to guide both clinicians and patients in the use of new digital healthcare technologies.

Apps such as MedxNote and Medcrowd seek to integrate fully with existing systems inside trusts; however, since they have to be first adopted by the hospital for the service to then be made available to the staff they are not yet an ideal solution for the vast majority of doctors today.

Another free and already popular service is Signal. Signal is surprisingly similar to Whatsapp with just a few more security features for those determined to meet with IGA recommendations. At first glance, you might be forgiven for mistaking it for iMessage or WhatsApp depending on what type of phone you use, with the real difference coming with the features.

The service is end-to-end encrypted with the Signal Protocol which was developed by the company itself and later adopted by Facebook Messenger, Whatsapp, and Google Allo. You can enable a fingerprint lock for the app, all photos are stored in the app itself rather than being downloaded to your phone's gallery storage, as well as disabling the ability to screen capture any conversations, and hiding the contents of messages from notifications. Another interesting feature which currently seems to be unique to the app is the option to set a time limit (à la Tom Cruise in Mission Impossible) which causes the messages to disappear at a specified time after they have been read by the recipient. Which, if your phone is say used by your children to play games after work, could make all the difference. This may seem at odds with good medical record keeping. However, the IGA states that 'you should not use the instant messaging conversation as the formal medical record. Instead, keeping separate clinical records and ensure original messaging notes are deleted.'

If you're anything like me you may feel that there's a new app coming out every week and that there are more 'solutions' than we ever had problems, but Signal seems like a serious contender for those looking to beef up their compliance, at least until there is one officially endorsed NHS app. Until then…don't forget to change the battery in your pager. ■

References

1 Bartlett M, Blazer S, Hobson G, Abbs I. The power of digital communications: improving outpatient attendances in south London. *Future Healthcare Journal* 2018;5:43–6.
2 Hannah Crouch. *Information Governance Alliance drafts guidelines for instant messaging use*. www.digitalhealth.net/2018/03/information-governance-alliance-guidelines-instant-messaging-use/ [Accessed 2 March 2018].
3 Owen Hughes. *Jeremy Hunt backs calls for 'Whatsapp-style' messaging app for NHS staff*. www.digitalhealth.net/2018/05/jeremy-hunt-backs-whatsapp-style-messaging-system/ [Accessed 1 May 2018].

MAKSI KWEKA
Radiology registrar,
NHS Grampian, Aberdeen, UK

The role of junior doctors in delivering effective clinical teaching

Editor – This is with reference to the interesting article titled 'Participation in teaching opportunities during core medical training: barriers and enablers' by Anyiam *et al*.[1]

The authors discuss an important but rather underutilised resource for clinical teaching. The role of junior doctors as teachers is often underemphasised despite the fact that their great potential in delivering effective near-peer teaching programmes has been established recently.[2]

Following ethical exemption by the University College London Committee, we distributed a similar survey to a small number of core medical trainees (CMTs) in two district hospitals in north east London in 2012, focusing on undergraduate teaching. The survey looked specifically at the barriers to the bedside teaching (BST) of undergraduate students faced by CMTs. Out of the 19 CMTs who responded, the majority (68%) described the frequency of proper BST they delivered to students as rare or occasional.[3] In addition to time constraints, the trainees felt that the general lack of institutional appreciation of teaching and frequent interruptions on the wards were the major obstacles to BST. It also appeared that almost half of the CMTs did not receive any formal training on teaching skills.

Medical students and foundation doctors nowadays tend to be more in touch with core trainees on the wards as senior members of the teams are often expected to cover a wider range of clinical activities. Interestingly, a recent study in Keele Medical School showed that although consultants were perceived to be more knowledgeable, medical students felt more comfortable to have bedside teaching delivered to them by junior doctors.[4] This finding does not undermine the value of clinical teaching delivered by seniors, but in essence, reflects the close relationship forged between medical students and junior doctors in the workplace, thus creating an excellent additional opportunity for clinical teaching.

While Anyiam *et al* highlighted a list of useful suggestion themes in their article, particularly incorporating teaching delivery formally into CMT job plans and training, curricula through regular protected teaching slots can help CMTs deliver high-quality and effective teaching and develop their teaching skills. Nonetheless, it is understandable that this intervention may prove challenging given the ever-rising clinical demands in the NHS and the associated short staffing. Offering formal free in-house training on teaching skills as part of the local CMT teaching programme is another important recommendation which may boost the engagement of CMTs with teaching and education. ■

References

1 Anyiam O, Mercer C, Zaheen H. Participation in teaching opportunities during core medical training: barriers and enablers. *Future Healthcare Journal* 2017;4:86–91.
2 Rodrigues J, Sengupta A, Mitchell A *et al*. The Southeast Scotland Foundation Doctor Teaching Programme – Is 'near-peer' teaching feasible, efficacious and sustainable on a regional scale? *Med Teach* 2009;31:e51–7.
3 Hashim A. Exploring the barriers to bedside teaching faced by Core Medical Trainees. *AMEE conference abstract*. 2012. 9H/4.
4 Gray D, Cozar O, Lefroy J. Medical students' perceptions of bedside teaching. *Clinical Teach* 2016;14:205–10.

AHMED HASHIM
Hepatology clinical research fellow,
Brighton and Sussex University Hospitals, Brighton, UK