Education means learning what works and what doesn't

The theme of this edition of the *Future Healthcare Journal* is education. Education which embraces training, learning, leadership and giving a voice to all. It's hard to think of a set of subjects more relevant to developing an effective workforce for the NHS over the next 10 years and beyond. Drs Jo Szram and Emma Vaux, as associate editors, have done a fantastic job in drawing together a spectrum of articles across these areas and their own editorial puts these papers in context.

In addition to the themed papers we focus on a wide variety of topics. Closely linked to the education theme is a paper by Dr Shuaib Quraishi and colleagues on the new General Medical Council curriculum for internal medicine and the application of 'capabilities in practice' rather than the previous use of 'competencies'.[1] The article describes the evolution of the new curriculum and the testing that was integrated into the development process. As this work progresses, trainees and, in particular, all trainers will need to familiarise themselves with developments including assessment methods.

Two papers look at potential service improvements and show how they can be subjected to robust evaluation.

Prof Sarah Lewis *et al* investigate the impact of adding cost information to pathology results and this led to a small but important (3%) reduction in demand for full blood counts.[2] Prof Robert Robinson and his team from Illinois test a simple tool to predict readmissions based on the number of medications a patient is receiving.[3] Such a tool would be invaluable but unfortunately the results were not as good as hoped. Other more complex tools exist and we need to continue to strive for ways of reducing readmission.

These two papers emphasise that we have to devote our resources and energies to what works, which also means finding out what doesn't, and I congratulate both groups for their work.

Delirium is perhaps an unglamorous clinical problem, but it is devastating for patients and their relatives, prolongs length of stay and worsens clinical outcomes. Dr Letitia Dormandy and colleagues undertook a successful quality improvement project to improve use of the 4AT delirium screening tool and empower staff to talk knowledgably with families.[4] Their work would certainly seem transferrable to other hospitals.

I would like to return to the subject of 'digital health' which has been a theme through previous issues. I recently met with Dr Wajid Hussain, the Royal College of Physicians' (RCP's) new clinical director for digital health whose remit includes keeping the RCP and its members networked with developments in the field. The *Future Healthcare Journal* is keen to publish full and shorter papers reporting developments and implementations of digital health, as well as authoritative opinion articles in this area. In this issue, Dr Misha Kabir asks the question, 'Is artificial intelligence (AI) an opportunity or a threat?'[5] Her excellent prize-winning article summarises our hopes and fears for AI. As an example *The Lancet* recently published a paper on using neural networks / machine learning to analyse electrocardiograms.[6] If further work confirms the efficacy of this approach it would have significant implications for stroke care and, more importantly, the potential to liberate cardiac physiologists who are in desperately short supply for other tasks. I believe *The NHS long term plan* will only be viable if we liberate our current workforce from some of their current workload.[7]

One debate about future healthcare that does seem settled is the future of the medical conference. I have just returned from the European Society of Cardiology congress. Over 34,000 people attended. The mixture of breaking trials, and a huge variety of learning experiences, combined with an unrivalled networking opportunity seems to be more attractive than ever to healthcare professionals. Personal contact, whether in a lecture hall, workshop or around the coffee table remains important. Indeed for many of us we seem to find it easier to talk to our immediate colleagues at a conference than in our usual workplace. I'm sure our own conference, Medicine 2020, will similarly provide both learning and networking opportunities.[8] Memo to our managers and leaders – if you want to build teams to effect change, they need time and opportunities to talk to each other away from the crisis management that dominates daily life. Providing opportunities for clinicians to meet seems one area more successfully achieved in smaller hospitals than larger ones, and we will be looking at a number of issues around the future of small and rural hospitals in our first edition of 2020.

Meanwhile I do hope you learn from, are stimulated by and, most importantly, enjoy this edition of the *Future Healthcare Journal*.

