

Making 2022 a learning and reflective year

DOI: 10.7861/fhj.ed.9.1.1

We're focusing on 'training' in this issue. You'll see from the articles and accompanying editorials that we are drawing on the subtle but important distinction of 'training' from learning and education, which are rightly constant themes of the *Future Healthcare Journal*.

I hope that every issue of the *Future Healthcare Journal* has a focus on education but in this issue, we have several articles that focus on training, closely linked but subtly different. Doctors, for example, learn a great deal at medical school and in their early careers but, in all truth, not all of that knowledge is essential training for current roles. It is vital that healthcare professionals are trained for the work that they do. Furthermore, if I can offer a challenge, it is that they should also be trained for the work that they will be doing in the future.

In this issue, Saville *et al* report a Royal College of Physicians' (RCP's) initiative to introduce flexibility for registrar training.¹ The scheme facilitates registrars to allocate up to 20% of their time to training outside their specialty but is useful for future career development. In the recent survey reported in the latest issue of *Commentary*, 82% of trainees would consider flexible portfolio training.²

Parr *et al* describe how to ensure the best training possible for trainees who have had to or are still working remotely from their hospital base.³ The essential message is that trainees can progress despite these challenging circumstances.

We have two papers and an editorial relating to physician associates (PAs). Guest *et al* describe training PAs to prescribe.⁴ What is encouraging is that the curriculum and learning focus on what is needed to undertake the role. Assessment must test that they have been effectively trained.

Knowledge, skills, professionalism, learning and education are key terms in developing the workforce. But patients surely want to ask only one question: 'Are you adequately trained?'

I am grateful to board members Kate Bascombe and Laura Chenevert for providing an overview and collation of some of these themed articles.

While preparing this editorial, I have thought of my own learning for 2022. I hope to achieve this in a variety of ways. My continuing medical education will involve ongoing adaptation to the new educational offerings available as a response to the shift away from face-to-face learning because of the pandemic. I recently 'attended' an update course within my own specialty of cardiology. But, of course, what I mean by 'attended' is that I watched the key presentations online over a number of days. I greatly missed the Q&A with speakers and the networking but appreciated the ability to attend virtually many more presentations than I could have got to during an actual in-person conference.

The RCP's own portfolio of online educational material is outstanding and will be highlighted through the Medicine 2022

conference this month (<https://rcpmedicine.co.uk/2022>), which I highly recommend.

We are currently planning the strategic development of content in the RCP journals over the next few years. In addition to feedback and comments on our articles by email (fhj@rcp.ac.uk) or Twitter (@FutureHealthJ), we also value broader feedback on all the offerings of the RCP, of which the journals are just one part.

I also want to learn in 2022 by extending my reflective practice. While one can reflect by observation, ultimately, I think it is most effectively done by reviewing patients to whom one has offered direct and personal care with an ongoing link through their journey; in other words, achieving continuity of care. I recognise the advances we have achieved through team-based working and multidisciplinary team decision making, but I sense that continuity of care has been a casualty of modern medical practice. Working regularly within a small hospital as one of only a very small number of physicians, I am able to follow the clinical course of patients much more closely. I feel very strongly that this is making me a more reflective practitioner, and the contrast to my work in one of the largest trusts in England has become apparent. I'm therefore planning to make extra efforts this year to be sure I personally follow up patients I have seen during my time as ward 'consultant of the week', or patients whose investigations I have undertaken or reported.

Once again, I am struck by the breadth of the articles in this issue. Our digital focus continues. The article by Deighton *et al* looks at applying digital tools to neurosurgical pathways.⁵ Two areas stand out: early warning systems for patients and simulation software for training. Utukuri *et al* question whether we need to include digital health more specifically in the curriculum.⁶ They highlight that some medical schools, but only a minority, have 'digital healthcare' in their programmes and the authors argue that this must be expanded. I'm sure it is right that we should be training all our healthcare professionals in both current practice and preparing for likely future developments.

We also have articles trying to advance greater care of patients in their home. Schiff *et al* report managing COVID-19 patients with a Hospital at Home model.⁷ I am sure similar models were used across the country. Schiff *et al* provide a useful template for their service, report on user feedback and also describe how the model was dynamic, introducing portable oxygen concentrators on the response vehicles and up-skilling the team in palliative care as they evolved the service. They estimate that the patients treated at home would have filled a 31 bedded ward for 1 month. In another article on a similar theme, Vardy *et al* report managing delirium at home.⁸ Their report is important because it involves a group of patients for whom hospitalisation can be actively detrimental. They report a relatively high rate of identification of the precipitant (77%) and 70% avoided admission to hospital or another care environment. Undoubtedly, we must continuously try to ensure

that patients are cared for in the right place by the right team if we seek to make inroads into the efficiency and effectiveness of our healthcare service.

Finally, I hope that 2022 is a learning year for you, through reflective practice and educational offerings both old and new. Most of all, I hope you find learning, as well as enjoyment, through the articles in this issue of the FHJ. ■

Dr Kevin Fox
Editor-in-chief

References

- 1 Saville RL, Bowman R, Patel R. Flexible portfolio training: a novel approach to future physician training. *FHJ* 2022;9:13–7.
- 2 Trudgill N, Phillips C, Newbery N, Nagamootoo D. Life as a trainee in the time of COVID-19: the 2020 UK higher specialist trainee status. *Commentary* 2022:10–14.
- 3 Parr AMC, MacDonald B, Pereira AC. Maintaining training progression in remote-working junior doctors. *FHJ* 2022;9:25–7.
- 4 Guest BN, Chandrakanthan C, Bascombe K, Watkins J. Preparing physician associates to prescribe: evidence, educational frameworks and pathways. *FHJ* 2022;9:21–4.
- 5 Deighton AJ, Chhatwal K, Das D. Digital tools in neurosurgical pathways: considerations for the future. *FHJ* 2022;9:67–74.
- 6 Utukuri M, D’Souza F, Deighton AJ *et al*. Digital health: a neglected part of health curricula? *FHJ* 2022;9:18–20.
- 7 Schiff R, Oyston M, Quinn M *et al*. Hospital at Home: another piece of the armoury against COVID-19. *FHJ* 2022;9:90–5.
- 8 Vardy E, Roberts S, Pratt H. Delirium can be safely managed in the community through implementation of a community toolkit: a proof-of-concept pilot study. *FHJ* 2022;9:83–6.

Members of the editorial board

Suzie Bailey
Kate Bascombe
Laura Chenevert
John Dean
Julia Ellis

Linford Fernandes
Kevin Fox
Kartik Kumar
Shafi Malik
Linda Milnes

Rose Penfold
Imran Rafi
Anenta Ramakrishnan
Sarah Spain
Christian Subbe

Joanna Szram
Louella Vaughan
Emma Vaux
Katharine Warburton