Recognising trainee educators in Wessex

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Editor: Dr Alice Mason

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Welcome to the summer 2018 edition of the Wessex Medical Education Fellows’ (MEF) newsletter. The MEFs are a group of trainees with a special interest in medical education.

This newsletter shines a light on research within medical education in Wessex. Medical education research focuses on the education and development of clinicians and clinical teams across the continuum of medical training. It may draw upon the fields of education, sociology, psychology, management and business. Medical education research is an exciting area which helps our understanding of the processes and outcomes of physician education and training. It adds to our understanding of how to create better learners and a more informed, progressive and adaptive workforce.

To find out more about medical education why not come along, or submit an abstract to, our conference at Chilworth Manor, Southampton on Thurs 22nd November. For more information click here [http://www.wessexdeanery.nhs.uk/medical_education_fellows/mef_conferences/thirteenth_annual_conference.aspx](http://www.wessexdeanery.nhs.uk/medical_education_fellows/mef_conferences/thirteenth_annual_conference.aspx)

Also check out the upcoming conference dates for diary at the end of the newsletter.

The Medical Education Fellows are led by Dr Phil Rushton - Associate Dean for Educational Development Health Education Wessex and the trainee Leads Dr Katie Collins and Dr Freddie Speyer.

Further details about our current Fellows or how to apply for the role can be found at:

[http://www.wessexdeanery.nhs.uk/medical_education_fellows.aspx](http://www.wessexdeanery.nhs.uk/medical_education_fellows.aspx) or by contacting julie.worthington@hee.nhs.uk
Navigating the Minefield: Medical Education Research Ethics

By Dr Carrie Sieniewicz

As part of my role on secondment in Medical Education at Wessex Deanery, I wanted to conduct some research. Having recently commenced studies towards the MA in Medical Education at Winchester University, I had dipped my toes in the waters of Medical Education Research, prior to that my most recent experiences stretched back to an Individual Research Project at medical school and my dissertation for an intercalated BSc in Experimental Psychology. When it came to gaining ethical approval for my various projects, the pathways had all been slightly different: I went through a formal University ethical approval process for both my medical school project and my dissertation; for my assignments on the MA, ethical approval was granted by my tutors.

When it came to conducting my own research in a role outside of a formal educational institution, I was a little lost; I knew I needed ethical approval from someone, but from whom? I sought the advice of various senior educators in the Deanery and beyond. Everyone gave a slightly different response, and it became apparent that Medical Education Research Ethics can be somewhat of a grey area. Advice ranged from requiring no ethical approval whatsoever, to requiring approval from the Trust’s Research Board, from a local University or from the NHS Health Research Authority (HRA). The former did not sit comfortably since my planned project had some important ethical considerations and I knew that journals would require evidence of a formal ethical consideration process if I had any hopes of future publication. I consulted with a local Trust’s R&D Department; however since my project involved Wessex trainees at various Trusts, this was not quite right either. Since this was not a project conducted within the University, they could not grant the approval I required either. The NHS HRA ‘Is This Research?’ tool was helpful, absolving the need for formal NHS HRA approval since my project did not involve patients, but it nonetheless recommended I do need ethical approval from somewhere! But where?

I learned about Health Education England’s Research and Innovation Group. This is a relatively new group, set up in 2017 for the purpose of considering and granting ethical approval for service improvement and research projects involving trainees. The application form was straightforward and I received a prompt response within 20 working days, meaning my project could swiftly get off the ground. My advice to others contemplating Medical Education Research with trainees would be to consider applying to the HEE Research and Innovation Group, to not only ensure that high ethical standards are maintained but also to optimise your chances of successful publication.

2. https://hee.nhs.uk/our-work/research-governance
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Thinking About Clinical Thinking

By Dr Alice Mason

Last summer I became involved in a research project within the deanery focusing on what factors enhance junior doctor’s learning of clinical thinking. As part of this project I conducted a narrative review article to help establish what is already out there in the literature.

Firstly, writing the article meant I had to define clinical thinking. It’s something we all do every day and it may be the most important part of our job. However, we may never have thought as to how, why or when we learnt how to make clinical decisions. There is no formal definition of clinical thinking. For my article I defined it simply as ‘critical thinking in the clinical environment’. Then to performing the narrative review. A systematic review is something that most of us will be very familiar with, it follows a step by step methodical approach¹. Narrative reviews, although still requiring a methodical and unbiased approach, can be broader and are more commonly seen in non-medical disciplines.

