEAKERS CORNER

My Experience in GP Specialty Training so far.....

Larry Higgs ST1

When I was asked to write about my experience so far as a first-year GP Registrar, I asked why I had been asked. I was told that it was because out of my year-group I was perceived to be one of the more enthusiastic trainees. This in itself came as a bit of a surprise.

Anyone who knew me in medical school, and through most of the foundation programme, would have not described me as enthusiastic. Nor was I particularly good, and I certainly wasn't hard-working! Yet suddenly I am finding people see me as an enthusiastic individual, and it has even been commented on (and not in an especially favourable light) in hospital placement.

Part of this feeling is surely due to relief at having got into specialist training, and into a career that I really wanted, but a lot of it is just because I'm enjoying what I'm doing so much!

Enough waffle; on to my experience so far. I've been lucky to have a GP placement first in my training, so I got to know first-hand what was in store for me. One of the first things that struck me was how I was welcomed into the surgery with open arms, and as an equal.

My prior experience as an F2 in GP was completely different to this, and while I enjoyed that immensely I was never more than a foundation doctor on a placement, not a trainee who was in the job for life.

Being an active participant in meetings with the other GPs and staff, having my opinion sought and appreciated, and being able to make my decisions about my clinics and visits, were just a several of the extremely rewarding aspects of being a specialist trainee.

Another thing that became clear early on was how closely I was able to work with my trainer, and how well supervised I was. My training was allowed to proceed at a pace agreed between myself and my trainer, and progressed with the right combination of direction and freedom to allow me to spread my wings.

Advice was always readily available, and the GP due to debrief me was (mostly) on hand soon after my clinic finished to go through my consultations, allowing me plenty of time to do anything that I had maybe missed or otherwise done incorrectly.

Separately from my experience in the practice was that at the central teaching. The group of us on GP placements met weekly, when we would plan teaching for our year-group, and also have the chance to discuss interesting cases or aspects of our teaching. There has been plenty of opportunities to meet and interact as a group, both professionally and socially. This is another way in which GP training is well supported.

In closing, I think I've got the best job in the world, and I would (and do) encourage anyone looking towards GP training to consider it.

REGISTRARS' SPEAKERS CORNER

The Applied Knowledge Test (AKT)

Chris Metcalfe, ST2

Thankfully I'm not a superstitious person. If I was, I almost certainly wouldn't be writing a how-to article about the AKT before getting my results.

However, while the exam and preparation is fresh in my mind (and under duress from Viv!), I thought it might be worthwhile sharing what was useful come exam day. And if I have failed, I'll consider it an expensive experience for the benefit of other trainees!

One of the hardest things to do seems to know where to start. After all, the range of material is huge. Encouragingly, the material is nearly all relative to general practice, and the answers to many questions could have been gleaned from primary care experience.

Tip 1 would be to look up as many conditions as possible between consultations and after surgery. To this end, I would recommend taking the exam during a general practice placement if taking it before ST3.

The box below highlights some of my most used resources for up-to-date medical knowledge, much of which I have found invaluable since. Of particular use is the Clinical Knowledge Summaries website (formerly prodigy).

Top Resources for the AKT

Clinical Knowledge Summaries
BNF, cBNF
GPNotebook
Eguidelines.co.uk
Oxford Handbook of GP

Medical questions make up the majority of the paper, however there are a significant proportion of esoteric topics which seem worthy of mention. Only a few questions from each of these topics are likely, but they represent easy marks if you have read them before the exam. I would include here

Tip 2- read the BNF from cover to cover before the exam. Many questions make direct reference to the BNF, so only a fool (I include myself here) would neglect to read the whole thing. The list below is far from comprehensive but may be useful.

Some must-read topics

CAA flying guidelines, DVLA Guidance
Duties of a Doctor
Sickness Certification
Travel medicine
Medical statistics (lots of questions!)

Finally, practising similar questions proved invaluable, but not all resources are equal. I found online questions to be of most use, as they are updated in line with new guidance promptly, unlike text books which become quickly outdated. !

Tip 3 - Passmedicine is almost universally agreed to be the most useful of online resources, the difference being the quality of feedback to all questions and links to relevant reference material. Onexamination is costly and although the 'organisational' type questions are useful, the medical questions less in keeping with the new style exam.