Please note the correction to my June editorial. I omitted to acknowledge the vital contribution of Dr Na'eem Ahmed to the commissioning and associate editing of the June issue, for which I apologise on behalf of all at the journal. ■

Dr Kevin Fox
Editor-in-chief (interim)

References

1 Quraishi S, Wade W, Black D. Development of a GMC aligned curriculum for internal medicine including a qualitative study of the acceptability of 'capabilities in practice' as a curriculum model. *FHJ* 2019;6:196–203.
2 Lewis S, Young B, Thurley P *et al*. Does cost feedback modify demand for common blood tests in secondary care? A prospective controlled intervention study. *FHJ* 2019;6:204–8.
3 Robinson R, Bhattarai M, Hudali T, Vogler C. Predictors of 30-day hospital readmission: The direct comparison of number of discharge medications to the HOSPITAL score and LACE index. *FHJ* 2019;6:209–14.
4 Dormandy L, Mufti S, Higgins E, Bailey C, Dixon M. Shifting the focus: A QI project to improve the management of delirium in patients with hip fracture. *FHJ* 2019;6:215–9.
5 Kabir M. Does artificial intelligence (AI) constitute an opportunity or a threat to the future of medicine as we know it? *FHJ* 2019;6:190–1.
6 Hendriks JML, Fabritz L. AI can now identify atrial fibrillation through sinus rhythm. *Lancet* 2019;394:812–3.
7 NHS. *The NHS long term plan*. NHS, 2019. www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
8 Royal College of Physicians. *RCP annual conference: Medicine 2020*. https://rcpmedicine.co.uk/2020

EDITORIAL Future Healthcare Journal 2019 Vol 6, No 3: 150–1

Learning to speak up and to learn differently

We are delighted to introduce an issue of *FHJ* in which we have focused our minds, and hopefully those of our readers, on the ever-present activity of all clinicians (and humans) – learning. This is such a wide topic, so we have considered a number of different dimensions with the confidence that these will stimulate interest, debate and discussion. Firstly, we have considered the important issue of learning to speak up in our workplaces. The need for us all to feel able to speak up within a culture of psychological safety is crucial and the national gurdian for the NHS, Dr Henrietta Hughes, describes what has happened since the introduction of freedom to speak up guardians to the NHS, and her intended future developments of the role.[1] Barriers perceived by trainees in being able to raise concerns, and possible ways to overcome these are described by Dr Irene Gafson and colleagues.[2] In addition, in response to the lack of gender balance on panels, conference programmes and committees, the Women Speakers in Healthcare initiative has provided a solution on how women may finally be given an equal voice at conferences and other external events.[3] We thank the authors, along with Prof Dame Jane Dacre, who has contributed a commentary to the article, and hope that this will advance the work being done across the NHS on equality, diversity and inclusivity for all.

The future of healthcare is ever changing as the modern NHS team increasingly delivers care wrapped around the patient informed by ever growing datasets from multiple sources. We need to learn differently in response to 'big data', not least in understanding how we can assimilate and process the volume and veracity of new knowledge (doubling of new knowledge in 1950 was a 50 year cycle, projected to be doubling every 73 days by 2020).[4] It is also essential to learn how we can get the best out of new technology, and ensure education and training remains responsive and relevant as we move through the 21st century. Ways that we can learn from the gaming industry and use immersive technologies to transform delivery of traditional medical education is described by Dr Jack Pottle.[5] An example of a relatively easy change to refresh any stale session or programme is described in a paper on 'flipped' learning – outlining benefits and some tips for troubleshooting.[6]

The senior leadership of the (soon-to-be regulated) Faculty of Physician Associates and co-contributers discuss learning in the modern team from the perspective of physician associates (PAs) and their shared experiences – a topic that has been covered in depth with a number of real-life practical examples in the Royal College of Physicians' (RCP's) report *Never too busy to learn*.[7,8] In addition, our personal learning is strengthened from not always succeeding and may be even more significant in our development as described in 'Not winning is good for you'.[9] We would also like to highlight a powerful piece discussing modern slavery, written by a doctor in training who responded to her patient's basic – but hidden – need and shared her knowledge in a very sustainable way, through education.[10]

The new changes to the internal medicine curriculum are explained in a paper outlining an evaluation of a different approach to the vital supervisory relationship at the core of all training programmes.[11] We are sure there will be more data to come with our first internal medicine trainee from August 2019. Reflecting on the RCP's chief registrar programme and other opportunities to develop generic professional capability in leadership, project management and improvement science, Dr Helen Grote and co-authors describe their lived experience of these schemes and their benefit to the wider NHS.[12]

So while many of us perceive that educational theory can be incredibly complex, the fundamentals of sharing knowledge are not. We would like to draw your attention to Maslow's hierarchy of human needs of safety and security (despite what some modern infographics might have you believe, WiFi and electricity are not necessarily everyone's basic needs) that are readily applicable to learning in any team. A culture that lacks psychological safety creates a climate of fear and vulnerability such that the effort put into detailed curriculum mapping and high-quality teaching is lost. Every one of us is responsible for ensuring this does not happen.