

## St George's Education Committee

### Educational Lead Report

<b>Programme/Specialty:</b>	Neonatal Medicine
<b>Date of report:</b>	26/08/2023
<b>Period covered:</b>	04/2023 to 09/2023
<b>Report produced by:</b>	AE Reid
<b>Achievements:</b>	<p>Simulation programme: Neonatal simulation team has been developed led by a neonatal consultant. The team is multidisciplinary comprising trainees, nursing neonatal nurse practitioners. Additional equipment has been purchased to support these sessions. They have run regular simulations on the NNU and generated written learning to the team.</p> <p>Handover Teaching: Teaching skill of focused handover at the bedside in critical care. Support of trainees according to their specific needs There have been good examples of this particularly supporting trainees with communication with families in challenging circumstances.</p> <p>GMC Survey: the GMC survey was largely positive and St George's Neonatal Medicine was 'green' in all domains.</p> <p>Advanced neonatal nurse practitioner training as part of workforce planning: The neonatal unit is currently training one neonatal nurse practitioner. The trainees have been involved in her teaching in terms of clinical and practical skills, handovers, and bedside ward rounds. This has been a very positive experience of the unit.</p>
<b>Issues:</b>	<p>Identified that ST2-3 trainees feel less well supported on the postnatal ward. Trainees requested more focus on postnatal ward processes and common problems in induction.</p> <p>ST2-3 trainees identifying feeling anxious about the opportunities for mandatory skills such as umbilical venous cannulation.</p> <p>ST2-3 trainees identifying the need to lead delivery room scenarios with support and supervision when appropriate.</p> <p>Trainees requesting more personal development time/ SPA time.</p> <p>Neonatal grid trainees requesting to facilitate more exposure to specialist clinics, if possible, in the regular rota.</p>
<b>Plans for next quarter:</b>	Review and update of the local induction programme incorporating

	<p>feedback from the last induction session and current trainee experience. Develop and implement new model of middle grade and consultant support of ST2-3 postnatal ward trainee. Incorporating personal development time/ SPA time into the rota as can be accommodated. Highlighting opportunities for specialist clinic attendance at induction and on a regular basis. Weekly education email update highlighting weekly teaching opportunities including MDT ward rounds as learning opportunities. Reinstate the twice monthly cranial ultrasound teaching session with cake. Identify regular session for senior trainees to discuss challenging neonatal cases with presentation of relevant literature. Focus on supporting ST2-3 trainees to lead delivery room scenarios when appropriate and supported. Incorporate equipment training and familiarisation early in the rotation.</p>
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