Top MCQ resources and my ratings

Passmedicine.com (5/5)
Onexamination.com (2/5)
AKTrevison.com (2/5)
nPEP.org.uk (3/5)

At ST2 level, the organisational questions were the hardest to get to grips with, and it is difficult to know how to improve in this area without lots of primary care experience. I would recommend starting with the Oxford Handbook and hoping for a bit of luck on the day!

Good Luck!

REGISTRARS' SPEAKERS CORNER

Clinical Skills Assessment (CSA)

David Regan ST3

David's trip to Croydon

I was starting to worry when my left buttock abscess was not healing as quickly as I had hoped 2 weeks before the CSA. It's not enough to sweat your way through 13 patients and 10 minute appointments, but to hide the fact that it feels like you are sitting on a plum sized rock becomes one pain in the back-side too much.

Thank you Alexander Fleming! Abscess gone, Helen and I set off the day before the exam and placed our faith in sat nav to guide us the quickest way possible to Croydon to do some last minute revision. Of course it didn't, and sent us through the centre of London – Maida Vaile, Park Lane, Marble Arch and past the M16 building.

Arriving at the hotel at about 10.30pm in the evening we crammed some last minute revision and turned off the air con and the light. For the next 7¾ hours I tossed and turned, fiddled with the air con and rehearsed my phrases – 'how is this impacting on your life?', 'oh that's terrible', 'was there anything you thought it was?', 'had you had any thoughts about what might help the problem?' and 'the difference between a virus and a bacterium is...'

The next morning I woke up very tired with still no idea about how to simply explain the difference between viruses and bacteria. The 15 minutes walk to the NLA building in the morning sunlight made it look like it was made from Lego as each floor was rotated to the one below it.

After a briefing we made our way to the rooms. I checked my equipment – stethoscope – working, BP machine – working, ophthalmo/auroscope – working. I sat down, took a quick look at the fantastic views and started making a few notes/ideas on the cases. Rehearsed my lines and rolled up my sleeves for action.

First patient came in and out before I had blinked. I wrote a cross on the page meaning a possible fail. Only 3 more chances left. That was a bad idea for the next patient. A lovely old lady came in and I started laughing like a mad man through nerves. No idea why, but strangely she joined me in a laughing fit. I decided to take her BP and pressed the inflate button. Nothing. Pressed again. Nothing. 'It worked 15 minutes ago, it did, really!' The old lady smiled and a laminated card came from the ether into my hand with her BP on it. Thank goodness the GP exam gives you a mark for being nice, at least I know I picked up a mark for that.

A few cases later it was like I was in East Enders, as a Londoner dropped me a bombshell just as the buzzer for the end went and left me like a gaping idiot with my mouth wide open. A question mark on that page – pass/fail. For the last case I was again dumbfounded as a man walked in who I'm sure used to be in a 1980's children's TV show walked in for a chat. A bit surreal.

Job done we were told to leave and were back on the street with normal people again going about their normal Saturday routine – completely oblivious to the ordeals going on in there.

We had some quick food and set off home arriving back at 7pm in the evening. I opened my bag pressed the BP button again. The cuff inflated and I couldn't believe it. Next time I'll use a manual sphyg so that gremlins don't sabotage the exam. I can do a good job of that myself.

Best of luck.

REGISTRARS' SPEAKERS CORNER

Item submitted by Past Trainee— A Patient's Experience

At our breakfast meetings at Osmaston Surgery (where I completed my VTS training) my holiday stories usually related plane delays, missed flights etc. However this holiday story is a whole lot different.

Since returning to Barbados in 2006 I had not traveled abroad and was beginning to feel quite claustrophobic so we were extremely excited about this holiday. I also had this "viral illness" which I just could not seem to shake off- so rest was a priority.

Whilst in transit in Jamaica on my way to the Cayman Islands on the 18th of December (2008), I attempted to stand and assist my son but could not support my weight on the left side of my body. Fortunately, my husband was close by and he quickly arranged wheel chair assistance. I must say I 'm not sure what was going through my mind as this stage except that whatever was happening was sure to "sort itself out " and I needed to stay calm for my son's sake. We made the decision to continue our journey as we had friends and relatives in the Cayman Islands. We also arranged for me to be reviewed by a doctor on arrival.

Our thirty minute flight to Cayman was uneventful but the heavy sensation on my left side persisted. Formal examination in Cayman confirmed that I had suffered a right sided stroke or in the new lingo – a brain attack. I was then transferred to a stroke unit in Miami- so much for my restful holiday on the beach. My hospital experience was quite humbling- privacy and independence nonexistent. As I could not walk bed pans and bed baths became the order of the day. My only other hospital admission was for the birth of my son and even though the painful walk to the toilet on day was seemed to take hours at least I could do it on my own.