Reviewing the literature the number of relevant studies was surprisingly small. I only included twenty in total, with fourteen looking at varying a factor and assessing the effect that had on clinical thinking, and six looking at teaching clinical thinking. Studies had been performed in undergraduate and postgraduate subjects using a range of methods – actors as patients, case vignettes, retrospective interviews to name a few.

Looking at varying factors and the effect on clinical thinking the factors assessed fell into 3 broad categories, patient factors, doctor factors and environmental factors. Looking at the teaching of clinical thinking there was a recurrent theme of verbal articulation of thought processes by learners and educators aiding the understanding and learning of clinical thinking.

Overall the I have learnt a great deal through the process. I have learnt a lot about writing a literature review, about understanding my own clinical thinking and how to help others understand the thought processes behind their own clinical decisions. I recommend to others that if you’re taking on a literature review ensure you have a clear idea of your methodology and article structure before you start, and above all make sure you’re writing about a topic which interests you as you’ll be spending a lot of time investigating it!

The project now continues in the form of a qualitative research project with interviews of educational supervisors and FY2s in the region, asking doctors about their experience of teaching and practicing clinical thinking. Specifically emergency medicine, general practice, geriatrics and psychiatry are being studied. The hope is to establish the positive attributes that make some departments a fertile place for training doctors to develop and thrive. If you have recently completed FY2 and would be interested in being interviewed as part of the study please email me at alicemason@doctors.org.uk for further information.

https://consumers.cochrane.org/what-systematic-review
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Qualitative Results Analysis

By Dr Adam Smith

Most types of qualitative analysis require deep theoretical and technical knowledge. The majority of us will have undertaken research with primarily quantitative data achieved. There is comfort in numbers and statistics and what can be perceived as mathematical fact. The analysis of qualitative data can feel onerous and unfamiliar, leading to a general sense of unease.

To minimize this one should immerse themselves early in decisions about data analysis. Not only should your chosen analysis align with your epistemological and ontological approach but it will affect your entire project. Considering your different options early and prior to the study’s proposal and data collection is vital.

Another important decision has to be made about whether to use computer software to help with analysis. It won’t do it for you but can allow excellent structure and organization, clearly maximizing possible comparison and complete representation of the data. However, unless you have previous experience with the software, learning how to use it can be frustrating and time consuming, perhaps not worthwhile for a small project. Equally we have all probably had the experience of being sat on a floor surrounded by endless pieces of paper, unsure where to look and feeling overwhelmed. But some prefer to be able to see all their data at once. Ultimately it will be very person specific about whether this is worthwhile for you or not.

In my own research, like any, there were trials and tribulations with the qualitative data I generated from semi-structured interviews and questionnaires. I used thematic content analysis because of the ease of accessibility to the novel researcher and when used systematically, it can enhance validity, reliability and quality of the findings. This is because the systematic approach can minimize the authors own predetermined theoretical perspectives thereby minimizing the potential for misinterpretation.

In summary analysis needs to be considered as carefully as your method. Qualitative analysis can cause significant cognitive strain but is very achievable through reading and practice. Good luck!
Qualitative Academic Writing

By Dr Roxanne Magdalena

Sam Scallan, Deputy Editor of ‘Education for Primary Care’ and MA Medical Education Programme lead, ran a MEF workshop about qualitative academic writing.

This type of writing is structured, detailed, has an intended purpose, draws on other works and shows a clear direction.

Some tips for the process:

- Writing: Start by putting down some ideas, key words, or bullet points, you can hone at a later stage. Your thinking will develop as you write. The relevant literature can be weaved in as it develops.

- Make sure you write a clear abstract as this may be the only thing that others read.

- Structure your writing and make your narrative readable /engaging.

- Consider your message and intended audience; this will guide your choice of journal. What type of article are you writing and what is its purpose?

- Read papers from the journal you are hoping to publish in; each journal will have a specific style.

- You could even become a reviewer of journal articles or conference abstracts to get a good idea of how others write – strengths and weaknesses.

- Posters: This is a great way to disseminate your findings. Use key quotes to evidence themes and use tables or images to break up text.

Conference Dates for Your Diary

AoME (the Academy of Medical Educators) spring academic meeting
4th April 2019 Cardiff

8th International Clinical Skills Conference 2019
19-22 May: Tuscany, Italy

ASME (Association for the Study of Medical Education) ASM 2019: Sustainability, Transformation and Innovation in Medical Education
03-05 July 2019 : Glasgow, UK

THINK TANK: Selection into medical education and training 2019
22-23 August 2019: Tuscany, Italy

AMEE (Association for Medical Education) 2019
24-28 August 2019 : Vienna, Austria

Developing Excellence in Medical Education Conference (DEMEC) 2019
02-03 December 2019: Manchester, UK