My hospital stay in Miami is probably worthy of a book on its own. On the night of admission I had an MRI, MRA, and in the morning a phlebotomist appeared with a bag of tubes to be filled. I had no known previous illnesses so we needed to investigate and in the USA this really does include serum rhuarb!

By day four of my admission I also had lower limb dopplers, abdominal CT Scan , skin biopsy (I had a rash on my arm) an echocardiogram. It felt like I was just shuffling off and on stretchers even though I understood why the investigations were required. We found their approach interesting and commented that whilst we had had all these state of the art tests no one had performed fundoscopy.

Doctors just cannot keep things simple – instead of simple colds we get drug resistant pneumonias and instead of a DVT I had a CVA.

I tried to remain positive and each day willed myself to wiggle my toes / make a fist- this didn't start to happen until day 5. My poor husband probably did not exhale until then. This experience really gave me a new perspective on how illness is as much a burden on the family as well as it is on the patient. I was very grateful for what I did have – my speech, cognition, a wonderful husband and supportive family. My sister flew to Miami with us and was like a mother hen guarding her chick. I regret that my son will not have this relationship with a sibling. (Yes Viv I should have covered that years ago).

Transition from prescriber to patient was indeed eventful. I was commenced on intravenous heparin and steroids. They soon ran out of veins to check my PTT and meanwhile I was developing several side effects of the steroids – hypertension, fluid retention, poor sleep pattern, abdominal striate... Fortunately my recovery went well and I was walking by day 8 and discharged two weeks after admission.

We returned to Barbados where the news had spread with our friends and colleagues in disbelief. We are sure everyone meant well but we missed the anonymity of being in the UK. It is ironic that after moaning about this I am writing this article but I felt the experience was one that should be shared and would be appreciated by family physicians.

In summary, I am now back at work, trying to pace myself but some folks still think I'm too busy. I have daily medication and monthly infusions for the SLE. Some days I wake up and think it was all a dream but I can still feel the difference in my left side especially when tired.

The Wednesday afternoon VTS sessions equipped me with a sense of empathy and ethical consideration for my patients but this experience has provided me with an insider view of SLE, stroke in young patients and the impact of illness on relatives.

A friend asked what New Year's resolutions or life changes I would make given this experience.

I have not made any drastic changes but I no longer have that guilty feeling if I am too unwell to attend my clinic-patients do survive without you. We have vowed not to procrastinate – we have great intentions but are always busy. I am thankful I can tell my story –the outcome could have been much worse.

Trainers' Workshop

22 April 09

Room 201, Devonshire House, DRI

6:00pm – 6:30pm Light Buffet (Room 205)

6:30pm – 9.30pm Meeting

Equal Opportunities and Diversity Training

Cathie Rae -

DERBY GP TRAINING PROGRAMME

Advanced Notice

GP Trainers and Secondary Care Consultants Annual Forum

Wednesday 24th June 09

6.00pm

Venue to be confirmed

Training Updates

definitions of the Clinical and Educational Supervisor.

Clinical Supervisor—"A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged."

Educational Supervisor- " A Trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's educational agreement."

PMETB change

PLEASE NOTE:

We are keen to receive **any articles** or comments that trainers would like to submit for publication in the next Newsletter.

Please email your items

Viv.thompson@derbyhospitals.nhs.uk

News & Gossip

New Kids on the Block!

*Here Come the
Girls....
SUGABABES*

Well done to Duncan &
Ruth Gooch
"Hello Charlie"



"James Golding"
Congrats to Annie

Thomas
Bayley
Well done
Susie!!

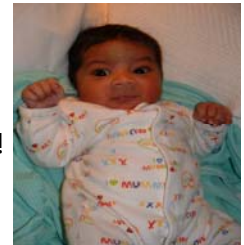


Isaac McGuinness
- another star of the
Child Health Course
in Dec 08!
Congrats to
Kathryn



"Rose"
Congratulations Kat

Samuya
a star of the Child
Health Course in Dec 08!
Congrats to Rathicah



"Scarlett"
Congratulations
Sarah

"Isla"
Well done Kaysia



*AND OUR
VERY OWN
BOYZONE!*